



Application for Employment

Post applied for: Carer

Application for the post of **HOME CARER**

*Experience in this field .....years .....months*

**Personal Details**

First Name

Surname

Address

Post Code

Telephone Number

Mobile

Email Address

National Insurance No

Nationality

**Working in the UK**

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? - **YES / NO**

If you are not sure further information on eligibility to work in the UK is available at [www.bia.homeoffice.gov.uk](http://www.bia.homeoffice.gov.uk)

## Education

<b>Qualifications Achieved</b>			
Place of Study	Date From	Date To	Type of qualification

<b>Qualifications Currently Studying</b>			
Place of Study	Date From	Date To	Type of qualification

## Training

<p><b>Please give details of any other training you have attended which you feel is relevant to this post</b></p>
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## Employment History

Present or most recent employment	
Job Title	
Name of Organisation  Address of Organisation	
Dates of employment	From _____ To _____
Reason for leaving (if applicable)	
Brief description of duties and responsibilities	

Previous Employment (please give a full history in chronological order and account for periods of time when not employed. Please use a separate sheet if more space is required)				
Job Title and brief description of duties and responsibilities	Organisation (Name and address)	Date from	Date to	Reason for leaving

Job Title and brief description of duties and responsibilities	Organisation (Name and address)	Date from	Date to	Reason for leaving

**Are you or have you been registered with a Regulatory body** YES / NO

**If the answer is NO**

Have you ever been refused registration with a regulatory body YES / NO

**If the answer is YES**

Please complete the information below

<b>Membership of Professional Regulatory Bodies (current and previous)</b>			
Full Name of Organisation	Category / Profession	Registration Number	Expiry Date

**Other employment**

If offered this position will you continue to work in any other capacity?

Yes / No

If yes, please advise below how many hours your are committed to what your normal work pattern with this employer is

## Supporting Information

Please use this section to support your application by describing any particular skills, knowledge and experience you have gained and how they will equip you for this post. Include any experience such as temporary, unpaid and voluntary work.

**Please circle to indicate how will you travel between client visits?**

Car

Public transport

Bike

Walk

**Disclosure Scotland (please refer to guidance booklet)**

You must either be / or be willing to become, a member of the Protecting Vulnerable Groups Scheme. Do you have any objection to this?  
YES / NO (Delete as appropriate)

**If you have lived abroad for any length of time (3 months) during the last 5 years then a criminal records check from the relevant country must be provided. Applicants are responsible for providing this form (translated into English) prior to employment being offered.**

Have you ever been convicted of a criminal offence?  
YES / NO (Delete as appropriate)

If yes, please specify date of conviction, Court, nature of offence and sentence imposed. Any information given will be completely confidential and will be considered only in relation to the post for which this application form refers.

The post that you are applying for is exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all convictions (spent and unspent), cautions, and any relevant non-conviction information. It is suggested that you take appropriate advice if you are in any doubt as to the correct answers to give.

I declare I have no previous or pending convictions.

Signed -----

Date -----



**Referees (please refer to guidance booklet)**

<b>1.</b> (present /most recent employer) Name	
Address	
Post code	
Email	
Telephone Number	
Name of Organisation	
Referees Position in organisation	
Referees Professional relationship to applicant	

<b>2.</b> Name	
Address	
Post code	
Email	
Telephone Number	
Name of Organisation	
Referees Position in organisation	
Referees Professional relationship to applicant	

<b>3. (if required)</b> Name	
Address	
Post code	
Email	
Telephone Number	
Name of Organisation	
Referees Position in organisation	
Referees Professional relationship to applicant	

**Availability for work**

	<b>From</b>	<b>To</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		

Comments:

**DECLARATION**

I declare that the information I have given in this application is accurate and true.

I authorise you to obtain references to support this application if I am identified as a preferred candidate following interview. I understand that details of Educational Qualifications, Membership of Professional Bodies and Referee Reports will be verified.

I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.

**Signature**

**Date**

## DATA PROTECTION STATEMENT

In the line with the Data Protection Act 1998, Family Circles Care Ltd (the Company) is legally required to make you aware of how your personal data is being used. Please read the following statement and then sign below

The Company keeps records for all employees, both current and past. The sort of information we may hold on you includes the following:

- Personal details (such as address, telephone number, age, NI number)
- Emergency contact details.
- Holiday, absence, sickness and health records.
- Information on ethnic origin, disability, trade union membership or unspent convictions. This is deemed as sensitive personal data under the Data Protection Act.
- Records relating to your career with the Company (for example recruitment, job duties, training, disciplinary action.)

The information is used for the following purposes:

- Payroll processing, pension administration and general administration.
- Management of your career with the Company.
- Monitoring compliance with the law and best practice.
- Statistical purposes.

From time to time, we may need to disclose some information we hold about you to relevant third parties, such as:

- Inland Revenue, where legally obliged to do so.
- For the purpose of giving an employment reference. (Please note that if a third party requests another kind of reference on you (eg for a mortgage, loan etc) your consent will be sought before releasing any information).

These uses are consistent with our employment relationship and the principles of the Data Protection Act 1998.

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I confirm that I have read the above statement and agree to the Company processing my personal details, as outlined above.

Signed ----- Print Name -----

Date -----

## Equal Opportunities Monitoring

This section of the application will be detached from your application and will be used solely for monitoring purposes.

Family Circle Care Ltd recognises and actively promotes the benefits of a diverse workforce and is 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.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Thank you for your assistance in completing this form.

Name:		
Post title:		
Gender:	Male	
	Female	
	Prefer not to say	
Age band:	Under 18	
	18 - 29	
	30 -39	
	40 - 49	
	50 - 59	
	60 - 65	
	Over 65	
Religion:	Christian	
	Jewish	
	Sikh	
	Muslim	
	Hindu	
	Buddhist	
	Rastafarian	
	None	
	Other religion (please specify)	
	Prefer not to say	
Disabilities:	None	
	Physical disability	
	Mental disability	
	Prefer not to say	
Race/nationality/ethnic origin:	White	English
		Scottish
		Welsh
		Irish
		British
		Other white background (please specify)

	Mixed	White and Black Caribbean
		White and Black African
		White and Black British
		White and Asian
		Other mixed background (please specify)
	Asian	Indian
		Pakistani
		Bangladeshi
		British
		Other Asian background (please specify)
	Black	Caribbean
		African
		British
		Other black background (please specify)
	Chinese	
	Other ethnic group (please specify)	
	Prefer not to say	

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Signed .....

Dated .....

Original approval date	Version No	Approved by	Revision date
12/12/2009	2	Debbie Dubickas	05/04/2013