



APPLICATION FOR EMPLOYMENT Personal Information

Position Applied For:

CONTACT DETAILS

| | | | |
|--|--|------------------------|--|
| Title: | | Forename(s): | |
| Surname: | | Birth Name: | |
| Present Address: | | | |
| Postcode | | | |
| Home Address (if different): | | | |
| Postcode: | | | |
| Telephone (Home): | | Telephone (Mobile): | |
| Telephone (Day): | | | |
| Email Address: (please provide an email address as this will enable us to process your application quicker) | | | |
| Nationality: (Please provide your original passport at interview – copies will not be accepted) | | Place of Birth: | |
| Passport No: | | Expiry Date: | |
| Do you have permission to work in the UK? if Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If you do not have the right to take up employment in the UK , would you wish us to assist you apply for the right to work? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Do you have a DBS which is subscribed to the Update Service? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, please provide your Update Number..... | | National Insurance No: | |

Have you previously applied or worked through this agency?

Applied: Yes No Worked: Yes No

If you previously applied, but did not work for this agency, please outline why:

.....
 ...

FULL EMPLOYMENT HISTORY
(Continue on a separate page if necessary)

- Please provide your full working history, from your first job to the current day.

- If you are attaching your CV which already contains this information, please write "see CV".
- We require your employment history to have **no gaps**. Please include examples of caring for family or friends, both paid and unpaid employment.

| Dates | | Name, address and telephone no. of employer | Job Title and responsibilities | Date and reason for leaving |
|---------------|----------|---|--------------------------------|-----------------------------|
| From | To | | | |
| E.G. Jan 2011 | Mar 2014 | | | |

Have you ever been subject to a formal investigation or under a disciplinary procedure in the workplace? Yes No

If yes, please give details:

.....

EDUCATION & TRAINING

Please detail any previous healthcare or medical training, with the date of completion:

E.g. Nursing Certificate completed in 2000.....

 ...

 ...

Please list all relevant courses you have completed. (It is important to include the certificate expiry dates)

E.g. First aid (expires Nov 2022), Moving and Handling (expires Mar 2023), Food Hygiene (expires Jun 2023).....

 ...

 ...

 ...

REFERENCES

Please provide us with details of three referees

All references will be verified by email and/or via telephone so you must provide email and telephone contact details or your application will be delayed.

1. Employment: *Your current or most recent employer.*

- You must have been employed by them for a minimum of 6 months
- Please include a professional address or a company stamp

| | |
|--|--|
| Name of Referee | |
| Position held or relationship to applicant | |
| .. | |
| | |
| Postcode | |
| Email address | |
| | |

| | |
|----------------------|--|
| Contact Telephone No | |
|----------------------|--|

This referee has known me for _____ months/years (please delete as appropriate)

2. Client/Representative: *Someone who you have cared for in a **live-in care environment**, their representative or a member of their family.*

| | |
|--|--|
| Name of Referee | |
| Position held or relationship to applicant | |
| Name of Company & Address | |
| | |
| Postcode | |
| Email address | |
| Contact Telephone No | |

This referee has known me for _____ months/years (please delete as appropriate)

3. Additional employment: Any employment involving work with children or vulnerable adults which lasted more than three months.

| | |
|--|--|
| Name of Referee | |
| Position held or relationship to applicant | |

| | |
|---|--|
| Name of Company & Address | |
| Postcode | |
| Email address | |
| Contact Telephone No | |
| This referee has known me for _____ months/years (please delete as appropriate) | |
| <u>ABOUT YOU</u> | |
| Can you drive a car? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, are you a manual or automatic driver? Manual <input type="checkbox"/> Automatic <input type="checkbox"/> |
| Do you hold a full UK clean driving license? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please provide your license expiry date: |
| Do you have any current endorsements? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please provide details: |
| Please tick the duties you may be asked to, and are willing to carry out: | |

| | | | |
|----------------------|--------------------------|---|--------------------------|
| Full personal care | <input type="checkbox"/> | Home Administration | <input type="checkbox"/> |
| Light Housework | <input type="checkbox"/> | Personal Laundry | <input type="checkbox"/> |
| Companionship | <input type="checkbox"/> | Shopping | <input type="checkbox"/> |
| Preparation of meals | <input type="checkbox"/> | If yes, please specify: | |

| | | |
|---|--|---|
| Is there any type of food that you would be unwilling or unable to prepare for Clients (e.g. meat, fish, and dairy products)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you have or have you ever suffered from any allergies of any kind? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please specify: |

Please detail your hobbies and interests, with specific detail to those which will help you in your chosen work as a Personal Carer:
.....
.....
.....
.....

