

## **PR10 - Recruitment Pack – Individual Applicant Pack**

### **INDIVIDUAL APPLICANT PACK**

**The Application Form, Employment Continuity Check and Identity Check are for candidate use, and should be filled in prior to interview and handed back to the interviewer.**

- | The Equal Opportunities form must be detached from the pack and given to the candidate, together with a stamped and addressed envelope, with the request that the form be anonymously completed and returned to the Interviewer.

### **TELEPHONE SCREENING**

- | Use the following form to screen applicants before interview – check that the applicant has the essential characteristics identified in the person specification in the Recruitment Pack- Recruit Specification for the post on offer.
- | Only invite to interview those that meet the essential person specification elements.
- | Ensure that all applicants are recorded, together with the reasons for acceptance or rejection, in order to avoid discrimination claims.

## PR10 - Recruitment Pack – Individual Applicant Pack

Date call received:	By:
Application form sent:	Yes/No
Where did you find out about the vacancy?	
Name:	
Address:	
Telephone number (Home):	Work:
Position applied for – if carer – check age (min 16):	
Location:	
Circumstances, please circle:	Part-time / Full-time
<b>Appropriate experience:</b>	
(Work experience):	(Home/personal experience):
<b>Previous employer:</b>	
<b>Position held:</b>	
<b>Length of service:</b>	
<b>Current rate of pay:</b>	
<b>Reason For leaving:</b>	
<b>Do you have any criminal convictions, warnings or cautions, even if “spent”:</b>	
<b>Any other relevant comments:</b>          	
<b>Interviewer comments on the applicant:</b>          	
<b>Progress to interview?</b>  <p><b>Yes</b> – Arrange to attend for interview. Tell them that Surbiton Home Care Management Limited aspires to be an equal opportunities employer, and ask whether they require any particular arrangements to be made for them to be able to attend the interview.</p> <p><b>No</b> – Inform not suitable. Giving reasons and close interview. Record reasons in box above. Keep this record</p>	
<b>Individual Interviews:</b> Please ensure that they bring with them information to help them complete their application form, two recent 'head and shoulders' photographs, some form of photographic identification, a recently paid utility bill, and a valid National Insurance card or other proof of NI registration (old P45?), and original copies of all qualifications which will be relied upon. If the applicant is a nurse, ensure that they bring Nursing and Midwifery Council registration card (if applicable).	

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### INTERVIEW INVITATION

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA  
0203 780 7520**

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 **Surbiton Home Care Management Limited**

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### 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:	

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### APPLICATION FORM

Surbiton Home Care Management Limited

24 FAIRMEAD  
 TOLWORTH  
 SURREY  
 UNITED KINGDOM  
 KT5 9BA

0203 780 7520

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.

<b>Position applied for:</b>	
<b>Approx. no. of hours wanted:</b>	
<b>Full-time / part-time</b> (please circle which you want to work)	<b>Days/ Nights/Mornings/Afternoons/Evenings/Weekends only</b> (please circle which you are able to work)
<b>Surname:</b>	<b>First name(s):</b>
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
<b>Current address:</b>	
Post code:	Moved to this address on (date):
<b>Previous address</b> 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):
<b>Telephone number (home):</b>	<b>Telephone number (work - will be used with discretion):</b>
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
<b>Details:</b>	

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### EDUCATION

School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply copies of certificates)</i>

### TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

### ADDITIONAL COURSES ATTENDED

Subjects	Location

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### EMPLOYMENT HISTORY

- i 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).

<b>Name and address of your most recent/last employer:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Other roles</b> (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.

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### 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:	
<i>(Your GP will never be contacted without your permission)</i>	

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### 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 ( <i>circle as appropriate</i> )
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 ( <i>circle as appropriate</i> )

**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.

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### 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:	

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### 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 Surbiton Home Care Management 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:** \_\_\_\_\_

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### 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:			
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**IDENTITY CHECK** - Identity is established by clearly ticking one item from sections 1 or 2, and one from section 3.

