 **STAFF APPLICATION FORM**

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| --- | --- |
| Position Applied for: COMMUNITY CARE WORKER | Full time Part time |
| Permanent Temporary |

**About You**

|  |  |  |
| --- | --- | --- |
| Mr/ Mrs/Ms/Miss | Surname: | Forenames: |
| Address:Post Code: | Previous Surnames: | Nat Ins No. |
| Date of Birth: | Age: |
| Nationality: | Ethnic Origin |
| Telephone No: | Mobile No: | Would this be your only job? **YES / NO** | Would this be your main job? **YES / NO** |
| Do you have the right to work in the U.K? YES NO |
| Do you hold a full UK driving licence? **YES / NO** | Do you have use of transport?**Car / Moped /other (*please state*)** | What insurance cover do you have?Fully Comprehensive / 3RD party fire & theftIs business use included? **YES / NO** |
| Employment History: Starting with your most recent position, give a complete record of employment from leaving school to present day. Please note: you must account for any gaps in your employment history. *(please continue on a separate sheet if necessary)* |
| Company Name | Address | Position Held | Date Started | Date finished |
|  |  |  |  |  |
| Please state your reasons for applying for this position: |
| Relevant Experience and Qualifications – State dates attained, certificates should be available at interview |
| Other Care Experience e.g. Caring for parent/relative, voluntary work etc. – please detail |
| Education: please list secondary/further education including details of exams, GCE’s, GCSE’s, A levels gained |
| School/College Address | Dates to / from | Examinations / grades |
|  |  |  |
| **Personal Details:** **REFERENCES:** Please give the name and address, position, relationship (i.e employer, colleague, etc.) of TWO referees, ONE of whom should be your current or last employer. Personal references from relatives are not permitted. |
| Reference 1:Tel No.Position/Relationship | Reference 2:Tel No.Position/Relationship: |
| Next of Kin:Name:Address:Telephone No. | How did you learn this vacancy? |
| What period of notice does your employer require?..................weeks | If successful, when could you start work? |

|  |
| --- |
| **Declaration: I, the undersigned, declare that the above information is true and accurate and give permission for Care Promise to approach the relevant employers and authorities in consideration of this employment application. I understand that inclusion of false or misleading information on this application may lead to termination of employment. I understand that any job offer is subject to satisfactory references.** |
| **Signature:** | **Dated:** |

Care Promise is an equal opportunity employer – company policies are available upon request.

Please note that a Criminal Records Bureau (DBS) Enhanced disclosure is required to be completed prior to confirmation of employment for this position. A criminal record will not be a bar necessarily to gaining a position.

|  |
| --- |
| OFFICE USE ONLY |
| Date application received: | Date Refs requested: Ref 1......................... Ref 2...........................Outcome ................................ ................................... |
| Date work commenced | P45 | P46 | Verbal references  | Staff Code |

**Care Promise Limited [DOH] Declaration of Health**

Health screening is considered necessary to establish the fitness of applicants to carry out tasks which involve a potential risk to personal health or to the health and safety of other staff, service users or public.

Please complete in block capitals

|  |  |
| --- | --- |
| Surname: | First Name: |
| Home Address: |
| During the last two years, how many occasions have you been unable to work due to illness?Please give number of days absent and the reason why. |

Please answer the following questions by ticking the appropriate YES/NO box. If the answer to any question is ‘YES’ please give details in the space provided.

