|  |  |  |
| --- | --- | --- |
| **Post applied for:**  |  |  |
| **Job reference (if applicable)**  |  |  |
| **Are you permitted to work in the United Kingdom?** |  | Yes  |  No  |
| **I require a work permit**  |  | Yes  |  No  |

**Job Application Form**

|  |
| --- |
| **Personal Details:** |
| **Title** |  |
| **Surname** |  | **First Name:** |
|  **Surname at Birth** |  | **Middles Names:** |
| **Date of Birth**  |  | **Place of Birth:**  |
| **Country of Birth** |  | **Nationality at Birth:** |
| **Present Nationality** |  |
| **Gender** |  |
| **Address line 1** |  |
| **Address line 2 (if applicable)** |  |
| **Town** |  |
| **County** |  |
| **Postcode** |  |
| **Home telephone number** |  |
| **Mobile number** |  |
| **Email** |  |
| **National Insurance number** |  |

|  |  |  |
| --- | --- | --- |
| **Driving Details:**  |  |  |
| **Do you have a full Driving Licence that allows you to drive in the UK?**  | Yes  |  No  |
| **Do you have access to a car that you can use for work?**  | Yes  |  No  |
| **Have you ever been banned from driving?**  | Yes  |  No  |
| **Do you have any current endorsements on your licence?**  | Yes  |  No  |
| **Does your car insurance include Class 1 business insurance?**  | Yes  |  No  |
| **Are all your documents up to date and valid?**  | Yes  |  No  |

**Language**

**State your fluency (both written and spoken) in ALL languages – including English:**

|  |  |  |
| --- | --- | --- |
| **Language**  | **Spoken**  | **Written**  |
|  | **Fluent**  | **Good**  | **Fair**  | **Fluent**  | **Good**  | **Fair**  |
| English  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |

**Availability**

**Full Time Part Time (less than 30 hours) Weekends Weekdays**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Mon**  | **Tues**  | **Wed**  | **Thurs**  | **Fri**  | **Sat**  | **Sun**  |
| **Breakfast 7-11am**  |   |   |   |   |   |   |   |
| **Lunch 11am-3pm**  |   |   |   |   |   |   |   |
| **Tea time 3-6pm**  |   |   |   |   |   |   |   |
| **Evening 6-10pm**  |   |   |   |   |   |   |   |
| **Are there any current restrictions to your availability?**  |
|   |
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**Education**

**Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:**

|  |
| --- |
| **Education/Qualifications**  |
| **Qualifications**  | **Date**  | **Grade**  |
| **Secondary School**  |  |  |
|  |  |  |
|  |  |  |
| **College**  |  |  |
|  |  |  |
|  |  |  |
| **University**  |  |  |
|  |  |  |
|  |  |  |
| **Training (If you have undertaken any relevant training to this post please give details)**  |
| **Course details**  | **Date**  | **Training provider**  |
|  |  |  |
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|  |  |  |
| **Employment background (please continue on a separate sheet if necessary)**  |
| **Current/most recent job**  |
| **Company name**  |  |
| **Your job title**  |  |
| **Reason for leaving**  |  |
| **Salary**  |  |
| **Notice required**  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |
| **Brief description of duties**  |
|   |
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**Previous Employer**

**Please detail the most recent first. Your employment history must continue directly from your education and where there are gaps between jobs of any length, please indicate why – e.g. continuing education, travelling, family, child care, unemployment etc.**

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| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

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| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

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| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

|  |  |  |
| --- | --- | --- |
| **Company name**  |  |  |
| **Your job title**  |  |  |
| **Reason for leaving**  |  |  |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |

**Continue on a separate sheet if necessary**

**References**

**Please provide us with two employment references, one of whom should be your current or most recent employer.**

**If you cannot supply two employment references and need to use a character referee we ask that you choose someone who is working in a professional or managerial position of their own. Relatives and friends are not acceptable as character referees.**

|  |  |
| --- | --- |
| **Referees Full Name**  |  |
| **Referees Job Title**  |  |
| **Company Name**  |  |
| **Address line 1**  |  |
| **Address line 2 (if applicable)**  |  |
| **Town**  |  |
| **County**  |  |
| **Postcode**  |  |
| **Telephone number**  |  |
| **E-mail**  |  |
| **Employment Dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |
| **Capacity in which they know you (e.g. Line Manager)**  |  |
| **May we contact this reference if you are successful in your application?**  |  **Yes No**  |

|  |  |
| --- | --- |
| **Referees Full Name**  |   |
| **Referees Job Title**  |   |
| **Company Name**  |   |
| **Address line 1**  |   |
| **Address line 2 (if applicable)**  |   |
| **Town**  |   |
| **County**  |   |
| **Postcode**  |   |
| **Telephone Number**  |   |
| **E-mail**  |   |
| **Employment dates**  | **From: DD / MM / YYYY**  | **To: DD / MM / YYYY**  |
| **Capacity in which they know you (e.g. Line Manager)**  |  |
| **May we contact this reference if you are successful in your application?**  | **Yes No**  |

