

NAME:

APPLICATION FORM

Please fill out and sign the following forms using black ink and capital letters.

- ❖ Application Information**
- ❖ Equal Opportunities Monitoring Form**
- ❖ Criminal Convictions Declaration Forms**
- ❖ Support Worker Job Description**

**Once completed please return to:
Radiant Care Services Ltd
Abbey House
25 Clarendon Road
Redhill
RH1 1QZ**

The Annual Confidential Health Declaration Form is contained separately.

Please attach & return completed Application Form by email OR by post in a sealed envelope to ensure confidentiality.

JOB APPLICATION FORM

Post Applied for:

Location:

Where did you first hear about the vacancy?

Please ensure you provide the following documents for completion of your registration and application:

- ❖ Passport / Driver's Licence / UK Birth Certificate
- ❖ BRP card
- ❖ Proof of Right to work in UK
- ❖ Proof of Address (e.g., utility bill- within last three months)
- ❖ Original certificates/diplomas/QCF Qualification
- ❖ Certificates of training received in Domiciliary Care
- ❖ Bank/Building Society details
- ❖ DBS Certificate
- ❖ National Insurance card / P45 / P60
- ❖ Current Curriculum Vitae (CV)

Section 1

PERSONAL DETAILS

Forename:

Surname:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters Numbers

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Mobile Telephone N^o:

Date of Birth:

E-mail Address:

NEXT OF KIN INFORMATION

Forename:

Surname:

Home Telephone N°:

Mobile Telephone N°:

Address:

E-mail Address:

☐ I give consent to Radiant Care Services Ltd to contact my next of kin in an emergency. My next of kin is aware and has given me consent to share their details. (Y/N)

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

☐

No

☐

Section 2

EMPLOYMENT HISTORY

(Please continue on a separate sheet if required)

From (mm/yyyy)	To (mm/yyyy)	Employer Name and Address	Position and Salary	Reason for Leaving

From (mm/yyyy)	To (mm/yyyy)	Employer Name and Address	Position and Salary	Reason for Leaving

Please explain any **gaps** in your employment history (e.g., unemployed, motherhood, travel etc.)

Section 3 EDUCATION

Qualifications obtained from Schools, Colleges, and Universities. Please list highest qualification first:
 (Please continue on a separate sheet if required)

Name of School, College, or University	From (year)	To (year)	Course	Qualifications and Grades obtained	Year obtained
School	From (year)	To (year)	Subjects	Qualifications and grades obtained	Year obtained

Section 4

TRAINING

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 5

PERSONAL STATEMENT

Abilities, skills, knowledge, and experience.

Please use this section to explain in detail how you meet the ‘**essential and desirable**’ post requirements on the **Job description**. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 6

REFEREES

One must be your present / most recent employer. Character references/testimonials from professionals are only acceptable in exceptional circumstances, where you have no, or limited, employment history.

NOTE: WE WILL VERIFY REFERENCES RECEIVED BEFORE CONFIRMING ANY JOB OFFER.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>Postcode <input type="text"/></div>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>Postcode <input type="text"/></div>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? **Yes** ☐ **No** ☐

Are you willing for this referee to be approached prior to the interview? **Yes** ☐ **No** ☐

FURTHER INFORMATION

If you consider yourself as having a disability, is there any support you would require attending for interview? Please specify (e.g., wheelchair accessible room, etc)

Do you hold a current driving license? UK <input type="checkbox"/> EU/EEU <input type="checkbox"/> International <input type="checkbox"/>	
Do you have the use of a vehicle for work?	
Do you have any driving endorsements/ disqualifications? If Yes, please provide further information:	

Section 7 EQUAL OPPORTUNITIES MONITORING FORM

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

White UK ☐

Irish ☐

White non-UK ☐

Any other White background
(please give details): ☐

B. Mixed

White & Black Caribbean ☐

White & Black African ☐

White & Asian ☐

Any other Mixed background
(please give details): ☐

C. Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Any other Asian background
(please give details): ☐

D. Black or Black British

Black Caribbean ☐

Black African ☐

Any other Black background
(please give details): ☐

E. Chinese or other ethnic group

Chinese ☐

Vietnamese ☐

Any other ethnic background
(please give details): ☐

Section 7

continued

Gender

Male

☐

Female

☐

Disability

Disability is defined as “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”.

Do you consider yourself disabled?

Yes

☐

No

☐

If yes, please give details:

Section 8 CRIMINAL CONVICTION DISCLOSURE FORM

The post you have applied for is excluded from the provisions of the Rehabilitation of Offenders Act 1974 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

You must therefore disclose details of all convictions, cautions, and bind over orders, whether spent or not, and whether imposed when you were an adult or juvenile. You must disclose details if you are currently the subject of a police investigation / proceedings which could result in any conviction caution or bind over order.

We appreciate that you must feel embarrassed about having to declare such matters, but you will be given full opportunity to explain the circumstances of any conviction, caution or bind over order and it is possible that these will not exclude you from employment.