Have you ever in your life (including childhood) had any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **If YES, please give details** |
| Tuberculosis or recent contact with TB |  |  |  |
| Severe dizzy spells/fainting/blackouts |  |  |  |
| Anaemia or other blood disorders |  |  |  |
| Shortness of breath |  |  |  |
| Heart problems or high blood pressure |  |  |  |
| Swelling of feet and ankles |  |  |  |
| Asthma or hay fever |  |  |  |
| Bronchitis/pneumonia/pleurisy |  |  |  |
| Ear nose and throat problems |  |  |  |
| Eye disease or defects |  |  |  |
| Stomach ulcers, digestion or bowel problems |  |  |  |
| Dermatitis, eczema or skin problems |  |  |  |
| Hernia |  |  |  |
| Rheumatism or arthritis |  |  |  |
| Hepatitis/Jaundice |  |  |  |
| Back pain/injury/lumbago, sciatica shoulder/neck or knee pain/injury |  |  |  |
| Gall bladder or liver problems |  |  |  |
| Kidney and bladder problems |  |  |  |
| Diabetes |  |  |  |
| Severe headaches & migraine  |  |  |  |
| Convulsions, seizures or epileptic fits |  |  |  |
| Glandular fever/ post viral Syndrome (ME) |  |  |  |
| Depression or mental illness |  |  |  |
| Gynaecological problems |  |  |  |
| Do you wear spectacles or contact lenses? |  |  |  |
| Are you colour blind? |  |  |  |
| Are you taking any prescribed or non-prescribed medication? |  |  |  |

 **[DOH] Declaration of Health**

**(Continued.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **If YES, please give details** |
| Are you receiving an complementary medical treatment? |  |  |  |
| Are you currently attending a doctor? |  |  |  |
| Are you currently awaiting a hospital appointment? |  |  |  |
| Have you been under medical care in the past 3 years? |  |  |  |
| Have you ever left work on medical grounds? |  |  |  |
| Have you had any previous operations? |  |  |  |
| Do you consider yourself in good health at present? |  |  |  |
| Have you ever had any work related illness or accident? |  |  |  |
| Have you any physical disability that may affect you performing the duties of the post for which you are applying?  |  |  |  |
| Have you ever consulted an agency or received help concerning a drug or alcohol related problem? |  |  |  |
| Do you have any other illnesses or medical conditions that might affect your attendance or performance at work? |  |  |  |
| Are you physically fit to work nightshifts |  |  |  |
| Immunisation: Please circle below if you have had immunisation or vaccination for:Tetanus Tuberculosis Polio Rubella Diphtheria Hepatitis B |
| Any additional Medical information: |

**Declaration**

**I declare that I have answered the above questions honestly and fully and that I am not aware of any other physical or mental disability, not listed above, that will or may affect my working capacity.**

**I understand that any false or incomplete statement may result in termination of my employment.**

**Signed....................................................................... Date...................................**

**Employers Declaration**

**I declare that i have examined the above declaration made by the applicant name overleaf.**

**Signed....................................................................... Date....................................**

**Care Promise Limited Job Applicant Declarations**

“Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975”

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about criminal convictions that for other purposes are ‘spent’ under the provisions of the Act and any previous or pending convictions must therefore be disclosed. Any job offer is subject to satisfactory CRB disclosure results

(All Applicants please complete in capitals)

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please delete as appropriate:**

**I do / do not hold a Disclosure Barring Service (DBS) Enhanced disclosure**

**Please state DBS Reference No. ........................................................... Date..........................................................**

**NOTE: If you have criminal convictions or cautions, spent or otherwise to declare Do not sign Declaration 1, below. Please detail separately, seal in an envelope and enclose with your completed application form.**

|  |
| --- |
| **Declaration 1: I, the above named person, affirm that I have no criminal convictions or cautions, spent or otherwise to declare, nor any criminal proceedings or cautions pending against me.****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Declaration for the protection of Adults and Children and the prevention of abuse:**

|  |
| --- |
| **Declaration 2: I, the above named person, declare that I have not been the subject of any enquiry or investigation, past or present, wherein I have been accused of abuse or harm or actually harmed or abused a vulnerable adult or child.****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

This information will be treated in the strictest confidence.

