**Lica Homecare Scotland Application Form**

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| Position Applied For: | | | | | | | | | | | | |
| 1. Personal Details | | | | | | | | | | | | |
| Title: | First Name: | | | | | | | Surname: | | | | |
| National Insurance Number: | | | | | | | | Date of Birth: | | | | |
| Home Address: | | | | | | | | | | | | |
| Home Phone: | | Work Phone: | | | | | | | Mobile: | | | |
| E-mail address: | | | | | | | | | | | | |
| May we contact you on your work number: | | | | | | | | | | | | |
| Are you eligible to work in the UK: Yes  No | | | | | | | | | | | | |
| Do you require a work permit to work in the UK: Yes  No | | | | | | | | | | | | |
| If you currently hold a work permit/visa, please give us details including type and expiration date below. | | | | | | | | | | | | |
| Do you have a full UK driving license: Yes  No | | | | | | | | | | | | |
| Do you have any points or endorsements on your license: Yes  No | | | | | | | | | | | | |
| If you answered yes, please provide details below. | | | | | | | | | | | | |
| 2. Employment History | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Name of Company | Job role held | Dates of Employment (start and finish) | Reason for leaving | |  |  |  |  | | | | | | | | | | | | | |
| Please provide an explanation for any gaps in employment | | | | | | | | | | | | |
| Dates of gap | | | | | | | Reason | | | | | |
|  | | | | | | |  | | | | | |
| 3. Education and Training | | | | | | | | | | | | |
| School/College/University | | | | | | Dates From/To | Subject/Course | | | | | Grade Achieved |
|  | | | | | |  |  | | | | |  |
| School/College/University | | | | | | Dates From/To | Subject/Course | | | | | Grade Achieved |
|  | | | | | |  |  | | | | |  |
| If you have previously worked in care, please provide details of any training you have received or in-house qualifications you have gained. | | | | | | | | | | | | |
| Training | | | | | | | | | | Date Issued | | |
|  | | | | | | | | | |  | | |
| 4. Registrations and Memberships | | | | | | | | | | | | |
| Please give details of registration or membership with any regulatory bodies e.g. SSSC, PVG etc | | | | | | | | | | | | |
| Date Obtained | | | Expiry Date | | Organisation | | | | | | Identification No. | |
|  | | |  | |  | | | | | |  | |
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| 5. Disciplinaries and Grievances | | | | | | | | | | | | |
| Please provide full details of any disciplinary proceedings you have been involved in. Please also include information on any warnings you may have had. | | | | | | | | | | | | |
| 6. Statement in Support of Application | | | | | | | | | | | | |
| Please tell us about yourself. It is usually a good idea to include information on which skills and qualities you have which would make you a good fit for a position in Homecare. | | | | | | | | | | | | |
| 7. References | | | | | | | | | | | | |
| We require 2 referees as part of your condition of employment. One must be your current or most recent employer. **Family and Friends cannot provide a reference on your behalf and an alternative reference would be requested in their place.** | | | | | | | | | | | | |
| Reference 1 | | | | | | | | | | | | |
| Company Name | | | |  | | | | | | | | |
| Referee’s Name | | | |  | | | | | | | | |
| Referee’s Position | | | |  | | | | | | | | |
| Company Address | | | |  | | | | | | | | |
| Referee’s E-mail Address | | | |  | | | | | | | | |
| Referee’s Contact No. | | | |  | | | | | | | | |
| Reference 2 | | | | | | | | | | | | |
| Company Name | | | |  | | | | | | | | |
| Referee’s Name | | | |  | | | | | | | | |
| Referee’s Position | | | |  | | | | | | | | |
| Company Address | | | |  | | | | | | | | |
| Referee’s E-mail Address | | | |  | | | | | | | | |
| Referee’s Contact No. | | | |  | | | | | | | | |
| 8. Declaration of Criminal Convictions | | | | | | | | | | | | |
| Lica Homecare Scotland is exempt from the Rehabilitation of Offenders Act (1974). You are required to declare any convictions either classed as ‘spent’ or ‘unspent’. Information will be verified with Disclosure Scotland. | | | | | | | | | | | | |
| Do you have any previous convictions: Yes  No | | | | | | | | | | | | |
| If you answered yes, please provide details below. | | | | | | | | | | | | |
| 9. Declarations | | | | | | | | | | | | |
| Please declare if you have a relationship (a relationship could be a friendship, relation, romantic relationship etc) with any of the current staff or service users at Lica Homecare: Yes  No | | | | | | | | | | | | |
| If yes, please provide details below. | | | | | | | | | | | | |
| Lica Homecare will always treat the information on this form with complete confidentiality. By submitting this form, you are consenting to the use of these details in our recruitment process in accordance with the Data Protection Act. | | | | | | | | | | | | |
| Please read the following statements and sign the declaration.   * I have completed this application form and the details provided are, to the best of my knowledge, true and complete. * I understand that if my application is successful this form will be kept as part of my personal record. * I consent to Lica Homecare obtaining references to support this application. * I understand that Lica Homecare will attempt to contact the references on this application as soon as they are able to. * I understand that the information supplied in this form may be verified through the organisations and individuals mentioned above.   Signed:  Date: | | | | | | | | | | | | |