Surname:							Forenames:		
Date of Birth:							Place of Birth:		
Maiden and / or previous names:									
Address:									
Post applied for:									
Date of interview:									

Do you have any convictions, cautions, or bind over orders, SPENT OR UNSPENT				Please Tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details (continue on separate sheet if necessary)						
Date	Court	Offence			Penalty	

I understand that failure to disclose fully any spent or unspent criminal conviction, caution or bind over order may lead to any job offer being withdrawn or disciplinary action up to and including dismissal.

Print Name:	
Signature:	
Date:	

Section 9

DECLARATION

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.
- I also confirm that I am eligible to work in the UK. I fully accept that I am applying for Employment within Radiant care are in the full knowledge and understanding that should Radiant Care offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through Radiant Care are provided as a self-employed person. As a self-employed person, I accept that Radiant Care's duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that neither Radiant Care nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.
- I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Radiant Care's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Signed:

Date:

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Print Name:

Thank you for your interest in this post.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:

Radiant Care Services Ltd
Abbey House,
25 Clarendon Road,
Redhill,
RH1 1QZ

By E-Mail:

admin@radiantcareservices.co.uk

Enquiries:

Telephone: 0330 822 7867

For Office Use Only

Date Application received:		
Is the candidate suitable for interview? If Yes, Interview Date and Time: If No, please explain:		
Annual Confidential Health Declaration Form:	Is the candidate suitable for employment on medical grounds? Or	
	Refer to Doctor or Occupational Health:	

Criminal Records Bureau Disclosure Details (For Company Use Only)											
Date of Disclosure check:											
Type of Disclosure	Standard <input type="checkbox"/>				Enhanced <input type="checkbox"/>						
Disclosure Number:											

Name:	Position:
Signature:	Date:

JOB DESCRIPTION- CARE WORKER

Employee Name:		Issue Date:	
Job Title:	Care Worker		
Reports To:	Care Coordinator		
Main function of the job: To support customers with all aspects of their day-to-day living, so they can enjoy the best possible quality of life. Providing care and support is both a challenging and rewarding experience. You will mostly work alone with the service user in their home. Compassion, good communication skills and a calm and caring manner are essential for this important role in our company.			
Duties and responsibilities (not in any order of priority):	Follow instructions in the care and support plan which has been agreed with each customer. This may include: <ul style="list-style-type: none">• All aspects of personal care<ul style="list-style-type: none">○ Showering and bathing○ Dressing and grooming○ Toileting and continence care○ Oral care• Taking medicines<ul style="list-style-type: none">○ Encouraging, reminding, assisting and administering medicines○ Ordering and collecting prescriptions○ Returning unwanted medicines to the pharmacy for safe disposal• Eating and drinking<ul style="list-style-type: none">○ Helping the customer to plan what to eat and drink○ Gentle encouragement and help to eat and drink well○ Shopping preparing and serving food and drinks○ Clearing the table, washing up and keeping the kitchen area clean and tidy○ Agreeing with the customer how to store food safely and dispose of out of date produce• Safely using aids and personal equipment in a manner that respects the dignity of customers. For example<ul style="list-style-type: none">○ Standing and walking frames○ Wheelchairs, manual and electric hoists○ Sliding sheets and moving boards○ Hearing aids and other physical aids• Housework<ul style="list-style-type: none">○ Washing floors, vacuuming, and sweeping○ Laundry and ironing, making beds and changing the linen○ Dusting and general tidying• Social and physical activities or mental stimulation such as<ul style="list-style-type: none">○ Answering the door and greeting visitors○ Answering emergency bells and the telephone○ Taking customer out shopping, to see their friends or to other activities• Supporting customer through temporary and terminal illness, including<ul style="list-style-type: none">○ End of life care○ Hospital appointments○ Liaising with community health support and families		

	<p>Recording and reporting</p> <ul style="list-style-type: none"> Record and report all relevant customer information including <ul style="list-style-type: none"> The care and support that you provide and assistance with medicines Changes to a customer's condition or other concerns Faulty equipment or hazards in the home Response to emergencies, accidents, and incidents Safeguarding matters Contact with families or carers and other professionals Other matters as required by Radiant Care procedures Keep all information about customers and their families secure and confidential <p>Work well as part of the Radiant Care Services Ltd Team</p> <ul style="list-style-type: none"> Follow Radiant Care Services policies, procedures and guidance at all times Take part in staff and customer meetings Attend training activities and appraisal and development meetings <p>This list is not exhaustive and from time to time you may be required to undertake additional duties. We will provide full training in line with regulatory requirements.</p>
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This job description sets out the responsibilities of the post at the time it was drawn up. Such responsibilities may vary from time to time without changing the general character of the post or level of responsibility entailed. Variations are a common occurrence and do not of themselves constitute additional responsibilities.

Print Names:	
Signature:	
Date:	