**Care Promise Limited Job Applicant Declarations**

 (All Applicants please complete in capitals)

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Declaration : I, the above named person, affirm that I have had no disciplinary action issued against me, in the past or pending, to declare.****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

This information will be treated in the strictest confidence.

|  |
| --- |
| **Care Promise Limited Availability Form** |

**Name: ...........................................................................................**

1. Please state what hours you would be able to work on the chart below

|  |  |  |  |
| --- | --- | --- | --- |
|  | Times available | Times not available | Any other comments |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

2. Can you be available at short notice?  **Yes / No**

3. Approximately how many hours per

 week would you wish to work?  **.......... hours**

4. Do you have the use of a car during

 the stated hours?  **Yes / No**

**Signed................................................................................................... Date...............................................**

**Care Promise Limited Equal Opportunities Monitoring Form**

This information is anonymous and will be used solely for monitoring purposes.

Position applied for ........................................................................................................................

Date........................................................

Where did you hear of the vacancy?..........................................................................................

1. I would best describe my cultural and ethnic origin as:

|  |  |  |
| --- | --- | --- |
|  | Black (non-white) | Caucasian (white) |
| African |  |  |
| Asian |  |  |
| Afro-Caribbean |  |  |
| European |  |  |
| British  |  |  |
| Irish |  |  |
| Other (please specify) |  |  |

 **Delete as appropriate**

2. My sex is:  **MALE / FEMALE**

3. Do you have a disability? **YES / NO**

4. Are you registered as disabled? **YES / NO**

Thank you for your co-operation in completing this form.

**Care Promise Ltd**

**Work Time Directive Exemption Form (7 Day WEEK)**

**Carers Name ..................................................................................................................**

**Carers Address ..................................................................................................................**

**..................................................................................................................**

**..................................................................................................................**

**.................................................................................................................**

**Tel No. .................................................................................................................**

**AGREEMENT TO EXEMPTION FROM THE WORKING TIME DIRECTIVE**

**I agree to be exempt from the 7 day working week limit imposed by the Working Time Directive, which came into force on 1st October 1998.**

**This agreement is in addition to all prior terms and conditions of employment.**

**Termination of this agreement may be made by the employee in writing, to the employer, giving at least 14 days notice.**

**Signed .................................................................................**

**Dated .................................................**

Care Promise Limited

St Bernards House,

23 Broad Street, Stafford,

ST16 3DE.

**Care Promise Ltd**

**WORK TIME DIRECTIVE EXEMPTION FORM (48 HOURS)**

**Carers Name .......................................................................................................**

**Carers Address .......................................................................................................**

 **.......................................................................................................**

 **.......................................................................................................**

 **.......................................................................................................**

**Tel No. ..................................................................**

**AGREEMENT TO EXEMPTION FROM THE WORKING TIME DIRECTIVE**

**I agree to be exempt from the 48 hour average weekly limit imposed by the Working Time Directive, which came into force on 1st October 1998.**

**This agreement is in addition to all prior terms and conditions of employment.**

**Termination of this agreement may be made by the employee in writing, to the employer, giving at least 14 days notice.**

**Signed ................................................................................................**

**Dated ....................................................**

Care Promise Limited

St Bernards House,

23 Broad Street, Stafford,

ST16 3DE.

**Care Promise Ltd**

**WORK TIME DIRECTIVE EXEMPTION FORM (11 consecutive hours rest in each 24 hour period)**

**Carers Name .......................................................................................................**

**Carers Address .......................................................................................................**

 **.......................................................................................................**

 **.......................................................................................................**

 **.......................................................................................................**

**Tel No. ..................................................................**

**AGREEMENT TO EXEMPTION FROM THE WORKING TIME DIRECTIVE**

**I agree to be exempt from the 11 consecutive hours rest in each 24 hour period imposed by the Working Time Regulations 1998.**

**This agreement is in addition to all prior terms and conditions of employment.**

**Termination of this agreement may be made by the employee in writing, to the employer, giving at least 14 days notice.**

**Signed ................................................................................................**

**Dated ....................................................**

Care Promise Limited

St Bernards House,

23 Broad Street, Stafford,

ST16 3DE.