

JOB APPLICATION FORM

Post applied for : Social Care Professional

Are you permitted to work in the United Kingdom? Yes ☐ No ☐
I require a work permit ☐

1. PERSONAL DETAILS

Surname : _____ First Name : _____ Home Address _____ _____ _____ Postcode : _____	Home Tel : _____ Mobile Tel _____ Work Tel : _____ _____
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E-mail : _____	N.I. No : _____
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Do you have a full Driving Licence that allows you to drive in the UK? Yes ☐ No ☐
 Do you have access to a car to use for this work? Yes ☐ No ☐
 Have you ever been banned from driving, or do you have any current
 endorsements on your licence? Yes ☐ No ☐
 Does your car insurance include business insurance? Yes ☐ No ☐
 If No would you be prepared to get Business Insurance Yes ☐ No ☐

2. AVAILABILITY & HOURS (PLEASE READ CAREFULLY)

At Care Wyvern our busiest times are generally unsociable hours; getting up, lunch, teatime and bedtime. Please give the start & end times on the days that you are available. Weekend hours are applied only on your weekend of work. It is expected that all Social care professional's work alternate weekends and at least 1 evening per week, morning shifts start at 7am and evening shifts finish at 10pm

Availability will be discussed at all stages of recruitment to make sure it fits the needs of the business and agreed with the Co-ordinator. This will only be fixed when you become an employee.

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start Time							
Finish Time							
Sleep In Nights							
Waking Nights							

Total hours per average week	
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3. REFERENCES:

Please provide two references; one should be your present or most recent employer. We require Full Names, Full address details, including post codes and email addresses.

Name :	
Job Title :	
Organisation:	
Address :	
Tel Number :	
Dates from/to :	
Email:	
Capacity in which they know you (e.g. Line Manager)	
May we contact this reference prior to interview? Yes / No	

Name :	
Job Title :	
Organisation :	
Address :	
Tel Number :	
Dates from/to :	
Email:	
Capacity in which they know you (e.g. Line Manager)	
May we contact this reference prior to interview? Yes / No	

4. EDUCATION/QUALIFICATIONS/TRAINING

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

EDUCATION / QUALIFICATIONS		
Qualifications	Date	Grade
TRAINING (If you have undertaken any relevant training to this post please give details)		
Course details	Date	Training provider

5. EMPLOYMENT BACKGROUND *(please continue on a separate sheet if necessary)*

CURRENT / MOST RECENT JOB			
Employer's Name		Salary	
Job Title		Notice Period	
Reason for leaving			
Brief Description of Duties :		Dates (month & year)	
		From	To

6. PREVIOUS JOBS (PAID AND VOLUNTARY) – *List most recent first. If there are gaps between jobs, please explain – e.g. - education, family, child care, unemployment or travelling*

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

7. SHORT LISTING INFORMATION – Skills and Abilities/ Knowledge & Experience/ Qualities

Tell us why you are applying for this job, why you meet the requirements of the person specification by providing details of your experience, skills & knowledge.

Please continue on a separate sheet if necessary...

8. The Data Protection Act 1998

The Data Protection Act 1998 requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

If you are unsuccessful in this application, we will keep this form on file for 3 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this. ☐

Previous Application : If you have previously applied to us for work, when did you apply and what was the vacancy?

Were you interviewed? Yes ☐ No ☐

If yes, what was the outcome?

9. Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bindovers or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bindovers or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.

Have you ever been convicted of a criminal offence
or received a conditional discharge, bindover or caution? ☐ Yes ☐ No

Have you ever been issued with a Penalty
Notice for Disorder? ☐ Yes ☐ No

If so, what was the offence?Date

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Records Bureau / Disclosure Scotland disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: _____

Signature: _____

Date: _____

10. DECLARATION

I confirm that I am eligible to work in the UK. I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Care Wyvern's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print Name:

Signed:

Date:

PLEASE RETURN THE APPLICATION FORM TO:

Care Wyvern
Yarde Place
Taunton
Somerset
TA1 1UR