

Care Support Worker Application Form

Please complete each section clearly using black ink. Form Ref.....

Personal Details

Surname: _____ First name: _____ Title: _____

Address: _____

Post Code: _____ Phone Number: _____

Email address: _____

NI Number: _____

Gender Male Female

Where did you hear about Ideal Home care Solutions?

Emergency/Next of Kin Contact Details

Surname:	
First Name:	
Address:	
Post Code:	
Tel No:	
Relationship:	

Additional Information:

Do you hold a full UK Driving Licence? Yes No
If yes do you have any current endorsements? Yes No
If yes when will the endorsement/s expire? Yes No

Do you have a car available for your use? Yes No
If yes is it insured for business use? Yes No

****Are you able to provide proof of your eligibility to work in UK? Yes No ****

- If yes please provide details? _____
- Is there a time limit on your right to work in the UK? Yes No
- Are there any restrictions on where you can work? Yes No
- What is the expiry date of your permit?

About your weekly availability:

Please tick the boxes to indicate when you are available for work.

DAY	Morning (7AM)	Lunch (12PM)	Tea (4PM)	Beds (7pm)
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				

Other Comments on availability

About your Languages:

Please specify any languages which you can speak and /or write and indicate your level of skill in each of these

LANGUAGE	SPOKEN	WRITTEN	LEVEL OF ABILITY		
			FLUENT	OK	POOR

Formal Education & Relevant Qualifications:

Have you obtained an NVQ in Care qualification or (working towards it)?

Yes No

Please provide details: _____

Please list all relevant qualifications in chronological order (Most recent first)

Qualification	Dates Attended	Grade or Level Achieved

Criminal Record Declaration:

Have you ever been convicted of a criminal offence or received a warning, caution or reprimand?

Yes No

Are you currently subject to any criminal proceedings or any police investigation?

Yes No

If the answer to either of the two previous questions was yes, please provide details

Because of the nature of the work for which you are applying, the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provision of the Act. And in the event of employment and failure to disclose such convictions could result in the immediate termination of your employment. Any information you give will be kept strictly confidential.

Signature: _____

Date: _____

Employment History:

Please provide details of all employment in the last 10 years beginning with your current/most recent job, including explanations of any gaps in your employment.

<i>Name & Address of employer/educational institution</i>	<i>Dates</i>		<i>Job title and brief description of your duties</i>	<i>Reason for Leaving</i>
	<i>from</i>	<i>to</i>		

Suitability for the post applied for:

Please state how your skills and experience meet the person specification. Continue on an additional sheet if required.

References:

Please provide details of **two** references that may be approached with regards to your suitability for this role. **The person that you enter in the first part must either be your most recent employer** as listed in the employment history section, or if you have been in full time education, we can accept a reference from the relevant academic institution. If you do not have two previous employers, you can provide a personal / character referee, preferably from someone in an upstanding position in the community – i.e. teacher, GP, solicitor, policeman, etc, who has known you for at least two years. **References from friends, relatives and colleagues not in a management position may be deemed unacceptable.**

(preferably most recent employer)

1	Surname:	2	Surname:
	First name:		First Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Post code:		Postcode:
	Email:		Email:
	Tel No:		Tel No:
	Employed from _____ to _____		Employed from _____ to _____

Declaration by Job Applicant

I have read and understood the information supplied to me in relation to this job position and the information requested in this job application form. I confirm that all information supplied by me is true and correct to the best of my knowledge. I also understand that my application is subject to the receipt of two satisfactory references. I hereby give **Ideal Home Care Solutions Limited** authority to perform any additional checks they deem necessary in relation to this role.

Signature: _____ Date _____

Please send your completed application form to Ideal Home Care Solutions Ltd, 63 Inchbonnie Road, South Woodham Ferrers, Chelmsford, Essex, CM3 5FD

****PLEASE SUPPLY ANY ADDITIONAL INFORMATION ON EXTRA PAGES AND SECURELY ATTACH THEM TO YOUR APPLICATION****

**IDEAL HOME CARE SOLUTIONS
DIVERSITY MONITORING QUESTIONNAIRE**

For completion by ALL APPLICANTS

Equal Opportunities and Diversity at Ideal Home Care Solutions

Thank you for your interest in this vacancy.

Please find attached a diversity-monitoring questionnaire, which we would be very grateful if you could complete and return with your application.

Ideal Home Care Solutions is committed to treating all staff fairly and responsibly. To this end, we constantly monitor and review our recruitment processes to ensure they adhere to this commitment; and to ensure that no one is disadvantaged at any stage of a recruitment exercise.

The aim of Ideal Home Care Solutions' equal opportunities policy is to promote equality of opportunity whereby no employee or job applicant is discriminated against on the grounds of their race, colour, ethnic or national origin, sex, marital status, responsibility for children or other dependants, work pattern, disability, age, sexual orientation, gender reassignment, Trade Union membership or activity, religion or belief. We welcome applications from all sections of the community.

We regularly monitor how our policy is working in practice, to ensure there is no discrimination in the way we recruit.

To do this we look at:

- how we advertise jobs
- how we select people for interviews
- how we interview
- who is offered a job
- what we do after a successful interview

How you can help us

To help us do this we would like some information from you. Please fill in this form and return it to us with your application form.

The information you give us is treated as confidential and will be held separately from your application. Once the recruitment exercise has been completed, the questionnaires will be analysed and the data for the successful applicant(s) will be transferred to the Department's HR database. Access to this information is limited to designated HR staff, who follow strict protocols in line with the requirements of the Data Protection Act.

Thank you for your help.

DIVERSITY MONITORING QUESTIONNAIRE

Vacancy Ref No:.....

Date of Birth:

Nationality *Please tick one category only*

British or Mixed British	
English	
Irish	
Scottish	
Welsh	
Other (please specify)	

Ethnicity *Please tick one category only*

Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	
Black or Black British	
Caribbean	
African	
Any other Black background	
Mixed	

White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	
White	
British	
Irish	
Any other White background	
Chinese or other ethnic group	
Chinese	
Any other ethnic background	

Disability

The Disability Discrimination Act defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

Do you consider yourself to have a disability?

- Yes
- No

If you have ticked yes, please indicate type below.

Physical	
Mental	
Learning Disabilities	

Sexual Orientation

What is your sexual orientation? *(Please tick one category only)*

Bisexual	
Gay man	
Gay woman/ lesbian	

Heterosexual/ straight	
Other	
Prefer not to say	

Religion or Belief

What is your Religion or Belief? *(Please tick one category only)*

None	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (please specify)	
Sikh	
Prefer not to say	

Caring responsibilities

Do you have caring responsibilities? If yes please tick all that applies.

None	
Children (under 18)	
Disabled children	
Disabled adult (18 and over)	
Elderly (65 and over)	
Other	

Marital Status

Married

Single

Divorced

Widowed

Separated

Co habiting