# **Telephone: 02080339463 | Mobile: 07958508637**

***Embracing the fundamental principles of a***

***Person-centred approach to good practice***

**CARE INDIVIDUAL**

# **Application for Employment**

#### How to fill in this form:

* Please ensure that you answer all the questions as fully as possible.
* Type or write neatly in black ink, as this form will be photocopied.
* Candidates recommended for appointment will be required to complete a medical questionnaire and may be required to undergo a medical examination/interview.
* Disclosure and Barring Service checks will be made on all candidates applying for posts (including voluntary) that involve contact with vulnerable adults.

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| **A. POST APPLIED FOR:** | |
| Post Title: |  |
| Location |  |
| Vacancy reference |  |
| Applicant reference (office use only) | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |

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| **B. PERSONAL DETAILS** | |
| Title | Mr / Mrs / Ms / Miss / Dr / Other: |
| Given name(s) |  |
| Family name |  |
| Current address |  |
| Post code |  |
| Primary telephone |  |
| Secondary telephone |  |
| E-mail address |  |
| UK National Insurance number (where held) | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |
| RMC Number (if applicable): |  |
| Professional Body Membership |  |
| Membership level | Start date |

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| C. DECLARATION | | | | | |
| Any candidate who directly or indirectly canvasses a Senior Officer will be disqualified. | | | | | |
| Do you have a close personal relationship with, an employee? | | Yes |  | No |  |
| If yes please specify Name: |  | | | | |
| Position: |  | | | | |
| Relationship: |  | | | | |

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| D. EMPLOYMENT HISTORY |
| Please list in order (the most recent first), the organisation(s) you have worked for, whether full or part time, including voluntary or unpaid work. Please include any periods of unemployment. (**PLEASE USE ADDITIONAL SHEETS IF NECESSARY**) |

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| 1. Current (or most recent) Employer’s Name and Address including Post Code: | | | | | | | |
|  | | | | | | | |
| Dates of Employment: | | From: |  | To: | | |  |
| Job Title: |  | | | | | | |
| Reason for Leaving |  | | | | Salary: |  | |
| Brief outline of Duties: | | | | | | | |
|  | | | | | | | |
| 2. Previous Employer’s Name and Address including Post Code: | | | | | | | |
|  | | | | | | | |
| Dates of Employment: | | From: |  | To: | | |  |
| Job Title: |  | | | | | | |
| Reason for Leaving |  | | | | Salary: |  | |
| Brief outline of Duties: | | | | | | | |
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| 3. Previous Employer’s Name and Address including Post Code: | | | | | | | |
|  | | | | | | | |
| Dates of Employment: | | From: |  | To: | | |  |
| Job Title: |  | | | | | | |
| Reason for Leaving |  | | | | Salary: |  | |
| Brief outline of Duties: | | | | | | | |
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| 4. Previous Employer’s Name and Address including Post Code: | | | | | | | |
|  | | | | | | | |
| Dates of Employment: | | From: |  | To: | | |  |
| Job Title: |  | | | | | | |
| Reason for Leaving |  | | | | Salary: |  | |
| Brief outline of Duties: | | | | | | | |
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| E. EDUCATION & QUALIFICATIONS | | | |
| Please give details of your Education – schools attended and any qualification(s) obtained. (Please use additional sheet(s) if necessary). | | | |
| **School(s)** | **Date(s)** | **Subject(s)** | **Grade(s)** |
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| F. FURTHER & HIGHER EDUCATION / TRAINING & DEVELOPMENT | | | |
| Please give details of any further or higher education – colleges/universities attended and any qualifications obtained. Please also give details of further training taken – i.e. Management courses, IT courses, First Aid certificates etc. (Please use additional sheet(s) if necessary) | | | |
| **College / University/ Training provider** | **Date(s)** | **Subject(s)** | **Qualification(s) / Grade(s)** |
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| G. PERSONAL STATEMENT |
| You should use this opportunity to demonstrate how you meet each of the Essential and Desirable Criteria of the Person Specification relating to the post you have applied for. Please remember the quality of your response to this section will determine whether or not you are shortlisted for an interview. You should describe your knowledge, experience, skills and abilities gained from your paid and voluntary work, plus studies, hobbies, etc. |

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| H. REFERENCES |
| Please provide the following information on your referees. These MUST be your current and last previous employer where possible (or school if you are a school leaver). Referees should not be relatives or members of your family. Please ensure your referee is aware that they may be asked to provide a reference if you are shortlisted for interview. |

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| 1. Employment Reference. Current or last employer: | | | | | | | | | | | | | | |
| Title: | |  | | | Surname: | | | | |  | | | | |
| Initials: | |  | Job Title: |  | | | | | | | | | | |
| Full Address of referee including Post Code: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| email Address: |  | | | | | | | | | | | | | |
| Telephone Number: | |  | | | | Ext: |  | Fax No: | | |  | | | |
| If shortlisted, may we approach for a reference before interview? | | | | | | | | | Yes | | |  | No |  |

