

Application Form Team Carer

STRICTLY CONFIDENTIAL Application for Employment. Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

1. PERSONAL DETAILS

Surname		First names		
Address		Previous Names		
		Home Telephone No.		
National Insurance No.		Mobile No.		
Immigration Details		E-mail		
Please notify us of any dates you are available for interview:				
Are you a citizen of the EU?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
Do you need a work permit?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
Current driving licence?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
Do you have a car for work use?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			

2. NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

3a PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date		Employer's name(most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

3b PREVIOUS EDUCATION

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Grades

MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months Please enclose copies of your training certificates

Moving and Handling		Basic Life Support		Intermediate Life Support		Advanced Life Support	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis')	

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No
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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:		Date:	
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Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

Your DBS status Please send a copy of your most recent DBS Disclosure

Current DBS Disclosure	Yes	No		Yes	No	
Issue Date				Disclosure Number		
Is this certificate registered with the update service	Yes	No				

All applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Trusted Care and Support LTD will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be

5. ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

6. REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address, Email and Telephone No
1			
2			
3			

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked_____

Period of notice required in the present post_____

Earliest start date_____

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:		Date:	
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Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:		
Gender	☐	Male
	☐	Female
	☐	I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick)

Asian or Asian British		Mixed Raced		Other Ethnic Group	
☐	Bangladeshi	☐	White & Asian	☐	Chinese
☐	Indian	☐	White & Black African	☐	Any other ethnic group
☐	Pakistani	☐	White & Black Caribbean	☐	I do not want to disclose this
☐	Any other Asian background	☐	Any other missed background		
Black or Black British		White			
☐	African	☐	British		
☐	Caribbean	☐	Irish		
☐	Any other Black background	☐	Any other White background		

Employment Equality Regulations 2003 Please select the option which best describes your sexuality. Please indicate your religion or belief describes your sexuality.

☐	Lesbian	☐	Atheism	☐	Sikhism
☐	Gay	☐	Buddhism	☐	Judaism
☐	Bisexual	☐	Christianity	☐	Hinduism
☐	Heterosexual	☐	Islam	☐	Other
☐	I do not wish to disclose this	☐	Jainism	☐	I do not wish to disclose this

Your Registration Checklist

To complete your registration, you will be required to provide the following documentation

☐	Completed Registration Form – signed in all requested areas
☐	CV – E-mailed in word format – Your CV must cover full work history from education
☐	Your Right to Work in the UK as well as your passport and forms of I.D -We require to see the originals of these documents.
☐	Birth Certificate and Driving License
☐	Copy of your most recent DBS – less than 1-year-old
☐	Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
☐	Mandatory Training Certificates > 1 Yea

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:	Date:
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FOR OFFICE USE ONLY

Applicant shortlisted	Yes	No
Interview Date:		
References requested:		
References checked	Yes	No
Date:		

Notes for interview