Original documents only – no photocopies	I confirm that I have seen the original documents, signed for to confirm the identity of the applicant (signed by interviewer)	Date
1. Photographic		
1.a. Passport		
1.b. New Style Driving Licence		
<b>OR</b>		
2. Birth Certificate		
2.b. With the correct name		
2.c. Or in another name, with evidence of change of name		
<b>AND</b>		
3. Proof of Address		
3.a. Utility bill, correct name and address, and < 3 months old, and paid, or		
3.b. Credit card statement, correct name and address, and < 3 months old, or		
3.c. Bank statement, correct name and address, and < 3 months old, or		
3.d. Council tax bill, correct name and address, and < 3 months old		
3.e. Other (specify)		
<p><b>IMPORTANT: PERMANENTLY ATTACH A PHOTOCOPY OF THE ID EVIDENCE PRODUCED TO THE APPLICANTS FILE, AND ONE OF THE RECENT HEAD AND SHOULDER PHOTOGRAPHS PROVIDED. THE OTHER PHOTOGRAPH WILL BE USED FOR THE DBS APPLICATION.</b></p>		

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### INTERVIEW PREPARATION

- 1 Interviewer – Use this form to prepare specific points for the interview and to record that you have responsibly reviewed the information provided by the applicant. This process is essential to reduce the risk of discrimination.

Telephone Screening	
Carer Standards	
Application Form	
Educational/Qualifications (check and note dates)	
Completeness of work history	
Specific experience/skills	
Identity	
Ability to work in the UK	
Criminal, etc checks	
Applicability of references - Carry out risk assessment if references do not meet specifications.	

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### STANDARD QUESTIONS / INTERVIEW LOG

- Use questions from this list as applicable. Space is provided on the next page for your own questions.

NOTES: (1) Your notes of the answers to these questions, and other notes made by you in respect of the candidate are legally available to the candidate on request. Therefore, ensure that your comments and notes reflect the organisation's standards for equality of opportunity, fairness, openness and honesty. (2) Two persons should conduct the interview, one of which should be the immediate supervisor/manager for the post on offer. If the second person is not, for reasons of resource restrictions, present during the interview, an acceptable substitute practice is for a second person to read the application, show the applicant around the premises while the interviewer prepares the interview questions, informally chat to the applicant, and feed back their impressions of/concerns about the applicant to the interviewer before the interview begins. (3) This process is essential to reduce the risk of discrimination.

Putting yourself in the position of a Service User, what do you think would be the most difficult thing about receiving personal support?

How can you, as a Care worker in a team, ensure that there is continuity of Care provided?

Working as a support worker places you potentially in a position of power and influence over a Service User. How do you ensure that you do not infringe that person's human rights?

What is the most enjoyable part of Care work?



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### STANDARD QUESTIONS / INTERVIEW LOG – PART 2

What has been most difficult?
How do you enable someone with substantial disabilities gain control over their own lives?
What do you understand about confidentiality? How does it apply?
Have you had experience and how do you support someone who has substantial difficulties in making himself/herself understood?
Do you understand the requirements of the post on offer and based on that understanding do you consider that you are capable, with training, of carrying out the required functions?
Own/supplementary question

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### STANDARD QUESTIONS / INTERVIEW LOG – PART 3

Own/supplementary question:	
Own/supplementary question:	
<b>The information detailed below must be given to all applicants</b>	<b>Sign when completed</b>
State that all Carers will contract to achieve QCF Diploma Level 2 within 2 years of employment start, with exceptions being agreed by the Manager only in exceptional circumstances, and that all Registered Nurses and supervisors will be expected to achieve a supervisory management qualification within 2 years of start of employment.	
State that all new employees will contract to undertake the organisation's own induction course, and those employees without equivalent qualifications will undertake a suitable training programme.	
State that an offer of employment cannot be made until the DBS check is made and received back and is satisfactory, and if an offer is then made, it will be subject to two satisfactory references, including one from the previous employer, and a satisfactory DBS check, and that further checks with the DBS may be undertaken at any time during employment.	
Ask that the candidate anonymously completes the equal opportunities monitoring form, and give them a stamped addressed envelope to return it.	
State that it is normal policy to retain this application pack on file if the applicant is generally suitable for the post, but is unsuccessful this time around because a more qualified candidate is offered the post, so that they can be contacted if another suitable vacancy occurs in the future. Ask if this is acceptable. If the candidates say no, the interviewer must find the appropriate letter at the back of this pack and delete the sentence which refers to retaining the file.	