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| 2. Second Reference: | | | | | | | | | | | | | | |
| Title: | |  | | | Surname: | | | |  | | | | | |
| Initials: | |  | Job Title: |  | | | | | | | | | | |
| Full Address of referee including Post Code: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| email Address: |  | | | | | | | | | | | | | |
| Telephone Number: | |  | | | | Ext: |  | Fax No: | | |  | | | |
| If shortlisted, may we approach for a reference before interview? | | | | | | | | | | Yes | |  | No |  |

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| I. ASYLUM & IMMIGRATION ACT 1996 | | | | |
| Under Section 8 of the above Act, it is a criminal offence to employ anyone who does not have permission to work in the UK. All applicants invited to interview will be required to provide documentary evidence of their right to work in the UK. | | | | |
| Are you subject to any legal restrictions in respect of your employment in the UK? | Yes |  | No |  |
| Do you require a work permit? | Yes |  | No |  |

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| J. DECLARATION OF CRIMINAL OFFENCES | | | | | | |
| 1. Have you been cautioned, court martial led or have criminal convictions that are not considered ‘spent’ under the Rehabilitation of Offenders Act 1974?\* | | | Yes |  | No |  |
| 2. Is there court action pending against you?\* | | | Yes |  | No |  |
| 3. Have you been barred from working with adults or children? | | | Yes |  | No |  |
| If ‘YES’ please provide further information: | | | | | | |
| \*If you have ticked Yes in either/ both box(es) then you must complete the table below. *Please use additional sheet(s) if necessary.*  Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences. Any information given will be treated confidentially and only considered in relation to the post for which you are applying. ‘Spent’ convictions are those you do not have to declare after a set period of time. If you are unsure as to whether convictions are spent further guidance is contained in the job application pack.  There are posts (including all posts dealing with children and vulnerable adults) which are exempt from the provisions of the Act. If you are applying for an exempt post then you **must** disclose **ALL** pending court action/criminal convictions found against you. For jobs in these categories you may also be required to complete a further form for a check to be made with the Disclosure and Barring Service, should you be offered a position. A copy of our policy and procedure for DBS checking and the employment of ex-offenders is available on request.  *Failure to disclose* ***any*** *conviction(s), including spent convictions if the post is exempt, may lead to the withdrawal of the offer of employment.* | | | | | | |
| **Date** | **Offence** | **Conviction / Pending Court Action** | | | | |
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| K. DATA PROTECTION ACT 1998 |
| Under the Data Protection Act 1998, we reserve the right to collect, store and process personal data about applicants in so far as it is relevant to an application for employment. Application details will remain on file for six months and then be shredded. This includes processing sensitive data for the purposes of monitoring our equality and diversity policy. All personal information held by the organisation will be processed in accordance with the eight principles of the Data Protection Act. |

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| L. STATEMENT TO BE SIGNED BY THE APPLICANT | | | |
| I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for monitoring purposes.  I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information may result in withdrawal of an offer of employment or disciplinary action, including dismissal. If you are returning this form by e-mail, and are invited to attend an interview, you will be asked to sign your application before the interview commences. | | | |
| Signed: |  | Date: |  |

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| EQUALITY OF OPPORTUNITY – MONITORING INFORMATION | |
| Post Reference No: |  |

**Ethnic Origin**: Please tick ONE box that best matches how you would describe your ethnic origin.

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** | | **Black or Black British** | |
| Bangladeshi |  | African |  |
| Indian |  | Caribbean |  |
| Kashmiri |  | Any other Black background |  |
| Pakistani |  | **Mixed Origin** | |
| Any other Asian background |  | White and Asian |  |
| **White** | | White and Black African |  |
| British / English / Scottish / Welsh |  | White and Black Caribbean |  |
| Irish |  | Any other Mixed background |  |
| Italian |  | **Other ethnic group** | |
| Portuguese |  | Chinese |  |
| Traveller |  | Any other background |  |
| Any other White background |  |  |  |

**Age Group:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-24 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65+ |  |

**Gender:**

|  |  |  |  |
| --- | --- | --- | --- |
| Female: |  | Male: |  |

**Do you consider yourself to have a disability?**

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| (By Disability we mean a physical / sensory impairment or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities.) | Yes | No |
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**Advertising Source:**

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| --- | --- |
| Where you saw the vacancy advertised initially: |  |

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| --- | --- |
| ***OR*** *If you do not wish to provide monitoring information, please return this form blank and tick this box. This will allow us to record your choice:* |  |

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| Application submission:  By Post: Care Individual (CI)  Or 28 Trent Garden, London, N14 4PY  Email: info@care-individual.co.uk    ***Thank you for taking the time to complete this application*** |