



SAMTECK CARE SOLUTIONS LTD

APPLICATION FORM

John Eccles House, Rober Robinson Avenue,
Oxford Science Park, Oxford, OX4 4GP

Phone: 0186 564 8990

Email: info@samteckcare.co.uk

Personal Details						
First Names:			Address:			
Surname:						
Maiden Name:						
Previous Names:						
Marital Status:						
Gender:			Postcode:			
Place of Birth:			Nationality:			
Telephone Number:			NI Number:			
Mobile Number:			Email Address:			
Are you a Driver:	Yes	No	Own Transport	Yes	No	N/A
How long have you had a licence?			Any Endorsements:	Yes	No	N/A

*Are you a United Kingdom (UK) 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-2010 .		
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?	Prefer not to say	

Education *(All qualifications will be subject to a satisfactory check).

School / College / University	Date From:	Date To:	Examinations, Qualifications*

Training Courses attended or completing (evidence of attending courses is required)

Subject	Location	Date	Details

Professional Memberships / Registrations

Name of Organisation	Registration Number	Renewal Date	Details

Employment History

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

Current / Most recent employer

Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		

Employment History

Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		

Employment History Continued (Copy this page if required)					
Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		
Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		

Employment History Continued (Copy this page if required)					
Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		
Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		

Explanation of Gaps Use this section to detail any gaps in employment and why

References: Please provide names, addresses and telephone numbers for referees below who we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited).

If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

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		

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 confidence.		
The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Samteck Care Solutions 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

Privacy Statement	
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 us 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 to discuss.	

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. Where applicable, I consent that can seek clarification regarding professional registration details.			
Print Full Name:			
Signature:		Date:	

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.

Samteck Care Solutions Ltd is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of 'protected characteristics'. We ask for information on your 'protected characteristics' in order to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of GDPR, the information you provide will be held confidentially and It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

IMPORTANT - Please Note: You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

Ethnic Origin: Please indicate your Ethnic Origin By Typing "Yes"				
Asian or Asian British		Mixed		Other Ethnic Background
	Bangladeshi		White & Asian	Chinese
	Indian		White & Black African	Any Other Chinese
	Pakistani		White/Black Caribbean	
	Other Asian		Other mix	Any other ethnic
Black or Black British		White		
	African		British	I do not wish to disclose my Ethnic
	Caribbean		Irish	
	Other Black Background		Other White	

Gender: Please indicate your Gender				
	Female		Male	Other state below
	Transgender Female		Transgender Male	
	I do not wish to disclose my Ethnic			
Sexual Orientation: Please indicate your Sexual Orientation				
	Heterosexual		Bisexual	Other state below
	Gay		Lesbian	
	I do not wish to disclose my Sexual Orientation			

Religion or Belief: Please indicate your Religion or Belief								
	Buddhist		Jewish		Hindu			
	Christian		Muslim		Sikh			
	I do not have any Religion or Beliefs					Other state below		
	I do not wish to disclose my Religion or Belief							
Marital Status: Please indicate your Marital Status								
	Common Law Partnership		Married / Civil Partnership		Widowed			
	Divorced		Single		Other (State)			
As per Equality Act 2010: Do you consider yourself to have a disability						Yes	No	
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”.								
	I do not wish to disclose whether or not I have a disability							
Caring Responsibilities: Do you have any care responsibilities for anyone								
Yes	No	If yes		Children U16		Disabled		Sick / Elderly

Please answer the following questions		Yes	No
1	Do you have or have you ever had any significant health problem, impairment / disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered?		
2	Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work?		
3	Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health?		
4	Are you having, or waiting for any medical treatment or investigations at present?		
5	Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?		
If you answered 'yes' to any of the above questions, please provide details below:			

Applicant's Declaration Circle 'Yes' / 'No' as appropriate		Read and Understood	
1	I confirm that the information given above is complete and correct. I understand that any incomplete, untrue or misleading information given will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me without notice.	Yes	No
2	By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.	Yes	No
3	I agree that Samteck Care Solutions Ltd reserves the right to require me to undergo a medical examination to assess my suitability for work.	Yes	No
4	I do not wish to complete the questionnaire and I do not wish to have a free health assessment.	Yes	No
5	Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?	Yes	No

Print Name	Signature	Date

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