 **Annual Leave**

**Please detail any dates of pre-booked leave/holiday.**

|  |
| --- |
| **Leave/holiday dates:**  |
|   |
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**Skills and Abilities**

This is an important part of the application. Please read the attached person specification before completing this section.

|  |
| --- |
| Tell us why you are applying for this job. You should also show how you meet each requirement of the person specification by providing details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere  |
|   |

**Please continue on a separate sheet if necessary**

**Previous Experience**

**Please put a cross in the appropriate boxes in which you have previous experience, professional or personal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Task**  | **No Experience**  | **Experience**  | **Trained**  |
| **Personal Care**  | **Dressing/undressing**  |   |   |   |
| **Washing**  |   |   |   |
| **Bathing**  |   |   |   |
| **Bed baths**  |   |   |   |
| **Bath aids**  |   |   |   |
| **Use of bedpans/commodes**  |   |   |   |
| **Hair care**  |   |   |   |
| **Specialist Care**  | **Eye care**  |   |   |   |
| **Pressure area care**  |   |   |   |
| **Continence**  |   |   |   |
| **Catheter bags**  |   |   |   |
| **Mouth care**  |   |   |   |
| **Colostomy care**  |   |   |   |
| **Mobility**  | **Moving and handling**  |   |   |   |
| **Use of hoists**  |   |   |   |
| **Walking aids**  |   |   |   |
| **Nutrition**  | **Meal preparation**  |   |   |   |
| **Feeding**  |   |   |   |
| **PEG feeding**  |   |   |   |
| **Practical**  | **Housework**  |   |   |   |
| **Laundry/washing**  |   |   |   |
| **Bed making**  |   |   |   |
| **Shopping**  |   |   |   |
| **Specialist**  | **Palliative care**  |   |   |   |
| **Dementia care**  |   |  |   |
| **Learning disabilities**  |   |   |   |
| **Physical disabilities**  |   |   |   |
| **Child care**  |   |   |   |
| **Mental health**  |   |   |   |
| **Other please specify**  |  |   |   |   |

**Rehabilitation of Offenders**

**Rehabilitation of Offenders Act 1974:**

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place, are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind-overs or cautions that they have been subject to at any time in the past.

*Your answer to the following question should include any ‘spent’ convictions, conditional discharges, bind-overs or cautions. The ‘Company’ actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in the staff handbook or at your local office.*

|  |  |
| --- | --- |
| **Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?**  | **Yes No**  |
| **Have you ever been issued with a Penalty Notice for Disorder?**  | **Yes No**  |
| **If so, please provide details and dates of the offence(s) below – please continue on a separate sheet where necessary:**  |
|   |
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Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

**Criminal Record Check**

On commencing employment with Addilyn Care Service, the company agrees to pay for the criminal record check for the named person on this application form subject to offer and acceptance of the position.

By signing the application form, the above named employee agrees that Assist Home Care will recover the cost of the criminal record check, should his/her employment with Assist Home Care cease within six months of commencing employment, for any of the following reasons:

* The employee resigning from employment with Assist Home Care
* Employment being ceased by Assist Home Care for any reason, other than redundancy.

**The General Data Protection Regulation GDPR 2018:**

Requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Addilyn Care Service adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

**Previous Application**

|  |  |
| --- | --- |
| **If you have previously applied to work for us, when did you apply?** | **Yes No N/A**  |
| **Were you interviewed?** | **Yes No N/A** |
| **If yes, what was the outcome?** |  |
|  |  |

**Declaration**

**If you are successful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this:**

**Yes No**

**I confirm that all the information given is true and I understand that any false or misleading information may result in my removal from Addilyn Care Service’s register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.**

|  |  |
| --- | --- |
| **Print Name**  |   |
| **Signed**  |   |
| **Date**  |   |

**Please return the application form to:**

|  |  |
| --- | --- |
| **Name**  | **Addilyn Recruitment Department**  |
| **Address**  | **Addilyn Care Services****Suite 116, Estuary House,** **196 Ballards Road****Dagenham****Essex,** **RM10 9AB** |
| **Email:**  | **recruitment@addilyncareservices.co.uk**  |
| **Contact Number**  | **0208 593 4451** |