**Please complete and submit our application form:**

|  |  |
| --- | --- |
| Position requested: |  |
| Preferred hours: | Please select as many as needed:* Full time
* Part time
* Days
* Nights
* Mornings
* Afternoons
* Evenings
* Weekends
 |
| Surname: | First name(s): |
| Previous surnames | Please upload a copy of documentary evidence, such as marriage certificate, deed of name change etc. |
| DOB: |  |
| Current address: |  |
| Postcode: |  |
| Telephone number 1: | Telephone number 2: |
| Email: |  |
| Transport | * Own transport: Yes/No
* How long has your licence been held?
* Clean current driving licence: Yes/No
* Endorsements:
 |

|  |
| --- |
| **Question asked under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**Do you have any physical or mental health conditions which are relevant to your capability, after reasonable adjustments are made, to properly perform the tasks which are intrinsic to this employment? Yes/No If yes, give details: |

# EDUCATION

|  |  |
| --- | --- |
| **School/College/University** | **Examinations passed/Qualifications gained** |
|  | ***(Please upload 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**

Information must cover the whole of your working life to date with your current or most recent position first. Please complete the reasons for any breaks in employment.

|  |  |
| --- | --- |
| Name and address of your most recent/last employer: |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| Please give details of other relevant experience: | This may be taken from the work situation, voluntary work, charity or your own home. |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name and address of your most recent/last employer: |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| Please give details of other relevant experience: | This may be taken from the work situation, voluntary work, charity or your own home. |
|  |  |
|  |  |

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |
| --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process?**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) |

**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 your application is successful 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 18 years old or older. Please let us know if you do not meet these specifications.**

**REFEREES**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, for example, if you have had a break to care for your family. All will be contacted so please inform the referees 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:** |  |
| **Email:** |  |
| **Postcode:** |  |
| **Telephone number:** |  |
| **Job title:** |  |

**Previous employer to the one above**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Postcode:** |  |
| **Telephone number:** |  |
| **Job title:** |  |

**Character reference**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:****Email Address:** |  |
| **Postcode:** |  |
| **Telephone number:** |  |
| **Relationship to you:** |  |

# CRIMINAL RECORD

# Workers are subject to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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 understandthattheaboveinformationformsthebasisofmycontractofemployment.Iunderstandthatifanyofthe informationsuppliedbymeisfoundtobefalselydeclared,mycontractmayhavebeenfundamentallybreachedand myemploymentmaybeterminatedimmediately.IunderstandthatImaynotbeofferedapostuntilasatisfactoryresponsehasbeenreceivedwithrespecttomyDBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactoryreferences,oneofwhichmustbefrommypreviousemployer,andthatconfirmationoftheemployment willbesubjecttoasatisfactorycriminalrecordcheckfromtheDBS.I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervisedatalltimesatwork,andwillnotseekorhaveunsupervisedaccesstovulnerablepeople.IfthepostIhave applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of theNursingandMidwiferyCouncilrecordsandregisters.Bymysignature,IauthoriseCountryViewNursingHometo 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 motoringoffences),theadministeringofawarning,criminalconviction,referraltoanyregisterofbarredcareworkers, orwithdrawalofanyregistrationrequiredbymyemploymentstatus.Signed: Date:  |

|  |
| --- |
| **Privacy notice**We process personal data relating to those who apply for job vacancies with us or who send speculative job applications to us. We do this for employment purposes, to assist us in the selection of candidates for employment, and to assist in the running of the business. The personal data may include identifiers such as name, date of birth, personal characteristics such as gender, qualifications and previous employment history.We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained for a period of at least six months or, if required by law, for as long as is required.This privacy notice does not form part of an employment offer or contract between us. If we make an employment offer to you, we will provide further information about our handling of your personal information in an employment context separately.If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please email us with the Subject “Data Protection Request”. |

|  |
| --- |
| **Declaration**The above information is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or my employment terminated.Signed: Date: |

# CARER STANDARDS

**In order to guide the interview process, we would like you to indicate your personal philosophy of care by completing the following statements:**

|  |  |
| --- | --- |
| I believe that the purpose of care from a care service is: |  |
| If I were a Service User in the home I would like:  |  |
| I believe that the Service User’s family and relatives would like from the home: |  |
| I believe that I can support a Service User in the home because:  |  |
| As a member of the home 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: |  |