Where did you hear about Inclusivecare247 Limited ? Website Search engine Word of mouth or other
Other (please state)

What date are you available to start a care engagement?

DISCLOSURE AND BARRING SERVICE (DBS) CHECK

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)?

| | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website. www.gov.uk/government/news/disclosure-and-barring-service-filtering |
|--|--|

If yes, please give details:

Should your application be successful, **any failure to disclose such convictions that have occurred, OR THAT MAY OCCUR IN THE FUTURE, may lead to termination of your registration.** If you are in any doubt whatsoever about a declaration, you must discuss this with the Recruitment Team. A conviction does not automatically prevent you from registering. However, failure to declare certain offenses will lead to immediate action.

• I declare that the information given above is, to the best of my knowledge, true.
Name: (please print)
Signature: **X** **Date:**

PERSONAL DECLARATION

'I have completed / I am willing to complete **(Please delete as appropriate)** an application for a Disclosure and Barring Service check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults and children'.

'I also give permission for a copy of the Disclosure to which I am subject, being made available upon written request to a named authorised person, who acts on behalf of the National or Local Government for auditing purposes'.

Name: (please print)

Signature: **X** **Date:**

DATA PROTECTION

Under the Data Protection Act 1998 ("the Act ") we are required to provide you with certain information and to seek your consent to the processing of personal data supplied by you on this form.

For the purposes of the Act, the data controller in respect of personal data relating to you Inclusivecare247 Limited. The purposes for which personal data supplied by you on this form are intended to be processed are as follows:-

- To update you with relevant information.
- If you are accepted as one of our companion/ Personal Carers, to assist in introducing you to our Clients.
- This may also include providing Clients with copies of photographs for identification purposes of Personal Carers.
- To assess your skills, suitability and eligibility to become a companion/Personal Carer.

We may retain certain personal data supplied by you on this form after you have ceased to be a Personal Carer in order to comply with current legislation and Client requirements.

Please sign this declaration to indicate your consent to the processing by the Company of the data supplied by you on this form.

Declaration:

I consent to the Company processing all or any personal data supplied by me on this form or as a result of searches made following and resulting from its completion, and to the disclosure and transfer of such personal data, for the purposes described above.

Name: (please print)

Signature: **X** **Date:**

Personal data supplied by you on this form may also be disclosed to other approved third party companies in order to inform you of training courses and additional benefits.

Please tick if you do not wish to be supplied with this information:

Agreement

I accept that under no circumstances will I make a private arrangement, financial or otherwise, with a Client introduced to me by the Agency.



Nor will I effect an introduction of a Client to a third party, without first informing the Agency, so that the Agency's Terms and Conditions of Business may be sent to that third party.

Name: (please print)

Signature: **X** **Date:**

Your Emergency Contact details:

Name

Address

Email address:

Telephone No.

Relationship:



**** PLEASE DO NOT FORGET TO SIGN & DATE IN FIVE PLACES, AS INDICATED BY X****

EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

We aim to ensure that no applicant receives less favourable treatment on the grounds of age, disability, religious belief, political opinion or affiliation, sex, marital status, race, colour, ethnic and national origin, sexual orientation, gender reassignment, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are regularly reviewed to ensure that individuals are selected and treated on the basis of their relevant merits and abilities. Information you provide will be used for statistical use only and will be treated in the strictest confidence.

Personal Details
(Please tick appropriate box)

Gender:

- Male Female

Age:

- Below 25 years 26-36 years 37-45 years Over 45 years

Ethnic Origin:

White

- British
 Irish
 Any other white background

Mixed

- White and Black Caribbean
 White and Black African
 Any other mixed background

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Black or Black British

- Caribbean
 African
 Any other black background

Chinese or Other Ethnic Group

- Chinese
 Any other

If other, please specify:

.....

Disability

Do you consider yourself to have a disability under the terms of the Disability Discrimination Act 1995? Yes No

(Disability is defined as a physical or mental impairment, which has a substantial and long term effect on someone's ability to carry out normal day to day activities).

If yes, please give details:.....
.....

Please give details of any special arrangements you will need if invited for interview (e.g. sign language, special access requirements)

Name: (please print)

Signature: X

Date: