Care Worker  Application Form

Part One: Personal Information

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Title (Mr, Mrs, Etc) Sex Male Female

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First Name Last Name

Date Of Birth

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Address

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Postcode

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Phone Landline

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Phone Mobile

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Email Address

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National Insurance

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| Yes | No |

Do you hold a current full driving license?

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| Yes | No |

Would you have use of a car for the purposes of this post?

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| Yes | No |

What is your available start date?

Do you currently hold a PVG?

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If so, what is your PVG Number

How did you hear about this job? Please mark

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| Google | Company Website | Word of Mouth |
| Indeed Website | Refer A Friend | Leaflet |

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Other (please specify)

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If you were told about this job someone that works for us, please tell us their name

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| Yes | No |

Are you registered with SSSC?

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If yes, please give your registration number?

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| Yes | No |

Have you worked recently in the care sector?

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If so where

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| Yes | No |

Are you subject to UK immigration control?

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If so, please give details

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| Yes | No |

Have you any holidays booked prior to applying for this position?

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If so please provide dates below

Part three: skills and Qualifications Please list all qualification undertaken from your most recent

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| Dates | Establishment | Qualification Achieved |
| From | To |
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Please give details of any training course which may be relevant for the applied position

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| Dates | Relevant Qualifications | Qualification Achieved |
| From | To |
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Part Four – Employment History Please supply your full employment history, starting from your most recent.

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| Dates | Name and Address of Employer | Position Held | Reason for Leaving/Notice Period |
| From | To |
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| Dates | Reason for Gaps in Employment History |
| From | To |
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Part Five: References Please provide the details of three people that we can write for a reference. The first must be your recent employer. No friends or family will be accepted

1. Referee (Current or most recent employer)

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Name Position

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Address

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Postcode

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Telephone Number

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Email Address

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| Yes | No |

Can this reference be taken up prior to interview?

1. Referee

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Name Position

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Address

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Postcode

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Telephone Number

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Email Address

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| Yes | No |

Can this reference be taken up prior to interview?

1. Referee (if current Employment is less than five years)

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Name Position

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Address

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Postcode

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Telephone Number

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Email Address

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| Yes | No |

Can this reference be taken up prior to interview?

Part Six: Suitability for the Position: Please read the care assistant job description and answer the following questions?

Have you read and understood the Care Assistant job description?

The position for which you are applying for requires physical effort (including sitting, standing, carrying, walking, moving and handling clients), mental effort (including dealing with emergencies and short notice changes to work in a fast-paced environment) and possible emotional and psychological effort (including dealing with bereavement and challenging behaviour in a potential stressful environment).

Do you have any Health Conditions that would prevent you from meeting these requirements for which Meloosha Homecare might need to make reasonable adjustments?

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| Yes | No |

If yes, please provide a brief detail

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Criminal Record The post for which you have applied Is exempt from the Rehabilitation of Offenders Act 1974 s4 (2) by virtue of the rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. You are, therefore, required to disclose convictions, including information about cautions reprimands and final warning, whether spent or unspent. Failure to disclose such convictions may lead to disciplinary action and may result in dismissal.

Because of the nature of the activities of our company, you are required to disclose details of any criminal record. Having a criminal record need not necessarily be a bar to obtaining this potion. (Please see Policy Statement on the Recruitment of Ex-offenders). It if the policy of Meloosha Homecare to carry out a PVG check where it is appropriate for the post.

***Have you ever been convicted by the Courts or cautioned, reprimanded or given a final warning by the Police (including motoring convictions and speeding penalties?)***

*\*if yes please give details of offences, penalties and dates of such*

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***Are you aware of any police enquiries undertaken following allegations? Made against you which may have a bearing on your suitability for this post?***

*\*if yes, please give details*

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Please note that all staff driving during the course of their work will be subject to an annual license check

**Do you have any issues working with animals?**

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Part Seven: Declaration Please read the following statements carefully. If there is anything you do not understand, please ask before you sign your declaration.

I, the job applicant named on the front of the form, confirm that the information I have given in the application is accurate to the best of my knowledge. I understand agree that:

1. Meloosha Homecare may make checks to verify the information that I have given.
2. Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or if I have already been employed, may result in my dismissal.
3. The personal information I have provided in this application is confidential and will be handled in accordance with the Data Protection Act 1998:
4. Meloosha Homecare will use the information I have provided to decide if I am suitable for the applied position.
5. Until I am employed, Meloosha Homecare will not use my information for any purpose other than monitoring its own recruitment processes, that if Meloosha Homecare does use my information it will be anonymised.
6. If my application is unsuccessful, Meloosha Homecare will keep only the basic information and destroy the rest.
7. I will be required to complete an induction training program prior to my starting to work with Meloosha Homecare
8. I will be liable for the cost of any uniform given to me (£25) if I leave Meloosha Homecare when I terminate employment if I do not return any uniform and that this sum will be deducted from my wages.

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Care Assistant Signature Date

Office Use Only

Application form assessed by:

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Name Position

On the basis of the completed application form, is the applicant suitable to progress to the next state. If unsuccessful, please explain why?