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### APPLICANT RISK ASSESSMENT

- Use this form if there are any deficits in the information and/or documentation supplied to you. In certain areas, the Manager has the authority to make a decision based on the balance of information available, but the reason must be explicitly recorded and retained, and the decision must have been responsibly reached with due reference to the aim of protecting vulnerable people.

#### References:

No reference from last employer: (state given reasons, investigations made, conclusions, if any, reached).

Inadequate range of references: (state given reasons, investigations made, conclusions, if any, reached).

Poor reference(s): (state given reasons, investigations made, conclusions, if any, reached).

**Gap in employment:** (state given reasons, investigations made, conclusions, if any, reached).

**Disclosure:** (For use if Disclosure process reveals convictions or warnings, which it has been decided to discount for recruitment purposes. IMPORTANT – do not record the offences here, that is a breach of data storage provisions – only state your reasons for discounting the Disclosures as a reason for not employing the applicant)

Signed (Registered Manager): \_\_\_\_\_ Date: \_\_\_\_\_

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### SCORE SHEET

Objective completion of this form is an essential element in discrimination risk management.

Scoring: 5 – FULLY MEETS REQUIREMENTS 1 – SIGNIFICANTLY BELOW REQUIREMENTS		
		<b>SCORE</b>
<b>1. Personal Specification</b>	Appearance	
	Attainments/ Experience	
	Special skills	
	Work attributes	
	Disposition	
	Circumstances	
<b>2. Carer Standards</b>	Service Users	
	Colleagues	
<b>3. Application Form</b>	Training record	
	Employment record	
	Experience	
	Fitness	
<b>4. ID received and satisfactory (interviewer sign):</b>		
<b>5. Documentary evidence of qualifications seen (sign):</b>		
<b>TOTAL SCORE:</b>		

NOTE: It is essential that a decision to offer a post is made BEFORE taking up references, in order to avoid possible discrimination challenge, for which there is no limitation in Tribunal Award. In discrimination proceedings it is the duty of the accused to prove that discrimination did not take place, and the only effective defence is documented process. The offer letter states that the offer is subject to satisfactory references, therefore if any information is subsequently received which casts doubt on the ability of the applicant to satisfactorily carry out the duties of the post with suitable support and changes, a medical assessment can be invoked as per the offer letter.

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### TELEPHONE REFERENCE REQUEST 1

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
 TOLWORTH  
 SURREY  
 UNITED KINGDOM  
 KT5 9BA**

**0203 780 7520**

To:	
Position (if applicable):	
Address:	
<b>APPLICANT DETAILS</b>	
Full name:	(Maiden):
Address:	Telephone number:
Date of birth:	
Position applied for:	
They were employed by you as:	
Period of service:	
Reason for leaving:	
Would you re-employ them (YES/NO)?	
If no, please give details:	
Please give details of punctuality and attendance/sickness overall and specifically during the last twelve month period.	
Appearance?	
Do you consider this person to be honest and reliable? Are you aware of any criminal matters which may affect their suitability for employment?	
During this person's employment with you, was there any disciplinary action taken against them? If yes, please provide details below.	
Can you please state what you feel are the main strengths/weaknesses of this person?	
Signature:	Date:
Office use only: Written request <input type="checkbox"/> Telephone request <input type="checkbox"/> (please tick relevant box)	

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### TELEPHONE REFERENCE REQUEST 2

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
 TOLWORTH  
 SURREY  
 UNITED KINGDOM  
 KT5 9BA**

