**APPLICATION FORM**

**The recruitment process for the organisation has a minimum of two stages.**Completion of this application form is part of stage one. The application will be reviewed, and a decision will be made as to whether the applicant progresses to stage two (the interview) based on the information provided.

**PLEASE COMPLETE FULLY IN CAPITALS**

|  |  |
| --- | --- |
| **Position Applied For:** |  |
| **Approx. Number of Hours Wanted:** | **Email:** |
| **Full Time / Part Time**  (Please circle which you want) |  |
| **Surname:** | **First name(s):** |
| Previous Surnames (supply documentary evidence e.g. Marriage certificate, deed of name change etc.) |  |
| **Current Address:** |  |
| **Postcode:** | **Moved to this address on (date):** |
| **Previous Address** Note: For criminal records check purposes, addresses covering the five years up to the applicant’s date must be supplied. If necessary, use another sheet of paper and sign each sheet. |  |
| **Postcode:** | **Moved to this address on (date):** |
| **Telephone Number (home):** | **Telephone Number (work - will be used with discretion):** |
| **Do you own a car (YES / NO)**  **Do you hold a current valid driving licence? (YES/NO)** | **How long have you had your licence?**  **Please list any current endorsements (if applicable):** |
| **Details (extra space):** |  |

**NEXT OF KIN**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Relationship:** |  |
| **Tel No:** |  |
| **Address:** | |

**IDENTITY DETAILS**

|  |
| --- |
| **National Insurance Number:**  **Bank account Sort code: Account number:**  **Date of Birth:**  **Mother’s Maiden Name:   Country of Birth:**  **NMC Pin:** |

**CAPACITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| **Do you have any restrictions on your right to live and work in the UK?** | **Yes/ No**  (Circle Appropriate) |
| **If yes, please provide details (e.g. type of visa, expiry date):** | |
| **If you are successful in your application, would you require permission to work in the UK (e.g. a visa) before taking up employment?** | **Yes / No**  (Circle Appropriate) |

**NOTE:** In line with minimum age legislation, care workers must be at least 16 years old.  
Please inform the interviewer immediately if you do not meet this requirement.

**EDUCATION**

|  |  |
| --- | --- |
| **School/ College/ University** | **Examinations Passed/ Qualifications Gained** |
|  | (Please supply copies of certificates) |

**TRAINING HISTORY/PROFESSIONAL STATUS**

You must include all up to date relevant certificates you hold and the date you obtained them. Proof will be required.

|  |  |  |
| --- | --- | --- |
| **Date of Graduation/ Qualification** | **Location/ Details** | **Notes** |
|  | (please supply copies of certificates/ membership details) |  |

**SHORT COURSES ATTENDED**

|  |  |
| --- | --- |
| **Subjects** | **Location** |
|  |  |

**EMPLOYMENT HISTORY**

**Current/most recent first.** Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required and sign the sheet(s).

|  |  |
| --- | --- |
| **1. Name and Address of your most recent/last employer:** |  |
| **Dates employed (from and until)** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
| **Salary / Rate:** |  |
| **Name and address of employer prior to the employment listed above:** |  |
| **Date employed:** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
| **Salary / Rate:** |  |
| **2. Name and address of employer prior to the employment listed above:** |  |
| **Date employed:** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
| **Salary / Rate:** |  |
| **Other roles (Use Additional Sheet):** |  |

**PLEASE PROVIDE AN UP-TO-DATE CV WITH YOUR APPLICATION.**

**REFEREES**

You are required to provide references from your two most recent employers, along with one additional character referee. All referees will be contacted, so please ensure they are aware that you have provided their details.

If you are unable to provide the required references, please raise this with us at the earliest opportunity so that alternative arrangements can be discussed

**CURRENT OR MOST RECENT EMPLOYER**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Tel No:** |  |
| **Job Title:** |  |

**PREVIOUS EMPLOYER TO THE ONE ABOVE**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Tel No:** |  |
| **Job Title:** |  |

**CHARACTER REFERENCE**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Tel No:** |  |
| **Relation:** |  |

**EMPLOYMENT CONTINUITY CHECK**

It is essential to verify the applicant’s employment continuity as stated on the application form and to identify and investigate any gaps in employment. Failure to carry out such checks has been identified as a contributing factor in several safeguarding and abuse cases.

Use the ‘Timeline’ below to list, in order, all stated periods of employment and other activities (e.g. training, education, volunteering). Highlight and expect to discuss any gaps during the interview. Record the outcome of these discussions, and ensure any concerns are followed up if the explanation provided is unsatisfactory.

The check must cover the applicant’s entire employment history to date.

**Timeline**

1. **From (MM/YY):   
   To (MM/YY):   
   Employer / Organisation:   
   Position / Activity:   
   Reason for Leaving / Gap Explanation:   
   Interviewer Notes:**
2. **From (MM/YY):   
   To (MM/YY):   
   Employer / Organisation:   
   Position / Activity:   
   Reason for Leaving / Gap Explanation:   
   Interviewer Notes:**
3. **From (MM/YY):   
   To (MM/YY):   
   Employer / Organisation:   
   Position / Activity:   
   Reason for Leaving / Gap Explanation:   
   Interviewer Notes:**
4. **From (MM/YY):   
   To (MM/YY):   
   Employer / Organisation:   
   Position / Activity:   
   Reason for Leaving / Gap Explanation:   
   Interviewer Notes:**

**(repeat as needed until current employment)**

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |  |
| --- | --- |
| Do you require any reasonable adjustments to enable you to participate fully in the recruitment process? For example, large print application forms or additional time to complete assessments  **Yes / No** | |
| If yes, please give details: | |
| **Any offer of employment may be made subject to a satisfactory medical report.** | |
| **GP’s Name:** |  |
| **Tel No:** |  |
| **Address:** |  |

**CRIMINAL RECORD**

Workers of the agency are subjected to the Health and Social Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether processed with or not, and warnings and cautions.

You will not be eligible to work in a care setting if you are included on a DBS barred list (Adults’ Barred List and/or Children’s Barred List)

|  |  |
| --- | --- |
| **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.** | |
|  | |
| **SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING** | |
| **I declare that, to the best of my knowledge and belief, the information I have provided in this application is true and complete. I understand that any false or misleading information may result in withdrawal of any offer or summary termination of employment. I understand that any offer of employment will be conditional upon:**   * **Satisfactory enhanced DBS check with barred-list information (as applicable to the role).** * **Confirmation that I am not included on a DBS barred list (Adults’ and/or Children’s, as relevant).** * **Receipt of two satisfactory references, including one from my most recent employer.** * **Verification of my right to work in the UK and any other role-specific checks.**   **If I start work before all checks are complete, I agree to work under supervision and not to have unsupervised access to people who use services until all clearances are confirmed. I authorise the organisation to obtain an enhanced DBS check (including the relevant barred-list check) on engagement and to carry out subsequent rechecks during my employment where reasonably required. I undertake to inform the organisation immediately if my circumstances change (e.g., arrest, caution, conviction, or inclusion on a barred list).** | |
| **Signature:** | **Date:** |

**PLEASE RETURN COMPLETED APPLICATION & CV VIA EMAIL TO: INFO@FOUNTAINCARESERVICES.COM**