Job Application Form

This form contains important information which will be used to assess your application for the role and also to then confirm your employment and personal details and so you should ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role.

This form must be received prior to the specified closing date. For queries about the role, your application or to submit this form, please use the details provided in the advertisement. Please use black ink if completing by hand, or Type responses.

As an employer we are committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic origin, nationality, sexuality, gender identity, marital status, religion, trade union activity or age.

Vacancy Details

Job Title	
Where did you first hear about this job?	

Personal Details

Name, including title		
Have you ever been known by any other names	Yes ☐ No ☐ If yes, please state here:	
NI Number		
Home Address and post code		
Home Tel. No.		Mobile Number:
Email Address		
Do you have a driving license	Yes ☐ No ☐	Access to a car? Yes ☐ No ☐
Do you have an enhanced DBS Check	Yes ☐ No ☐	DBS issue date:
Do you speak additional languages	Yes ☐ No ☐	If yes please specify: ☐ Fluent ☐ Basic ☐ Written
Do you hold the care certificate qualification	Yes ☐ No ☐	

Employment History

Provide details of your employment history, starting with your most recent / current employer and working back to school leaving date. Please account for any gaps. Please note that in line with the national care standards act 2000 you are required to provide full information up to the present day. You may continue using a separate sheet if required.

Employer			
Job Title			
Start Date		End Date:	End Salary:
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			
Employer			
Job Title			
Start Date		End Date:	End Salary:
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			
Employer			
Job Title			
Start Date		End Date:	End Salary:
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			
Employer			
Job Title			
Start Date		End Date:	End Salary:
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			

Voluntary Work or Work placements

Provide details of any voluntary work or work placements, starting with your most recent / current employer and working back. You may continue using a separate sheet if required.

Company		
Position		
Start Date		End Date
Brief description of role and responsibilities		
Company		
Position		
Start Date		End Date:
Brief description of role and responsibilities		
Company		
Position		
Start Date		End Date:
Brief description of role and responsibilities		

Education

Provide details of your education history, starting with your most recent and working back to school leaving age. Please account for any gaps. Continue using a separate sheet if necessary.

Establishment		
Start Date		End Date
Qualifications gained		
Establishment		
Start Date		End Date
Qualifications gained		
Establishment		
Start Date		End Date
Qualifications gained		

Qualifications / Training

Provide details of your qualifications and training which are relevant to the job role. Continue using a separate sheet if necessary.

Type / Level	Subject	Date Obtained	Result

References

Please give full details of a **minimum of two referees** which we will contact; **relatives, friends & work colleagues are not acceptable**. The first referee must be your present or most recent employer. The second referee must be a recent employer however if you do not have a second employer a teacher or tutor will be accepted. If you do not have any employment or educational referees you may provide details of individuals you know in a professional capacity so that we can request a 'character reference' A character reference will be accepted from an individual in a profession in the community (e.g. a doctor, solicitor, recognised religious leader)

Name		
Job Title		
Address		
Telephone No.		Mobile:
Relationship to you		
Email Address		
Can we seek this reference without further consent from you?		Yes ☐ No ☐

Name		
Job Title		
Address		
Telephone No.		Mobile:
Relationship to you		
Email Address		
Can we seek this reference without further consent from you?		Yes ☐ No ☐

AVAILABILITY:

(Please note you will be required to across a variety of days, evenings & weekends)

How many hours are you available to work a week?	Please give dates of any annual leave booked

What days & times can you work? Please tick relevant boxes or include any other times.							
	6.30am – 9.30am	9.30am – 12.30pm	12.30pm – 3.30pm	3.30pm – 6.30pm	6.30pm – 9.30pm	9.30pm – onwards	Other specify
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

EMERGENCY CONTACT DETAILS

Name:	
Relationship:	
Address:	
Contact Numbers	

EMERGENCY CONTACT DETAILS

Name:	
Relationship:	
Address:	
Contact Numbers	

Application Questions

Provide any additional information or comments you wish to bring to the attention of the selection panel. Please express your reasons in applying for this position. Detail any relevant experience, skills, and knowledge you may have in the care field. Include any additional information to support your application including achievements, experiences and personal skills gained throughout your personal life and education, in addition to all employment you have had. You may continue using a separate sheet if necessary.

Additional Questions

We positively encourage applications from disabled people who have the necessary skills and experience for the job. If you have a disability, please outline below any reasonable adjustments you require for interview and / or to help you in this job.

Do you consider yourself to be disabled?	☐**Yes** ☐**No**
Do you require reasonable adjustments for your interview?	☐**Yes** ☐**No**
If YES, provide details.	
Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? If you are applying for a post which requires an Enhanced Disclosure & Barring Service (DBS) Check, most convictions remain unspent and you **must** declare them. However, the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.	☐**Yes** ☐**No**
If YES, provide details. You may provide this information separately from your Job Application Form. All Information given will be treated confidentially and considered only in relation to this application.	
Please provide details of any memberships you have with any organisation that may be relevant to the job you are applying for:	

Please read and confirm that you understand and agree to the following:

Data Protection Statement - The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us to monitor our recruitment process. If you succeed in your application and take up employment with us, the information you have provided will be used in the administration of your employment with us. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may check the information collected with third parties, or against other information held by us. We may also use or pass to certain third parties' information to prevent or detect crime, to protect public funds, or in other ways as permitted by law. By signing the application form, you consent to the processing of your sensitive personal data (as described above), in accordance with our registration with the Data Protection Commissioner. Individuals have, on written request, the right of access to personal data held about them.

Do you understand and agree to this statement? ☐Yes ☐No

Declaration

With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes. I understand that any offer of employment is subject to the relevant pre employment checks including but not limited to satisfactory a) Verification of identity b) References, c) DBS Certificate and check of the barred list/s (if applicable), d) Medical clearance e) Proof of eligibility to work in the UK, f) Proof of qualifications and registrations. I declare that all statements I make in this application are true and to the best of my knowledge and belief and that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed.

Did you complete this application form yourself?	☐Yes ☐No If no, please specify who completed it on your behalf and why:

Signature *		Date	

*a signature is not required if this form is emailed from your given email address. Your printed name will suffice.

Please return your completed application form to:

Adewale Adesalu
Global Caring Group
Room SE13
101 Lockhurst Lane
Coventry
CV6 5SF

GLOBAL CARING GROUP

Tel: 02476920089