**APPLICATION FORM**

This is an application for employment with TLS Social Care. The application form is a source of information, which will assist us in considering your suitability for the position you are applying for. If successful in obtaining employment, such information requested will form part of TLS Social Care’s personal records. Failure to supply the information may prejudice our ability to determine your suitability for the position.

Please return the completed form to: admin@tlssocialcare.co.uk

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| **What position are you applying for?** |  |
| **Where did you see the position advertised?** |  |
| **Please indicate which days you are able to work** | Monday TuesdayWednesdayThursdayFridaySaturdaySunday |

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| **PERSONAL INFORMATION** |
| **First Name** |  | **Surname** |  |
| **Address**  |  |  |
| **Phone** | **Home** |  |  | **Work** |  |  |
| **Email**  |  |  |
| **National Insurance Number**  |  |
| **Are you a car driver?** | **Yes** |  | **No** |  |

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| **Work Status** |
| **Are you a British Citizen?** | **Yes** |  | **No** |  |
| **Do you have the right of permanent residence in the UK?** | **Yes** |  | **No** |  |
| **Do you have a work permit?** | **Yes** |  | **No** |  |
| **You will be required to provide evidence of your right to work in the UK.**  |

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| **Education and Training** |
| **Name of School/ Institute/ University** | **Dates Attended** | **Qualification gained** |
| **From**  | **To** |
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|  **Employment History**(Please record below your full employment history beginning with your current or most recent employer. Any gaps must be explained. Please use a continuation sheet if needed. |
| **Employer**  | **Job Role** | **Dates**  | **Reason for Leaving** |
| **From**  | **To** |
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| **Please explain gaps in your employment below** |
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| **Professional Body Memberships/ Registration** |
| **Name of Organisation** | **Registration Number** | **Details** | **Renewal Date**  |
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| **References** |
| Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.Please provide **two character references if you are unable to obtain two professional references**, e.g. in the case of an applicant who has been raising children for ten years. 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. |
|  | **Employment Referee** | **Character Referee** |
| **Name** |  |  |
| **Company Name** |  |  |
| **Address** |  |  |
| **Post Code** |  |  |
| **Telephone** |  |  |
| **Email** |  |  |
| **How do you know this person?** |  |  |

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| **Safeguarding / Ex-Offenders Declaration**Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence. |
| The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. TLS Social Care Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. |
| **Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court in the United Kingdom or in any other country?** | **Yes** | **No** |
| **Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?** | **Yes** | **No** |

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| **Disclosure Barring Service (DBS)** |
| **Have you got a DBS on the update service?**  | **Yes** | **No** |
| **If ‘Yes’, please write down your DBS Certificate Number** | **Yes** | **No** |
| **If ‘No’, do you agree to pay towards the cost of a new DBS?** | **Yes** | **No** |

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| **Privacy Statement** |
| We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to us holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss. |

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| **Declaration** |
| The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that can seek clarification regarding professional registration details. |
| **Print Full Name** |  |
| **Signature** |  | **Date** |  |

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| **Supporting Statements** |
| 1. **Have you worked in care before?**
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| 1. **Why have you applied for this job?**
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| 1. **What skills and experience will you bring?**
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| 1. **What are your strengths?**
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| 1. **What are your weaknesses?**
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