# INTERVIEW INVITATION

**Compassion First Care Limited**

**02476 667 824 / 07447057155 / 07913956486**

Date

To

Dear ,

Thank you for applying for the post of at our organisation.

Please attend the above address at on for an interview. If you are unable to attend this appointment please telephone on the number listed above to arrange an alternative time and/or date.

You should bring the following items with you when you attend, or we will not be able to progress your application: Evidence of your National Insurance Number.

Either:

Your passport or a new style photographic driving licence; or

Your birth certificate, in the name you are now using, with evidence of the name change if the name is now different.

In addition to the above:

Proof of address, such as a recent utility bill, a credit card bill, bank statement, or council tax bill. If you have none of these, please ring to discuss alternative ways of establishing your identity, which is a process we are required to go through by regulation. Any evidence shown must be in your name, recent, i.e. no more than three months old, and we must see the original, not a copy;

Two recent ‘head and shoulders’ photographs of yourself;

Originals of any training or education certificates which you think may be relevant to your application;

If you require a work permit to work in the UK, please bring the relevant documentation with you to establish that you are entitled to work in the UK;

If you are a Registered Nurse, and will be working in that capacity, proof of your current NMC registration.

You will be given an application form when you attend, and time to fill it in before the interview begins. You should make arrangements to be with us for between 45 and 90 minutes in total.

Yours sincerely,

For and on behalf of **Compassion First Care Limited**

# CARER STANDARDS

**In order to guide the interview process, we would like you to indicate your personal philosophy of Care by completing the following statement:**

|  |  |
| --- | --- |
| I believe that the purpose of Care from a Care service is: |  |
| If I were a Service User in The Agency I would like: |  |
| I believe that the Service User’s family and relatives would like from The Agency: |  |
| I believe that I can support a Service User in The Agency because: |  |
| As a member of The Agency Care team I feel valued when: |  |
| I believe that a good relationship between me and the Service User depends on: |  |
| I believe that I learn best when: |  |
| I believe that a good working team is made by: |  |
| I believe that my role in relation to the Service User is: |  |
| My other beliefs and values of relevance to my job are: |  |

**APPLICATION FORM**

**Compassion First Care Limited**

**02476 667 824 / 07447057155**

**The recruitment process within this organisation has a minimum of two stages.**

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **Approx. no. of hours wanted:** |  |
| **Full-time / part-time**  (please circle which you want to work) | **Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only**  (please circle which you are able to work) |
| **Surname:** | **First name(s):** |
| Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc): |  |
| **Current address:** |  |
| Post code: | Moved to this address on (date): |
| **Previous address**  Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper. |  |
| Post code: | Moved to this address on (date): |
| **Telephone number** (home): | Telephone number (work - *will be used with discretion)*: |
| Own Transport (Yes/No):  How long has your licence been held? | Clean current driving licence:  Endorsements: |
| **Details:** |  |

# EDUCATION

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

**TRAINING HISTORY/PROFESSIONAL STATUS**

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

**ADDITIONAL 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; please sign that sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Other roles** (use additional sheet if necessary): |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

# ASSISTANCE WITH INTERVIEW AND ASSESSMENT

|  |  |
| --- | --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?  Yes / No | |
| If yes, please give details:  This information will not be used in reaching a decision on whether to offer employment. | |
| Any offer of employment may be made subject to a satisfactory medical report. | |
| GP’s name: |  |
| Tel no: |  |
| Address: |  |
| *(Your GP will never be contacted without your permission)* | |

**NEXT OF KIN**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship: |  |
| Tel no: |  |
| Address: | |

**IDENTITY DETAILS**

|  |  |
| --- | --- |
| Nursing and Midwifery Council PIN number: | (Nurses only) |
| National Insurance Number: | (all applicants) |

**CAPACITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No *(circle as appropriate)* |
| If yes, please provide details. | |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No *(circle as appropriate)* |

**Note:** Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

# REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

# Current or most recent employer

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Previous employer to the one above**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Character reference**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Relationship to you: |  |

**CRIMINAL RECORD**

Workers of The Agency are subject to the Health and Social Care 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 proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

|  |
| --- |
| **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 given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.  I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.  I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Compassion First Care Limited to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.  **Signed: Date:** |

# EMPLOYMENT CONTINUITY CHECK

It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.

Use the “timeline” below to place in order all stated instances of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory.

The period considered must be the whole working life of the applicant, to date.

|  |  |  |  |
| --- | --- | --- | --- |
| Example: |  |  |  |

EQUAL OPPORTUNITIES MONITORING FORM

**INTERVIEWER – DETACH THIS FORM FROM THE PACK AND HAND IT TO THE CANDIDATE, TOGETHER WITH A STAMPED ADDRESSED ENVELOPE. NO MARKS TO IDENTIFY THE CANDIDATE MAY BE MADE – THE REPLY IS ANONYMOUS AND CONFIDENTIAL.**

Compassion First Care Limited is committed to promoting equal opportunities for all its employees and all prospective employees.

To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a 'tick' in the appropriate box. This will allow the organisation to monitor its policies.

# PLEASE NOTE

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.

Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

# GENDER

**What is your gender (please tick)?**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

**Do you identify as transgender?**

For the purpose of this question, 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

# ETHNIC GROUP

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A**  **White:** |  | **B**  **Mixed race:** |  | **C**  **Asian or Asian British:** |  |
| British - English, Scottish or Welsh |  | White and Black Caribbean |  | Indian |  |
| Irish |  | White and Black African |  | Pakistani |  |
| Other White background |  | White and Asian |  | Bangladeshi |  |
|  |  | Other Mixed background |  | Other Asian background |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D**  **Black or Black British:** |  | **E**  **Chinese and other groups:** |  |  |  |
| Caribbean |  | Chinese |  | Prefer not to say |  |
| African |  | Other ethnic group |  |  |  |
| Other Black background |  |  |  |  |  |

**AGE**

**What is your age (please tick)?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16–17 |  | 18–21 |  | 22–30 |  | 31–40 |  | 41–50 |  |
| 51–60 |  | 61–65 |  | 66–70 |  | 71+ |  | Prefer not to say |  |

**SEXUAL ORIENTATION**

**How would you describe your sexual orientation (please tick)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual / straight |  | Bisexual |  | Prefer not to say |  |
| Gay man |  | Gay woman / lesbian |  |  |  |

**DISABILITY**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long- term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

# Do you consider that you have a disability under the Equality Act (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Used to have a disability but not anymore |  | Don't know |  |
| Prefer not to say |  |  | |