|  |  |  |
| --- | --- | --- |
| Form Number |  |  |
| Reference No. |  |

Please use either blue or black ink or type to complete this application form. Once completed, please return via email to [hr@careward.co.uk](mailto:hr@careward.co.uk) or, if already **arranged for an interview**, please bring it along with your required ORIGINAL documents.

**Please Note**

**The information requested within this Application is essential. Please ensure that you complete ALL of the sections as FULLY as possible.** **Should you require any information or advice on completing the form, please contact the HR department on 07405483345 or we can assist in during the interview.** **Please note that we require to see ORIGINAL of all the documents during the interview to verify the information you provide.**

**Please see Pg. 12 for the checklist of documents required.**

**PART A: GENERAL INFORMATION**

To assist us in our recruitment process, we would like you to complete the following table of information as accurately as possible:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname / Family Name** |  | | | **Title** | |  | |
| **Forenames(s)** |  | | | | | | |
| **Post applied for** |  | | | | | | |
| **Date** |  | **Delete as appropriate** | **Full time** | | **Part time** | | **Bank** |
| **How did you become aware of this vacancy?** | |  | | | | | |
| **If you were informed by a friend, please state their Name and Home where they work** | |  | | | | | |
| **Any other roles you would consider** | |  | | | | | |

**PART B: PERSONAL DETAILS**

Please tell us about you:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Address** | |  | | | **Post code** | |  |
| **Alternative contact telephone number** | |  | | | | | |
| **Alternative contact mobile number** | |  | | | | | |
| **Email address** | |  | | | | | |
| **Do you have a UK valid, full and current driving licence?** | | | | Yes | | | No |
| **Do you have the use of a car?** | | | | Yes | | | No |
| **Nationality** | |  | | | | | |
| **If not a UK citizen, what is your status in the UK i.e. type of VISA and validity.**  **Please attach a copy of your documents – work permit, passport, endorsement, etc.** | | | | | | | |
| **Type of VISA** |  | | **Date valid from** | | |  | |
| **Date valid to** | | |  | |

**PART C: EDUCATION HISTORY**

Please provide the most recent education/ training programme first:

|  |  |  |  |
| --- | --- | --- | --- |
| **C1: SECONDARY, FURTHER AND HIGHER EDUCATION / VOCATIONAL TRAINING AND QUALIFICATIONS** | | | |
| **Start Date** | **End Date** | **Name of School /College/ University attended** | **Name/ level/ grade or qualifications obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide the most recent qualification first:

|  |  |  |  |
| --- | --- | --- | --- |
| **C2: OTHER QUALIFICATIONS/ COURSES THAT MAY SUPPORT THE APPLICATION** | | | |
| **Start Date** | **End Date** | **Name of School /College/ University attended** | **Name/ level/ grade or qualifications obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We are interested to know all Professional Memberships and Registrations that you have regardless of apparent relevance:

|  |  |  |  |
| --- | --- | --- | --- |
| **C3: PROFESSIONAL MEMBERSHIP/ REGISTRATION** | | | |
| **Name of Professional body** | **Category of Membership** | **Membership/ Reference No.** | **Validity Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MANDATORY TRAINING**

|  |  |
| --- | --- |
| Safeguarding Children/ Safeguarding Adults |  |
| Prevention and Management of Violence and Aggression / Challenging Behaviour |  |
| Health & Safety/ Infection Control |  |
| Basic First Aid |  |
| GDPR Training |  |
| Autism Awareness Learning Disabilities |  |
| Learning Disabilities Awareness |  |
| CPR & Basic Life Support Online |  |
| Food Hygiene & Safety |  |
| Handling Information & Information Governance (GDPR) |  |
| RIDDOR |  |
| Fire Safety |  |
| Infection Control |  |
| Mental Health Awareness |  |
| First Aid |  |
| Moving and Handling |  |
| Medication (If Applicable) |  |

**PART D: WORK HISTORY & REFERENCES**

In addition to submitting your curriculum vitae (CV) with this application, please provide details of your current and previous employment below.

**REFERENCES INCLUDING VERBAL CONFIRMATION EVIDENCED**

• Minimum of 2 written references required including the last post the applicant held • If the candidate has worked in the care environment (with adults or children) previously, it is a requirement to take references from all previous care and/or posts requiring an enhanced DBS with a reason for leaving

**For Legal Compliance reasons, we will need to obtain references from your most recent employers. This is a MANDATORY requirement and you MUST therefore provide the information where it is stated as MANDATORY. We will not be able to consider your application without this information.**

**If this is your first employment and you are just starting after the completion of your education, please proceed to section D4**

