**Application Form**

Complete the application form in full as we cannot accept CVs. Please complete in black ink and block capitals or typed in block letters print and sign. This form will be kept in confidence

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.

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| **Position Applied For:** | | | |  | | | | | **Location:** | | | |  | | | |
| **Work Preference (full time/part time/bank:** | | | |  | **Hours Requested:** | | | | | |  | | |
| **I understand this role may include Shift work, Unsociable Hours, Lone working involved. (Please circle your availability below)** | | | | | | | | | | | | | **Yes** | | | **No** |
| **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | | | **Saturday** | | | **Sunday** | |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | | **PM** | | **AM** | **PM** | | **AM** | **PM** |
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| **Personal Details** | | | | | | | |
| **First Names:** |  | | | **Address:** | | | |
| **Surname:** |  | | |
| **Maiden Name:** |  | | |
| **Previous Names:** |  | | |
| **Marital Status:** |  | | |
| **Gender:** |  | | | **Postcode:** |  | | |
| **Date of Birth:** |  | | | **Nationality:** |  | | |
| **Telephone Number:** |  | | | **NI Number:** |  | | |
| **Mobile Number:** |  | | | **Email Address:** |  | | |
| **Are you a Driver:**  **If yes for how long** |  | **License number** |  | **Own Transport?** |  |  |  |

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| **Are you a United Kingdom (UK), European Community (EC), European Economic Area (EEA) National** | Yes | No\* |
| **\*If no, please detail your current immigration status and the relevant visa currently held (including Visa number)** | | |
| **Are you related to any of our current members of staff or Service Users?** | Yes | No |
| **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” and “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-](http://www.gov.uk/definition-of-disability-under-equality-act-) 2010.** | | |
| **Are you related to any of our current members of staff or Service Users?** | Yes | No |
| **For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?** | Yes/no | |
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| **Education \***(All qualifications will be subject to a satisfactory check). | | | |
| **School / College / University** | **START DATE** | **END DATE** | **Examinations, Qualifications\*** |
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| **Training Courses** attended or completing (evidence of attending courses is required) | | | |
| **COURSE** | **START DATE** | **END DATE** | **QUALIFICATION/CERTIFICATE** |
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**FULL EMPLOYMENT HISTORY (Where you started working till date)**

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| --- | --- | --- | --- | --- |
| **EMPLOYER NAME** | **START DATE** | **END DATE** | **DUTIES, RESPONSIBILITIES** | **REASON FOR LEAVING** |
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| **Explain any gaps in employment and Education and training (since you turn 18)** |
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| **References:** Please provide names, addresses and telephone numbers for referees below who we may approach for a reference.  You must provide references from your two most recent employers. In line with CQC requirements, we require references covering your last five years employment. If you have not had more than one employer in the last five years, we require a further reference. Please provide two-character references if you are unable to obtain two professional references, e.g. 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. | | |
|  | **Referee One** | **Referee Two** |
| **Contact Name:** |  |  |
| **Business Name:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Capacity in which known** |  |  |
|  | **Referee Three** | **Referee Four** |
| **Contact Name:** |  |  |
| **Business Name:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Capacity in which known** |  |  |
|  | **Additional Referee** | **Additional Referee** |
| **Contact Name:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Professional / Character:** |  |  |
| **Capacity in which known** |  |  |

**As per Equality Act 2010:**

Under the terms of the Act a disability is defined as a “physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day-to-day activities”.

**Do you consider yourself to have a Disability?**

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| --- | --- | --- |
| **o** Yes | **o** No | **o** I do not wish to disclose whether or not I have a disability |

**Caring Responsibilities** - Do you have any care responsibilities for anyone?

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| **o** Yes | | **o** No | |
| If yes, are they: | | | |
| **o** Children under 16 | **o** Disabled | | **o** Sick or Elderly |

**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**

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| Karia Befriending Care Agency Ltd aims to promote equality of opportunity and is committed to treating all applicants regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Karia Befriending Care Agency Lt Services undertakes not to discriminate unfairly against applicants based on 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 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** |

**Privacy**

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| We will only collect data for specified explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to 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, 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 to discuss |

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

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| **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 Karia Befriending Care Agency Lt Services. Where applicable, I consent that Karia Befriending Care Agency Lt Services can seek clarification regarding professional registration details. | |
| **Name:** | **Date:** |
| **Signature:** | |