**Job Application Form**

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| **Contact Details**  Position Applied For:  Full Name:  Date of Birth:  Current Address:  Previous Address: (for the criminal record check we must have data for your addresses for upto 5 years before the date of this application).  National Insurance Number:.....................................................  Nursing and Midwifery Council PIN Number (Nurses only):.........................................  Contact details:  Mobile:....................................................................................................................................  Home:.....................................................................................................................................  Email:......................................................................................................................................  **Qualifications / Education**  *In this section please share all your formal qualifications and any other relevant to a role in caregiving. Certificates and evidence would be appreciated.*  **Professional Status / Experience**  *In this section please discuss any previous experience you have in care work or other roles you believe to be relevant.*  **About You**  *In this section please share any information about yourself that you believe makes you an eligible candidate for this role.*  **Transportation Information**  Do you have a driver’s license? .....................................................................................................................................................  How long have you held your driving license? ……………………………………………………………………………........................................................  Do you have your own transport?.............................................................................................................................  Have you had any driving accidents in the last three years? (please specify) .......................................................................................................................................................................................  Do you have any unspent driving convictions / endorsements? (please specify)  .......................................................................................................................................................................................  **Working Hours**  FULL TIME / PART TIME (please specify approx no. of hours wanted).......................................................  Preference: Days / Nights / Mornings / Evenings / Weekends only (delete the ones not suited to you)  **Capacity to Work in the UK**  Are you eligible to work in the UK? (if there are restrictions please specify)...............................................  Would you require a work permit for this role?....................................................................................................  **Health Details**  Do you have any mental or physical disability or illness? (current or reoccurring)  …………………………………………………………………………………………………………………………………………………….  What adjustments would need to be taken (if any) to accommodate the working environment for you? …………………………………………………………………………………………………………………………………………………….  Please give details of ALL absences from work in the last two years (except holidays):  …………………………………………………………………………………………………………………………………………………….  Doctor’s information:  GP’s Name: ……………………………………………………………………………………………………………………………………  Telephone:…………………………………………………………………………………………………………………………………….  Address:  …………………………………………………………………………………………………………………………………………………….  **Next of Kin**  Full Name:...................................................................................................................................................................  Relationship:.......................................................................................................................................................  Telephone:...........................................................................................................................................................  Address:  ......................................................................................................................................................................................  **Employment History**  Current or most recent employer:  Name:..........................................................................................................................................................................  Address:  …………………………………………………………………………………………………………………………………………………….  Postcode:....................................................................................................................................................................  Telephone:.................................................................................................................................................................  Job Title:....................................................................................................................................................................  Previous employer to the above:  Name:..........................................................................................................................................................................  Address:  …………………………………………………………………………………………………………………………………………………….  Postcode:....................................................................................................................................................................  Telephone:.................................................................................................................................................................  Job Title:....................................................................................................................................................................  **Character Reference**  Name:..........................................................................................................................................................................  Address:  …………………………………………………………………………………………………………………………………………………….  Postcode:....................................................................................................................................................................  Telephone:.................................................................................................................................................................  Relationship to you:..................................................................................................................................................  **Criminal Record**  Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.  *Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).*  **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.**  **SIGNATURE and DECLARATION - IMPORTANT - READ BEFORE SIGNING**  I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached, and my employment may be terminated immediately.  I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactor*y* references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.  | understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Be Cared For Ltd to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.  **Signature ………………………………………………….**  **Date………………………………………………………….**  **Carer Standards**  (In order to guide the interview, we ask you to respond to these questions to indicate your personal outlook on care work)  I believe that the purpose of care from a care service is:  …………………………………………………………………………………………………………………………………………………….  If I were a client, this is what I would expect from my carers:  …………………………………………………………………………………………………………………………………………………….  I believe that the client’s family and relatives expect from carers:  …………………………………………………………………………………………………………………………………………………….  I believe I can support our clients because:  …………………………………………………………………………………………………………………………………………………….  As a member of BeCaredFor LTD team I feel valued when:  …………………………………………………………………………………………………………………………………………………….  I believe that a good relationship between myself and the clients depends on:  …………………………………………………………………………………………………………………………………………………….  I believe I learn best when:  …………………………………………………………………………………………………………………………………………………….  I believe that a good working team is made by:  …………………………………………………………………………………………………………………………………………………….  I believe that my role in relation to the clients is:  …………………………………………………………………………………………………………………………………………………….  Other beliefs and values I hold that are relevant to this role:  ……………………………………………………………………………………………………………………………………………………. |

Signed:...........................................................

Date:..............................................................