# **Carers Direct Ltd**

***Providing Outstanding Personal Care and Support***

**EMPLOYMENT APPLICATION FORM**

*The following information will remain strictly confidential to Carers Direct Ltd*

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| --- | --- |
| **POSITION APPLIED FOR:** |  |
| Job Location: |  | Date of Application: |  |

If your application is hand-written, please use **BLOCK CAPITALS**

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| --- | --- | --- | --- |
| First Name | Last Name | Title  | Pronouns |
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| --- |
| Address (including post code) |
|  |
| Email Address |
|  |
| Contact Phone Numbers |
| Mobile: |  | Home: |  |

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| Do You Hold A Full Driving License? | **Yes** – a full license (manual or automatic)**Yes** – automatic vehicles only**No** | [ ] [ ] [ ]  |
| Do You Have Regular Access To A Car? | Yes [ ] No [ ]  | Do You Have Any Driving Endorsements? | Yes [ ] No [ ]  |
| Endorsements Details if Applicable: |  |

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| Do you currently reside in the UK? | Yes [ ]  No [ ]  | If no, in which country do you reside? |  |
| Are you a United Kingdom (UK) National? | Yes [ ]  No [ ]  |
| If you have answered ‘no’ above, please supply details of any visa currently held: |
| Visa / Permit Type: |  | Start Date (DD/MM/YY) |  |
| BRP Number: |  | Expiry Date (DD/MM/YY) |  |
| Does your visa have a condition restricting employment or occupation in the UK? | Yes [ ]  No [ ]  |
| If yes, please detail: |  |
| Do you hold a UK bank account? | Yes [ ]  No [ ]  |

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| Language Proficiency (If English is not your first language) |
| Spoken English:Written English:Comprehension of English: | Basic [ ]  Intermediate [ ]  Proficient [ ] Basic [ ]  Intermediate [ ]  Proficient [ ] Basic [ ]  Intermediate [ ]  Proficient [ ]  |

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| --- | --- | --- | --- |
| Are you SSSC Registered? | Registration Number | Detail Any Conditions Applied To Your Registration (e.g. qualification condition) | Date Conditions Are To Be Met By |
| Yes [ ]  No [ ]  |  |  |  |
| Are you currently the subject of a fitness to practice investigation or proceedings by a regulatory body in the UK or any other country? | Yes [ ]  No [ ]  |
| If yes, provide details:  |  |
| Have you ever been removed from the register or have conditions been made on your registration by a fitness to practice committee or regulatory body in the UK or any other country? | Yes [ ]  No [ ]  |
| If yes, provide details:  |  |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions and Exclusions) (Scotland) Order 2003. You are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and in the event of employment failure to disclose such convictions could result in dismissal or disciplinary action. All successful applicants are subject to an appropriate PVG check. |
| Have you ever been convicted of a criminal offence or currently the subject of criminal charges? | Yes [ ]  No [ ]  |
| If yes, please provide details |  |
| Are you prepared to complete a health questionnaire and, if required, undergo a medical examination prior to appointment? | Yes [ ]  No [ ]  |

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| Are you related to any person employed in this business? | Yes [ ]  No [ ]  |
| If yes, provide details:  |  |
| Are you aware of any conflict (or potential conflict) of interest if you gained employment with Carers Direct Ltd? | Yes [ ]  No [ ]  |
| If yes, provide details:  |  |
| Have you previously worked for, or applied for employment with, Carers Direct Ltd? | **No** **Yes** – I worked for Carers Direct**Yes** – I applied for employment with carers Direct | [ ] [ ] [ ]  |
| If yes, which role and when?  |  |

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| As a Care Worker with Carers Direct Ltd, your role will often involve the following:Assisting both males and females with personal care (inc. washing, un/dressing, toilet and continence support, shaving); medication administration; food preparation; assistance to eat; using mobility aids and equipment. |
| Is there any reason you could not fulfil any of these duties? | Yes [ ]  No [ ]  | If yes, please detail: |  |
| **Please check the boxes to indicate if you have training or experience with the following:** |
| Aids & Equipment (for People Moving & Assisting) | Training [ ]  Experience [ ] → | If yes, please specify: |  |
| Medication Administration | Training [ ]  Experience [ ]  | Continence Support | Training [ ]  Experience [ ]  |
| Catheter Care | Training [ ]  Experience [ ]  | Stoma Care | Training [ ]  Experience [ ]  |
| Pressure Area Care | Training [ ]  Experience [ ]  | Palliative Care | Training [ ]  Experience [ ]  |
| Supporting People with a Progressive Condition (e.g. Dementia, Parkinsons, M.S) | Training [ ]  Experience [ ] → | If yes, please specify which: |  |

