**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 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**

Equality Homecare Services Ltd

124 Altrincham Road  
Manchester

M22 4US

07795 466 853

**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 ten 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 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 |

**SHORT COURSES ATTENDED**

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

**EMPLOYMENT HISTORY**

Current/last first. 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) |  |
|  |  |
|  |  |

Please give a detailed work history from leaving school to present day. Any gaps in employment history must be explained.

|  |
| --- |
| Left school in Year ……………… |

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.

|  |
| --- |
|  |

**HEALTH DETAILS**

| Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying?  Yes / No | |
| --- | --- |
| If yes, please give details: | |
|  | |
| What adjustments (if any) need to be made to the working environment to accommodate your disability? | |
|  | |
| Please give details of *all* absences from work in the last 12 months, except holidays | |
|  | |
| Please give details of any illnesses/accidents/injuries in the last 2 years | |
|  | |
| GP’s Name |  |
| Tel No |  |
| Address |  |
| *(Your GP will not 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 their any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes No (delete 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 (delete as appropriate) |

**Note: Minimum age;** legislation dictates that care workers in general must be 18 years old or older, and Carers working with people with learning disabilities must be 21 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: | Name: |
| Address: | Address: |
| Post Code | Post Code |
| Tel No: | Tel No: |
| Job title | Job title |

**Previous employer to the one above Previous employer to the one above**

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

**Character reference**

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

**Character reference**

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

**Character reference**

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

**CRIMINAL RECORD**

Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the Criminal Record Bureau. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and cautions.

You will not be eligible for work in a care setting if you are on the POVA/PoCA Register(s).

|  |  |
| --- | --- |
| Notice period with existing employer |  |
| Please indicate where you found out about the vacancy |  |
| **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 cannot be offered a post until a satisfactory response has been received in respect of my POVA/PoCA 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 Criminal Records Bureau. I understand that until a satisfactory response is received from the Criminal Records Bureau, 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 Equality Homecare to request a POVA/PoCA Register check and a criminal records check from the Disclosure, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my POVA/PoCA 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Criminal Record Additional Information**

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the [**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)**](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf)

|  |
| --- |
|  |

**The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account.**

**Employment Continuity Check**

It is essential to check the continuity of employment as stated in the application form, and 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 employments 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  http://mansystem.care-plan-management-system.co.uk/../doc_images/job_gap.gif |  |  |  |

**P1500 Equality and Diversity Policy and Procedure**

**Equal Opportunities Monitoring**

Equality Homecare committed to 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 v in the appropriate box. This will allow Equality Homecare 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | Gender | Male \_ | Female \_ | |
| **2** | Registered Disabled | Yes \_ | No \_ | |
| **3** | Marital Status | Married \_ | Single \_ | Divorced \_ |
| **4** | Children | Yes \_ | No \_ | |
| **5** | Please indicate your Ethnic background | African \_ | | |
| Asian \_ | | |
| Afro-Caribbean \_ | | |
| UK European \_ | | |
| European \_ | | |
| Other \_ | | |
| ( please specify) | |  |

Please tick as appropriate.

**P1750 Health and Fitness Questionnaire**

**Health/fitness Questionnaire**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **This form is intended for use for current staff, who have not given this information during the recruitment process.** | | | | | |
| Do you have any mental or physical disability or illness (currently or recurring) relevant to the post for which you are applying? | | | | **YES/NO** | |
| If yes, please give details: | | | | | |
|  | | | | | |
| What adjustments (if any) need to be made to the working environment to accommodate your disability? | | | | | |
|  | | | | | |
| Please give details of any illnesses/accidents/injuries in the last 2 years. | | | | | |
|  | | | | | |
| **Applicants Declaration – Read and understand before signing**  **1.** I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.  **2.** By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.  **3.** I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for work.  **4.** I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.  **Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)** | | | | | |
| **Signed** |  | **Date** |  | **Print name** |  |

**P4000 Recruitment Pack – Induction and Job Start**

**BANK DETAILS**

|  |  |
| --- | --- |
| Account Name |  |
| Account No |  |
| Sort Code |  |
| B/S Roll No. |  |

**P45 DETAILS (Please Attach P45 With Job Start Form)**

|  |  |  |  |
| --- | --- | --- | --- |
| NI Number |  | NI Category |  |

**AUTHORISATION SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee |  | Date |  |
| Administration |  | Date |  |
| Registered Provider |  | Date |  |

**Authority to pay wages to bank account in a different name**

In accordance with money laundering regulations, where an employee requires payment of wages into a bank account which is not in their own name as recorded in the personnel file, their explanation and authority is required. The Manager must assess whether the request and the explanation is reasonable, and does not appear to be connected with money laundering (concealment of sources of income).

Accounts with the same surname but different initials (e.g. husband/wife situations) do not require certification/explanation.

Any explanation recorded below will be kept fully confidential.

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Bank details: sort code |  |
| Bank details: account number |  |
| Bank details: name on account |  |
| Explanation for name on account differing from my name: |  |
| Signed | Date |
| Approved by: (Manager) |  |