**0203 780 7520**

To:	
Position (if applicable):	
Address:	
<b>APPLICANT DETAILS</b>	
Full name:	(Maiden):
Address:	Telephone number:
Date of birth:	
Position applied for:	
They were employed by you as:	
Period of service:	
Reason for leaving:	
Would you re-employ them (YES/NO)?	
If no, please give details:	
Please give details of punctuality and attendance/sickness overall and specifically during the last twelve month period.	
Appearance?	
Do you consider this person to be honest and reliable? Are you aware of any criminal matters which may affect their suitability for employment	
During this person's employment with you, was there any disciplinary action taken against them? If yes, please provide details below.	
Can you please state what you feel are the main strengths/weaknesses of this person?	
Signature:	Date:
Office use only: Written request <input type="checkbox"/> Telephone request <input type="checkbox"/> (please tick relevant box)	

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### TELEPHONE REFERENCE REQUEST 3

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
 TOLWORTH  
 SURREY  
 UNITED KINGDOM  
 KT5 9BA**

**0203 780 7520**

To:	
Position (if applicable):	
Address:	
<b>APPLICANT DETAILS</b>	
Full name:	(Maiden):
Address:	Telephone number:
Date of birth:	
Position applied for:	
They were employed by you as:	
Period of service:	
Reason for leaving:	
Would you re-employ them (YES/NO)?	
If no, please give details:	
Please give details of punctuality and attendance/sickness overall and specifically during the last twelve month period.	
Appearance?	
Do you consider this person to be honest and reliable? Are you aware of any criminal matters which may affect their suitability for employment	
During this person's employment with you, was there any disciplinary action taken against them? If yes, please provide details below.	
Can you please state what you feel are the main strengths/weaknesses of this person?	
Signature:	Date:
Office use only: Written request <input type="checkbox"/> Telephone request <input type="checkbox"/> (please tick relevant box)	



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### TELEPHONE REFERENCE CONFIRMATION LETTER

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA**

**0203 780 7520**

(Enclose copy of telephone details)

Date:

Attention of

Dear \_\_\_\_\_,

Ref:

Thank you very much for the valuable time that you have taken in order to help our organisation complete a telephone reference for the above-named person.

I would be very grateful if you could read over the information enclosed, which is a record of the conversation and make any alterations where you feel necessary. Following this if you could sign on the reverse side and send the form back to us using the pre-paid envelope.

Your help has been gratefully received.

Yours sincerely,

For and on behalf of **Surbiton Home Care Management Limited**

Copy this letter to each interviewed referee, enclosing a copy of the notes taken during the telephone conversation.

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### AN ALTERNATIVE TO THE TELEPHONE REFERENCE AND WRITTEN FOLLOW-UP

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA**

**0203 780 7520**

\* For use as an alternative to the telephone reference and written follow-up.

Date:

For the attention of

Re:

The above person has applied for the post of \_\_\_\_\_ at our organisation and has named you as a **referee**. I would be grateful if you would express your opinion of the suitability of the applicant for the post specified, in addition to the following specific enquiries. Your reply is confidential.

Yours sincerely,

For and on behalf of **Surbiton Home Care Management Limited**

(Enclose a copy of Surbiton Home Care Management Limited's brochure showing clearly the range of Service Users of the organisation, and the approximate size of the working environment).

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Please score 1 – 5 (1 = Poor, 5 = Excellent)	Score/Comments
Appearance	
Professional manner	
Use of initiative	
Understanding of Service Users' requirements	
Attention to detail	
Interest and enthusiasm	
Attitude to Service Users	
Attitude to visitors	
Attitude to supervisors and senior staff	
Attitude to colleagues	
Response to constructive advice and criticism	
Oral and written reports	
Powers of observation	
Outstanding qualities	
Timekeeping	
Sickness absence	

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<b>Difficulties and limitations:</b>
Any criminal action, disciplinary action or investigations taken against the applicant, known to you:
General comments:
Would you re-employ?
How long have you known the applicant and in what capacity?
Signed (referee): _____ Date: _____

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### CHARACTER REFERENCE REQUEST

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA**

**0203 780 7520**

\*Character reference request – for use when employer references are unobtainable.