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| **Please indicate which hours you would be available to work between:**N.B: Work would be scheduled between these hours, not as a solid block. |
| 07:00 – 15:00 | [ ]   |  15:00 – 23:00 | [ ]  | Alternate Weekends (mandatory for all staff) | [ ]  |
| Preferred Number Of Hours Per Fortnight:  |  |
| Please tell us of any commitments or activity you are involved in which might limit your availability to work, or limit your working hours: |
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| **EDUCATION / QUALIFICATIONS** |
| Qualifications | Date | Grade |
|  |  |  |
| **TRAINING (If you have undertaken any relevant training to this post please give details)** |
| Course Details | Date | Training Provider |
|  |  |  |

**CURRENT OR MOST RECENT EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** Company Name |  | Address |  |
| Dates Employed  | FROM(month & year): |  | TO(month & year): |  |
| Position Held |  |
| Brief Description of Duties: |  |
| Reason for Leaving |  |
| Required Notice Period |  |

**PAST EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** Company Name |  | Address |  |
| Dates Employed  | FROM(month & year): |  | TO(month & year): |  |
| Position Held |  |
| Brief Description of Duties: |  |
| Reason for Leaving |  |

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| --- | --- | --- | --- |
| **3.** Company Name |  | Address |  |
| Dates Employed  | FROM(month & year): |  | TO(month & year): |  |
| Position Held |  |
| Brief Description of Duties: |  |
| Reason for Leaving |  |

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| --- | --- | --- | --- |
| **4.** Company Name |  | Address |  |
| Dates Employed  | FROM(month & year): |  | TO(month & year): |  |
| Position Held |  |
| Brief Description of Duties: |  |
| Reason for Leaving |  |

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| --- | --- | --- | --- |
| **5.** Company Name |  | Address |  |
| Dates Employed  | FROM(month & year): |  | TO(month & year): |  |
| Position Held |  |
| Brief Description of Duties: |  |
| Reason for Leaving |  |

**PERSONAL STATEMENT**

**This is an important part of the application.** Please tell us why you are applying for this job. You should also show how you meet the requirements of the job description by providing details of your personal attributes and achievements, as well as your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

**REFERENCES**

Please give the names of three people whom we may approach for a reference.

* One must be your present / most recent employer.
* The second should be another employment reference.
* The third could be an employment or character reference. A character reference is a recommendation provided by someone who knows you personally and can describe your attributes and traits. However, this *cannot* bea family member or friend.

We may ask for further references if there is insufficient information received from the three references provided.

**Do you wish to be notified before we check your references:** Yes [ ]  No [ ]

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| --- | --- | --- | --- | --- |
| **1.** | First Name | Last Name | Job Title  | Relationship To You |
|  |  |  |  |
| Company Name | Company Address |
|  |  |
| Email: |  | Phone: |  |

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| --- | --- | --- | --- | --- |
| **2.** | First Name | Last Name | Job Title  | Relationship To You |
|  |  |  |  |
| Company Name | Company Address |
|  |  |
| Email: |  | Phone: |  |

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| --- | --- | --- | --- | --- |
| **3.** | First Name | Last Name | Job Title  | Relationship To You |
|  |  |  |  |
| Company Name | Company Address |
|  |  |
| Email: |  | Phone: |  |

**SOURCE OF APPLICATION**

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| How did you hear of this vacancy? (If through a member of staff, please provide a name) |
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**DATA PROTECTION**

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| Carers Direct Ltd will ensure that any staff handling your personal data will follow the principles set out by the General Data Protection Regulation (GDPR) and Carers Direct Ltd’s Data Protection Policy. If you are unsuccessful in this application, we may keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. **Please tick to indicate your agreement to this:** [ ]  |

**DECLARATION**

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| I declare that the information given in this form is complete and accurate to the best of my knowledge. I understand that any false information or deliberate omissions may lead to disciplinary action, including dismissal. **Tick the box to agree with this statement:** [ ]  |