



Date received:

Application Forms

The Application Form and Identity Check are for candidate use, and should be filled in prior to interview and handed back to the interviewer.

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

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	
A member of The Home care Team I feel valued when	
I believe that 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:	

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The recruitment process within this organisation has a minimum of two stages.

- The completion of this application form is part of the stage on. 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. number of hours wanted:	
Full-time/ part-time (please circle which you want to work)	Days/Night/Morning/Afternoon/Evenings/Weekend only (please circle which you want to work)
Surname:	First name
Date of birth:	Current address:
Postcode:	
Telephone number (Home):	Telephone number (work- will be used with discretion):
National Insurance number:	
Own transport (yes/no) How long has your license been held?	Clean Current driving license: Endorsements:
Details:	

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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)	

SHORT COURSES ATTENDED

Subject	Location



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EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reason for any breaks in employment. Use a separate attached sheet if required, please sign the sheet.

Name and address of your most recent/last employer	
Date employed:	
Position held and reason for leaving	
Salary/Rate	
Name and address of employer prior to the employer listed above	
Date employed:	
Nature of the job	
Position held and reason for leaving:	
Salary/Rate	
Name and address of employer prior to the employer listed above	
Date employed:	
Nature of the job	
Position held and reason for leaving:	
Salary/Rate	
If any other roles (use additional sheet if necessary:)	



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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)



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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 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.

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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 e.g. in the case of an applicant who has been raised children to ten years. 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 reference, please discuss the matter with us.

Current or most recent employer

Name:	
Address:	
Postcode:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Postcode:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	



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Postcode:	
Tel No:	
Relationship to you:	

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CRIMINAL RECORD

Workers of The Home are subject to health social Care Act 2008 (Regulated Activities) Regulations 2014, and will be subject to 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 warning and cautions in the space provided below.

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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 contact 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 receive of two satisfactory references, once of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from 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 th Nursing and Midwifery Council records and registers. By my signature, I authorise Proactive Care Services to request a DBS Register Check and criminal records from the DBS, on initial

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employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register Status changes at any time during 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 employment status.

Signed: _____ Date: _____

EMPLOYMENT CONTINUITY CHECK

It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.

Use the “timeline” below to place in order all stated instance of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquires, which must be followed through if interview answers are unsatisfactory.

The period considered must be the whole working life of the applicant, to date.



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Full name:	
Relationship:	
Tel no:	
Address:	