Date:

For the attention of

Re:

The above person has applied for the post of \_\_\_\_\_ at our organisation and has named you as a **character referee**. I would be grateful if you would express your opinion of the suitability of the applicant for the post specified, in addition to the following specific enquiries. Any position in our organisation will require the applicant to work with vulnerable people, and they must therefore meet statutory standards of honesty and integrity.

Your reply is confidential.

Yours sincerely,

For and on behalf of **Surbiton Home Care Management Limited**

(Enclose a copy of Surbiton Home Care Management Limited's brochure showing clearly the range of Service Users of the organisation, and the approximate size of the working environment)

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How long have you known the applicant and in what capacity?

Please describe your understanding of the honesty and integrity of the applicant named above, in relation to the post also described above.

Signed (referee): \_\_\_\_\_ Date: \_\_\_\_\_

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### REJECTION LETTER

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA**

**0203 780 7520**

Date:

Attention of

Dear \_\_\_\_\_,

Thank you for your application for the post of \_\_\_\_\_.

I would like to inform you that, unfortunately, you were not successful on this occasion. We would like to thank you for your interest and wish you good luck for your future.

Yours sincerely,

For and behalf of **Surbiton Home Care Management Limited**

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### OFFER LETTER

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA**

**0203 780 7520**

Date:

Attention of

Dear \_\_\_\_\_,

Thank you for your application for the post of \_\_\_\_\_.

I am very pleased to inform you that you were successful in your application.

We would like to provisionally offer you:

- | The post of \_\_\_\_\_.
- | For \_\_\_\_\_ hours per week.
- | At the rate of £\_\_\_ per hour.
- | Annual holidays will be days per year, pro-rata for a part-year, and the holiday year starts on \_\_\_\_\_.

This offer is conditional on the receipt of satisfactory references, including from your last/present employer. Unsatisfactory reference(s) may lead to withdrawal of the offer. Your employment is also subject to satisfactory response from the DBS register, and, where appropriate, the Nursing and Midwifery Council register. Your employment offer will be confirmed when, and only when, satisfactory replies have been received from all referees, the DBS and where appropriate the Nursing and Midwifery Council.

Subject to the information received from referees, we may request that you undergo a medical check to confirm your specific suitability for the post offered.

We ask that you please contact us to indicate whether you would like to accept our offer and to discuss any other details and a start date.

Yours sincerely,

For and behalf of **Surbiton Home Care Management Limited**



## PR10 - Recruitment Pack – Individual Applicant Pack

### REJECTION LETTER – REQUEST TO KEEP DETAILS ON FILE

**Surbiton Home Care Management Limited**

**24 FAIRMEAD  
TOLWORTH  
SURREY  
UNITED KINGDOM  
KT5 9BA**

**0203 780 7520**

Date:

Attention of

Dear \_\_\_\_\_,

Thank you for your application for the post of \_\_\_\_\_.

I would like to inform you that while you met our specification for the post applied for, unfortunately you were not successful on this occasion.

However, we would like to keep your application on file to be considered for any future vacancies that may arise. If you do not wish us to retain the file, please contact us to request destruction of your application.

Yours sincerely,

For and behalf of **Surbiton Home Care Management Limited**

## PR10 - Recruitment Pack – Individual Applicant Pack

### 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.**

- ┆ Surbiton Home Care Management 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	
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### ETHNIC GROUP

A		B		C	
White:		Mixed race:		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	

## PR10 - Recruitment Pack – Individual Applicant Pack

<b>D</b>		<b>E</b>			
<b>Black or Black British:</b>		<b>Chinese and other groups:</b>			
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			

## PR10 - Recruitment Pack – Individual Applicant Pack

### Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
C.S2 - How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?		✓	✓
C.S3 - How does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?	✓		✓
C.E1 - How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?	✓	✓	✓
C.C1 - How are positive caring relationships developed with people using the service?		✓	✓
C.W1 - How does the service promote a positive culture that is person-centred, open, inclusive and empowering?		✓	✓
C.W2 - How does the service demonstrate good management and leadership?	✓		✓

**Note: All QCS Policies are reviewed annually, more frequently, or as necessary.**