Please start with the most recent previous employment first.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D1: Your Current or Most Recent Employer – This information is MANDATORY:** | | | | | |
| **Company Name** |  | | | | |
| **Address** |  | | | | |
| **Type of business** |  | **Position held** | |  | |
| **Start date** |  | **Leaving date (if applicable)** | |  | |
| **What is your salary?** |  | | | | |
| **What length of notice are you required to give?** | |  | | | |
| **Brief description of main duties and responsibilities** |  | | | | |
| **Reason for leaving / seeking to leave** |  | | | | |
| **We will need to contact this person for a reference. Do you agree to this?** | | | Yes | | No |
| **If “No” please provide reasons below** | | | | | |
|  | | | | | |
| **May we contact the referee prior to your interview?** | | | Yes | | No |
| **Referee Name** |  | **Referee Job Title** |  | | |
| **Telephone** |  | **Fax** |  | | |
| **Email address** |  | | | | |

**OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **COMPLIANCE COMPLETED AND VERIFIED:** | **INFORMATION CHECKED AND VERIFIED BY CAREWARD SITE MANAGER OR TEAM LEADER** | |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Risk Assessment completed in line with Safer Recruitment** | **Yes** | **Notes:** |
| **ID and DBS verified on first shift** |  | |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D2: Recent Previous Employers – This information is MANDATORY:** | | | | |
| **Company Name** |  | | | |
| **Address** |  | | | |
| **Type of business** |  | **Position held** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **We will need to contact this person for a reference. Do you agree to this?** | | | Yes | No |
| **If “No” please provide reasons below** | | | | |
|  | | | | |
| **May we contact the referee prior to your interview?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |
| **Company Name** |  | | | |
| **Address** |  | | | |
| **Type of business** |  | **Position held** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **We may need to contact this person for a reference. Do you agree to this?** | | | Yes | No |
| **If “No” please provide reasons below** | | | | |
|  | | | | |
| **May we contact the referee prior to your interview?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |

Please provide the details of your employment preceding the above-mentioned spanning back to the beginning of your working career, in descending date order in the following section D3 provided below. The provision of **Referees** for these employers is **OPTIONAL**.

The following section **MUST** be completed even if you are submitting a copy of your curriculum vitae (CV). Please use a continuation sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D3: Further Employment History** | | | | |
| **Company Name** |  | **Job Title** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |
| **Company Name** |  | **Job Title** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |
| **Company Name** |  | **Job Title** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** |  | **Job Title** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |
| **Company Name** |  | **Job Title** |  | |
| **Start Date** |  | **Leaving Date** |  | |
| **Reason for leaving** |  | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |

**If there are any GAPS in your Employment History – please provide details below:**

|  |  |  |
| --- | --- | --- |
| **Start Date** | **End Date** | **Reason** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**If this is your first job and you are unable to provide us with employer references, two character references MUST be provided instead. This would preferably be your teacher or mentor.**

Character References can also be provided from professional persons (Doctors, Lawyers, Experts, etc.) who have been relatively close to you (family friend or neighbour). If you have been a part of a volunteer scheme or clubs and societies, they are also considered to be source of character reference.

Please provide the details of your referees in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D4: Character Reference Details** | | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **In what capacity does the referee know you?** |  | **For how long the referee has known you?** | **From** | **To** |
|  |  |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |
| **May we contact this referee prior to interview, without contacting you first?** | | | Yes | No |
| **Referee Name** |  | **Referee Job Title** |  | |
| **In what capacity does the referee**  **know you?** |  | **For how long the referee has**  **known you?** | **From** | **To** |
|  |  |
| **Telephone** |  | **Fax** |  | |
| **Email address** |  | | | |

|  |
| --- |
| **PART E: Reason for applying for the position.** |
|  |

**PART F: REHABILITATION OF OFFENDERS**

All staff that are successful will be offered employment subject to the return of an enhanced DBS Check. If you have been convicted of any crime, either in the UK or outside of the UK (other than motoring offences) regardless of whether it would be a “spent” offence under the Rehabilitation of Offenders Act, you are required to disclose it below:

|  |  |  |  |
| --- | --- | --- | --- |
| The provisions relating to the non-disclosure of criminal convictions or cautions do not apply to certain occupations. The job for which you are applying is included in the excepted types of  employment under the Rehabilitation of Offenders Act (Exception Order) 1975. | | | |
| Have you ever been convicted or cautioned of any criminal  offence in your own country of origin or any other country? | | **Yes** | **No** |
| **(Admitting an offence does not automatically exclude you from being offered**  **employment)** | | | |
| If yes, please give details and dates: |  | | |
| **Failure to disclose any criminal offence could lead to your application being rejected, or if you are appointed, to dismissal if it is subsequently learned that you have had previous**  **convictions or cautions**. | | | |

|  |  |  |
| --- | --- | --- |
| It is also a requirement that any Overseas Employee intending to work in Homes must submit a Police Clearance Certificate from their country of origin if they have lived in the U.K.  for less than six months. | | |
| Do you have a Police Clearance Certificate dated no longer  than three months before date of arrival in the UK? | **Yes** | **No** |
| If no, are you able to obtain one? | **Yes** | **No** |
| **If you have answered no to the above question, we would be unable to proceed with your application.** | | |

**PART G: PRIVACY NOTICE**

We only collect information that is required by law or is required for us to comply with contractual obligations. Following the collection of the personally sensitive data, we ensure that it is securely stored and only processed by trained staff who are aware of their personal and our corporate responsibilities for complying with the GDPR.

