**Application Form**

**Please complete this form in black ink and complete all sections**

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| Position Applied for |  |
| Your Name |  |
| Date of Application |  |
| Do you require this application form in Welsh? |  |

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| **1. Personal Details** | | | | | | | | | |
| Title |  | Surname | |  | | | Maiden Name (if any) | |  |
| Forenames (including middle names) | | | | | |  | | | |
| Previous Surnames (if any) | | | | | |  | | | |
| Nationality | | |  | | | | | | |
| Date of Birth | | | / / | | National Insurance Number | | |  | |

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| Address |  | | | | | Post Code |
|  |
| Telephone | Mobile |  | | Home / Other |  | |
| Email Address |  | | | | | |
| May we contact you at your current workplace? | | | |  | | |
| Next of Kin to be notified in case of emergency: Name | | | |  | | |
| Next of Kin  Address |  | | | | | Post Code |
|  |
| Telephone | Mobile |  | | Home / Other |  | |
| Next of Kin’s Relationship to you | | |  | | | |

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| **2. Formal Education and Qualifications** | | | | | |
| Name and Location of  School / College / University  Attended | Dates of Attendance | | Qualifications Gained | | |
| From Month/Year | To Month/Year | Course Studied | Qualification Level | Grade |
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| **3. Employment History**  Please list details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position.  Please include reasons for any gaps. | | | | |
| Name & Address of Employer | Dates of Employment | | Position held and brief summary of duties and responsibilities | Reason for leaving  Last salary or wage |
| From  Month/Year | To  Month/Year |
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| **4. General Information** | | | |
| Do you hold a valid and current British Driver’s Licence? | | |  |
| If Yes, what type? (E.g., Provisional, Full, LGV, PCV) | | |  |
| Do you have any endorsements? | |  | |
| If Yes, please give details | |  | |
| Please state which languages you speak, including an indication of fluency | | |  |
| How did you hear about us? |  | | |

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| **5. Work Preference**  Please specify which types of work you would prefer (i.e., Care Support Worker) and the number hours you can work. The service we give depends on accurate, up to date information. Please keep us informed of all developments in your career and work preferences. | | | |
| Position | | | |
| Hours Required |  | When will you be available to start work? |  |

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| **6.Additional Information**  Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by Cross Care Limited and their relationship to you. |

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| **7. References**  Please give details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview but we will contact them before the appointment. | | | | | | | |
| Name |  | | | Name |  | | |
| Address |  | | Postcode | Address |  | | Postcode |
|  |  |
| Email / Phone number | |  | | Email / Phone number | |  | |
| Position | |  | | Position | |  | |
| Relationship to you | |  | | Relationship to you | |  | |
| May we contact the above person now? | | | | May we contact the above person now? | | | |

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| **8. Confidentiality Declaration** |
| Registration implies acceptance of our code of confidentiality.  In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable clients be divulged to anyone other than the manager of Cross Care Limited. You should not disclose ANY information to your family, friends or neighbours.  If you are worried about any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.  Failure to observe these rules will be regarded as serious misconduct.  I have read and I understand the above and I agree to abide by the contents therein.  Signed Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |

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| **11. Rehabilitation of Offenders Act** | | | | |
| As a general rule, no-one need answer questions about spent convictions. However, this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:   1. any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or 2. any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties   One or both of the above apply to work with the Agency, and covers all occupations.  You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.  Records will be checked via the Criminal Records Bureau procedures | | | | |
| **I have no convictions** | ☐ | **I have convictions** (see Note below) | ☐ | Please ✓ as appropriate |
| **Note**  (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form) | | | | |
| **Criminal Records – Disclosure Certificate** | | | | |
| The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment. | | | | |
| **Asylum and Immigration Act 1996** | | | | |
| Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:   * That person has a current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or * The person comes into a category specified by the Home Secretary where such employment is allowed   Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.  Are you eligible to work in the UK? Yes ☐ No ☐ Please ✓ tick as appropriate | | | | |

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| Personal Declaration |
| I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and   * I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose. * I give permission for the processing of the personal data contained in this form for employment purposes. * I understand that any false or misleading information could result in my dismissal.   Signed Date |

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| **12. Equal Opportunities Monitoring Form**  Cross Care Limited operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influences by unfair or unlawful discrimination. To help use to do this we would be grateful if you could complete this short questionnaire.  Your answers will be treated with the utmost confidence and in accordance with current data protection legislation. |

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| Ethnicity:  Choose ONE section from A to E, and then ✓ tick the appropriate box to indicate your cultural background.   1. White   ☐ British  ☐ Irish  Any other White background, please write here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Mixed   ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  Any other Mixed background, please write here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Asian or Asian British   ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  Any other Asian background, please write here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Black or Black British   ☐ Caribbean  ☐ African  Any other Black background, please write here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Chinese or other ethnic group   ☐ Chinese  Any other, please write here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sex: ☐ Female ☐ Male ☐ Prefer not to say |
| Disabilities:  Do you consider yourself to have a disability or health condition?  ☐ Yes ☐ No ☐ Prefer not to say |

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| |  | | --- | | Initials |   **For Office Use Only** | | |
| Date Application received |  |  |
| Date Application acknowledged |  |  |
| Initial Decision |  |  |
| Date Applicant informed |  |  |
| Date(s) of Interview |  |  |
| Decision |  |  |
| **Notes** | | |
|  | | |
|  | | Initials |
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