**FIVE LAMPS HOME CARE**

**APPLICATION FOR EMPLOYMENT**

**CONFIDENTIAL**

**Please complete this form in black ink using block capitals**

**Part one – your personal details**

**Title** (Mr, Mrs etc.) **Sex** Female Male

**First name** **Last name**

**Address**

**Post code**

**Phone** Mobile Landline Other

**Other Phone** Mobile Landline Other

**Email address**

**NI number**

**Passport number/ ID Card Issue Date**

**Current UK Driving Licence?** Yes No **If yes, licence type** Provisional Full

**Driving licence number Car Owner?**  Yes No

**Do you have any current driving convictions?** Yes No

**If yes, give details including dates:**

**Permission to work in the UK**

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? YES NO

If you are successful in your application would you require permission to work in the UK?

YES NO

**Part two – your availability**

It is really important to us that we know when you are available for work so please do your best to ensure that the information you provide in this section is correct.

………/………../……………

**What is the earliest date you could start work with us?**

**Do you have any holidays etc. already booked?** Yes - please give dates below No

**What hours are you looking for?** Part-time Full-time AM PM Weekends

**Part three – your formal education and qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and location of School/ College/ University | Dates of attendance | | Course of Study/Qualification(s) gained e.g. GCSE’s, “A” levels, NVQ, Degree etc |
| From | To |
| Month/Year | Month/Year |
|  |  |  |  |

**Part four – your work history**

We are required by law to make sure we know about the work you have done in the past, as well as the periods you may have spent out of employment. Therefore, please list your full employment history here, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please start with your current or most recent employment and work backwards.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From  (month and year) | To  (month and year) | Employer and location (or educational establishment) | Your job role (or, if studying, your course) | Why you left (if applicable |
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**Part five – your referees**

Please provide the details of two people that we can write to for a reference. The first of these people must be your current or most recent employer. The other referees will ideally also be your most recent previous employers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Address and Post Code** | | **Name, Address and Post Code** | |
|  | |  | |
| **Telephone Number** |  | **Telephone Number** |  |
| **Email Address** |  | **Email Address** |  |
| **Position** |  | **Position** |  |
| **Relationship to you** |  | **Relationship to you** |  |
| **May we contact the above person now?**  **Yes No** | | **May we contact the above person now?**  **Yes No** | |

**Part six - additional information**

Please give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for.

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**Part seven - confidential declaration**

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

**Signed** **Date**

**Part eight – criminal record**

Care workers work with vulnerable people and we take our responsibility to protect them very seriously. Your appointment will depend on the satisfactory completion of a criminal records disclosure (see policy statement below), but at this stage, we need you to answer the following questions truthfully and honestly:

**Have you received any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 210 1198)?** Yes No

**To your knowledge, are you currently the subject of any criminal proceedings (for example, charged or summoned but not yet dealt with) or any police investigation?**

Yes No

If you answered ‘yes’ to either of the two previous questions, please provide details:

**Do you consent to our applying for an enhanced criminal records disclosure on you and to our retaining a copy of your disclosure certificate during the period of your employment or until a new disclosure is completed (whichever occurs first)?** Yes No

**Note that** if, once a criminal records disclosure has been completed, it is discovered that you have failed to accurately disclose the information requested above, the company reserves the right to terminate your employment without notice. Please be aware, however, that you’re having a criminal record will not necessarily mean we cannot employ you – if you would like to know more about our policy on the recruitment of ex-offenders, please ask.

**Criminal records disclosures – our policy**

As an organisation assessing applicants’ suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal record checks processed through the Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all applicants for positions fairly. We will not discriminate unfairly against any subject of a criminal record check on the basis of a conviction or other information revealed.

We can only ask an individual to provide details of convictions and cautions that we are legally entitled to know about. Where a DBS certificate at either standard or enhanced level can legally be requested (where the position is one that is included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended) and where appropriate Police Act Regulations (as amended), we can only ask an individual about convictions and cautions that are not protected.

**Part nine – suitability for the job**

Please read the care worker job description and answer the following questions.

**Have you read and understood the care worker job description?** Yes No

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

**Do you have any health conditions that would prevent you from meeting these intrinsic requirements for which the company might need to make reasonable adjustments?** (If yes, please be aware that we may need to discuss these with you at your interview) Yes No

If you answered ‘yes’, please provide brief details:

|  |
| --- |
|  |

**Emergency Contact**

|  |  |
| --- | --- |
| Name: | Name: |
| Relationship: | Relationship: |
| Address: | Address: |
| Phone No: | Phone No: |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you previously worked for Five Lamps? |  |  |
| If yes, when and in what capacity? |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you related to any person who is employed by Five Lamps? |  |  |
| If yes, please give details |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you at any time used any of the Five Lamps services? |  |  |
| If yes, please give details  (We may use our internal databases to verify this information) |  | |

**DECLARATION**

I declare that the information given by me, to the best of my knowledge, is true and complete.

I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.

In accordance with the General Data Protection Regular, I hereby give my consent for Five Lamps to process the information contained in this application form (including the processing of special categories of data) for recruitment and selection purposes and for monitoring data and diversity statistics.

I confirm I have read the Compliance Statement (Privacy Notice).

Name…………………………………………………………Signature………………………………………Date…………………………

# Part ten - equal opportunities monitoring form

Five Lamps Home Care will afford equal opportunity in all aspects of employment, irrespective of disability, gender, race, religion, age, sexuality or marital status.

This information is being collected to assist Five Lamps Home Care in implementing and monitoring its Equal Opportunities Policy. Please ensure you complete and return this form with your completed application.

By singing your application form above and In accordance with the General Data Protection Regular, you are giving your consent for Five Lamps to process the information contained in this application form (including the processing of special categories of data) for recruitment and selection purposes and for monitoring data and diversity statistics.

|  |  |
| --- | --- |
| Position applied for |  |
| How did you hear of this vacancy? |  |

**Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender | | | Male/ Female | |
| Date of birth | | |  | |
| Which town do you live in? | | |  | |
| Which of the following best describes your ethnic origin? Please tick one box. | | | | |
| Bangladeshi |  | Pakistani | |  |
| Black African |  | White | |  |
| Black Caribbean |  | Other Asian | |  |
| Black Other |  | Other | |  |
| Chinese |  | No Answer | |  |
| Indian |  | | | |
| Are you? Please tick | | | | |
| Able-bodied |  | Disabled | |  |
| Please tick which age band best describes you | | | | |
| Under 18 |  | 18 – 30 | |  |
| 31 – 45 |  | 46 – 60 | |  |
| 60 + |  | | | |

This document will not be used as part of the selection process, and will be kept separate from your application form. The information you provide will be treated in the strictest confidence and will not be available to members of the appointment panel.

**Please return to:** Five Lamps Home Care, South Thornaby Community Centre, Havilland Road, Thornaby, Stockton- on- Tees, TS17 7JG or Registered Manager