**APPLICATION FORM FOR EMPLOYMENT**

***WE ARE AN EQUAL OPPORTUNITIES EMPLOYER***

**IMPORTANT**: Please complete this form in **BLOCK CAPITALS IN BLACK INK**. CVs can be attached, but the application form should still be FULLY completed for all positions. **Please include 10 years work experience, From the time you finished high/secondary school.**

| **GENERAL INFORMATION** |
| --- |
| POSITION APPLIED FOR: |
| FULL NAME OF APPLICANT: |
| CURRENT ADDRESS: |
| House No and Street: |
| Town/City: Post Code: |
| From (i.e. Date/Month/Year): / / / |
| Your email address: |
| MOBILE NO: |
| TEL NO: (HOME): (WORK): |
| DATE OF BIRTH: NATIONALITY: |
| NI No: |
| Full U.K. Driving Licence: Yes/No Marital Status: Single/Married |
|  |
|  |

Next of Kin or preferred contact: Name…………………………………………………………………………………

Address ……………………………………………………………………………………………………………………..

Postcode…………………………… Relative/Friend/Other please state …………………………………………..

Landline…………………………………………………. Mobile ………………………………………………………..

Have you ever worked in the care sector in either a voluntary or professional capacity? YES/NO

If the answer is yes, please provide details on this application - use extra paper if necessary

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***Before any Employment is offered, you must be able to provide proof of identity and Eligibility to work in the U.K***

Are you legally eligible to work in the U.K? YES/NO

Do you have any restrictions on your eligibility to work in the U.K? YES/NO

If yes, please provide details:……………………………………………………………………………………………………….

**JOB FLEXIBILITY**

| Number of working hours required |  |
| --- | --- |
| Please indicate preferred type of work e.g.Full-time/Part-time/ Days/Nights |  |
| Details of any other work, you will continue to undertake if you are offered this job position |  |
| Please provide the date that you are available to start work from |  |
|  |  |

**EDUCATION AND TRAINING**

Please give details of your education and qualifications below. Continue on a separate sheet if necessary

| **Secondary Education** | From: (mm/yy) To: (mm/yy) |
| --- | --- |
| Name and Address | Subjects and qualifications obtained |
|  |  |
| **Higher Education** | From: (mm/yy) To:(mm/yy) |
| Name and Address | Subjects & Qualifications Obtained |
| **Further/Higher Education** | From: (mm/yy) To: (mm/yy) |
| Name and address | Subjects Qualifications obtained |
|  |  |

**Please give information on any work-based training you have attended, which you feel is relevant to the role you are applying** *(Continue on separate sheet if required***)**

| **Date** | **Course Title** | **Training provider** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**EMPLOYMENT HISTORY**: Please list your FULL employment history (starting with the most recent) or send a DETAILED Curriculum Vitae - Use extra paper if needed

**If this is your first employment, please give details of secondary schools/colleges attended, qualifications obtained and any further education**

Please provide details of all other employment in sequence, with the most recent first

| **PREVIOUS EMPLOYER’S NAME & ADDRESS** | **POSITION HELD** | **START** | **FINISH** | **REASONS FOR LEAVING** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 *Please use additional space provided at the back of the form if required*

WOULD YOU BE ABLE TO WORK AS A LIVE IN CARER? YES/NO

| **Do you hold a current** **valid Driving licence:** Yes/No **Do you have your own transport:** Yes/No  |
| --- |
| **Trade Union Membership**: Yes/No  |
| **Name of Union**: |
| **Membership Number**: Expiry Date: / / / |
| **How did you hear about Providence Helping Hands Ltd:** |

**CARE WORKER/HEALTH CARE ASSISTANT /SUPPORT WORKER EXPERIENCE**

*PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE.*

| ***SPECIALISM*** | ***LESS THAN 6 MONTHS*** | ***MORE THAN 6 MONTHS*** | ***1 TO 2 YEARS*** | ***2 YEARS PLUS*** |
| --- | --- | --- | --- | --- |
| Nursing homes |  |  |  |  |
| Residential Homes |  |  |  |  |
| Private Homes |  |  |  |  |
| Hospitals |  |  |  |  |
| Learning Disability |  |  |  |  |
| Mental Health/ Dementia |  |  |  |  |
| Paediatrics |  |  |  |  |
| Home care |  |  |  |  |
| Palliative care |  |  |  |  |
| Catheter care |  |  |  |  |
| NVQ or Equivalent |  |  |  |  |

**REFERENCES:**

Please give names, addresses and telephone numbers of TWO referees whom we may contact. One of these referees MUST be your present (or most recent) employer. If this is your first employment ONE referee should be your secondary school/college of further education

| Name | Position | Telephone No |
| --- | --- | --- |
| Company Address |
| Mobile | Email | Fax No |

| Name | Position | Telephone No |
| --- | --- | --- |
| Company Address |
| Mobile | Email | Fax No |

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order). Applicants 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.

Any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

 A criminal record will not necessarily be a bar to obtaining a position.

***Have you ever been convicted of a criminal offence? Yes/No***

***Have you instigated an enhanced disclosure within the last 6 months? Yes/No***

With an Enhanced Disclosure, under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

***Do you have any spent or unspent criminal conviction? Yes/No***

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for

***Have you supplied additional information with this application for any spent/unspent convictions, cautions or reprimands Yes/No***

***Have you ever been involved in Court Proceedings? Yes/No***

**PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE.**

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence

I consent to Providence Helping Hands Ltd or their legal representative checking the details I have provided in support of this application against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes such as the DBS, regulatory bodies.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providence Helping Hands Ltd retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep on file in line with the Data Protection Act. If the applicant does not commence employment with Providence Helping Hands Ltd, this form will be shredded six months from the date on the form, in compliance with data protection law.

**Tel: 07927436437/07943411162, Email:** **info.providencehelpinghands@gmail.com****, Address: 20 Helford Close, Hannon Road, HP21 8BG**

 Additional Space.

**FOR OFFICIAL USE ONLY-PLEASE DO NOT WRITE ON THIS PAGE**

| Name of Applicant:Date of first Interview: |
| --- |
| Second interview required  | YES/NO | DATE |
| Job Offer to be made | YES/NO | POSITION |
| NVQ 1,2 OR3 |  |
| Hours & days of employment offered |  |
| Job offer sent to Applicant | DATE |  |
| Job Acceptance received | DATE |  |
| Disclosure Application letter sent to Applicant | DATE |  |
| Applicant attended L.P.N.H with documents for DBS Application | DATE |  |
| Online application for DBS made | DATE |  |
| Reference Request No. 1 sent | DATE |  |
| Reference No.1 received at L.P.N.H | DATE |  |
| Reference request No.2 sent | DATE |  |
| Reference No.2 received at L.P.N.H | DATE |  |
| DBS email received at L.P.N.H | DATE |  |
| Original DBS Certificate provided by applicant | DATE |  |
| Care docs Entry | DATE |  |
| Authorised by Manager/Deputy to employ (DBS & References checked) | SIGNATURE:DATE |  |
| Employment Commenced | DATE |  |