We never share your personally sensitive information with persons outside of Careward unless we are obliged to do so (e.g. HMRC, Accountants for payroll purposes, CQC, or the Safeguarding Adults Team for contact purposes to assist in investigations, etc.).

Where information is shared, we only share the information that is necessary to satisfy the purposes for which it was shared.

Similarly, we only retain personally sensitive data for the minimum period and regular reviews ensure that data is destroyed at the appropriate times.

**By signing this document, you confirm your consent to us collecting, storing and sharing when required, your personal data. You may withdraw your consent at any time, but this may adversely affect our ability to continue your employment.**

If you have concerns about our policy, in the first instance, you should contact the person who has issued this form to you. If your concerns are not dealt with satisfactorily, you should contact the Head of Human Resource on HR@careward.co.uk or by calling 07405483345.

**DECLARATION OF APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| ***I confirm that all the information in this application is correct to the best of my knowledge. I realize that should any information prove to be false at a later date, this could constitute grounds for withdrawal of any job offer.*** | | | |
| Signed |  | Dated |  |
| Print Name |  | | |

**OPTIONAL INFORMATION: EQUAL OPPORTUNITIES MONITORING EQUAL OPPORTUNITIES IN EMPLOYMENT**

Careward does not discriminate, and our employment procedures ensure that we are complying with Equal Opportunities Policies. To this end we would be grateful if you could please fill in this questionnaire and return it with your application form. Your information will remain confidential at all times. The information given is only used for statistical purposes and is not a part of the selection process. Thank you for your co-operation in this area.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for post of |  | | | | | | | | |
| **Please indicate your answer by ticking the appropriate box.** | | | | | | | | | |
| Sex | Male | |  | | Female | | | |  |
| Date of birth |  | | | | | | | | |
| Marital status | Single | | |  | | | | | |
| Married | | |  | | | | | |
| Divorced | | |  | | | | | |
| Registered disabled | Yes |  | | | | No | |  | |
| Any other disability | Yes |  | | | | No | |  | |
| Have you any dependents | Yes |  | | | | No | |  | |
| Please tick the box beside the Ethnic Group which you consider that you belong to. If you  wish, you can write further details beside the box. Please tick only one box. | | | | | | | | | |
| White (UK & N. Ireland) |  | | | Black (Caribbean) | | |  | | |
| White (Europe & Eire) |  | | | Black (African) | | |  | | |
| Asian |  | | | Oriental | | |  | | |
| Other |  | | | | | | | | |

**DOCUMENTS TO SEND OR BRING WITH YOUR APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCUMENT** | **Essential** | **Advised** | **Tick If available** |
| PASSPORT | X |  |  |
| BIRTH CERTIFICATE (If UK national with no passport) | X |  |  |
| IDENTITY CARD/INTERNATIONAL PASSPORT |  | X |  |
| UK DRIVERS LICENCE | X |  |  |
| PROOF OF ADDRESS (i.e. Bank Statement, Utility Bills, etc.) | X |  |  |
| PROOF OF PREVIOUS ADDRESSES (Last 5 years) | X |  |  |
| REFERENCES FROM LAST TWO EMPLOYERS, IF NOT AVAILABLE TWO CHARACTER REFERENCES FROM PEOPLE WHO ARE NOT FRIENDS OR RELATIONS | X |  |  |
| CERTIFICATE OF SECONDARY EDUCATION |  | X |  |
| CERTIFICATES OF HIGHER EDUCATION |  | X |  |
| CERTIFCATES OF OTHER TRAINING |  | X |  |
| CURRENT OR RECENT DBS CERTIFICATE  (Enhanced) |  | X |  |
| BIOMETRIC RESIDENT PERMIT/RIGHT TO WORK DOCUMENT |  |  |  |

**Where to send your application:**

You should **email** completed form(s) and all required accompanying documents to:

[**hr@carewardltd.co.uk**](mailto:hr@carewardltd.co.uk)

You must attach all forms and documents to the same email.

If you do not submit all required forms and information your application will be returned to you.

You can read more information on our website [www.careward.co.uk](http://www.careward.co.uk) or call our Client Service Centre on **07405483345**.