**APPLICATION** **FORM**

**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): |  |
| **Date of Birth:** |  |
| **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 Priceless Care Services Ltd 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. |

**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.**

Priceless Care Services Ltd 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 | - |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | - | - |