

Application No:

APPLICATION FORM

Position Applied For:

Preferred Employment Type (e.g. part time, full time):

PERSONAL INFORMATION

First Name(s):

Surname:

Address:

Postcode:

Phone number (home):

Phone number (mobile):

Email Address:

Date of Birth:

Do you own your own transport?:

How long has your license been held?:

YES:

NO:

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National:

If no, please detail current immigration status and the relevant visa currently held (including Visa number):

YES:

NO:

Are you related to a member of staff or Service User/Individuals at Choice Support Care Ltd?

YES:

NO:

National Insurance number:

EQUALITY ACT 2010

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a "substantial" or "long-term adverse effect" on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010.

For the purpose of this application and for the interview stage only, is there anything you would like us to be aware of so we can make reasonable adjustments during the process?

YES:

NO:

PREFER NOT TO SAY:

EDUCATION

School / College / University:

Qualification & Year Obtained:

Training Courses Attended or Completing:

Subject:

Location/Details:

Date:

**All qualifications will be subject to a satisfactory check and evidence of attending courses will be required*

EMPLOYMENT HISTORY

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate sheet if required. Please sign all sheets.

**Name & Address of
Most recent/Last employer:**

Start Date:

End Date:

Position Held:

Job Description: (please give a brief description of what you did in your employment):

Reason for leaving:

Salary/Rate:

**Name & Address of
Most recent/Last employer:**

Start Date:

End Date:

Position Held:

Job Description: (please give a brief description of what you did in your employment):

Reason for leaving:

Salary/Rate:

**Name & Address of
Most recent/Last employer:**

Start Date:

End Date:

Position Held:

Job Description: (please give a brief description of what you did in your employment):

Reason for leaving:

Salary/Rate:

Please detail any gaps in employment and state why:

SUPPORTING STATEMENT

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.

REFEREES

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, i.e. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore, please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

First Name(s):

Job Title:

Address:

Postcode:

Phone number (home):

Email Address:

First Name(s):

Job Title:

Address:

Postcode:

Phone number (home):

Email Address:

Character Reference:

First Name(s):

Relationship to you:

Address:

Postcode:

Phone number (home):

Email Address:

SAFEGUARDING

EX-OFFENDERS DECLARATION

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

REHABILITATION OF OFFENDERS ACT 1974

Choice Support Care Ltd aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender-reassignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Choice Support Care Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?

YES:

NO:

Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?

YES:

NO:

DBS DISCLOSURE

Are you willing to pay the required fee for a full enhanced DBS Disclosure?

YES:

NO:

Are you registered on the DBS Update Service?

YES:

NO:

Do you consent to Choice Support Care Ltd, carrying out an online status check on the DBS Update Service?

YES:

NO:

Next of Kin:

Relationship to you:

Address:

Phone Number:

OPT-OUT OF 48 HOURS WORKING WEEK AGREEMENT

In accordance with the Working Time Regulations 1998. All workers of this organisation are not required to work more than 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week. However, you may choose to do so.

I DO NOT wish to work more than 48 hours per week.

I DO wish to work more than 48 hours per week.

YES:

NO:

YES:

NO:

PRIVACY

Choice Support Care Ltd will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to Choice Support Care Ltd holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you).

When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager or privacy on 0121 272 5127.

DECLARATION

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Choice Support Care Ltd. Where applicable, I consent that Choice Support Care Ltd can seek clarification regarding professional registration details.

Name:

Date:

Signature:

HEALTH QUESTIONNAIRE

The purpose of this questionnaire is to make sure that you are suited to working at night. All information that you provide will be kept confidential.

ABOUT YOU

First Name(s):

Surname:

Date of Birth:

Gender:

Male:

Female:

Address:

Postcode:

Job Title:

National Insurance Number:

HEALTH CONDITIONS

Do you suffer from any of the following health conditions?

Diabetes

YES:

NO:

Heart or Circulatory disorders

YES:

NO:

Stomach or Intestinal disorders

YES:

NO:

Any conditions which cause difficulties sleeping

YES:

NO:

Chronic Chest disorders (especially if night-time symptoms are troublesome)

YES:

NO:

Any medical condition requiring medication to a strict timetable

YES:

NO:

Any other health factors that might affect fitness at work

YES:

NO:

If you answered 'yes' to any of the above questions, you may be asked to see a doctor or nurse.

I, the undersigned, confirm that the above is correct to the best of my knowledge

Signed:

Date: