**Job Application Form**

**Confidential**

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| **Guidance notes for applicants** |

The application form plays a vital role in the selection process, both in deciding whether or not you will be shortlisted for an interview and as a basis for the interview itself. It is therefore important to address the Person Specification by relating it to your experience, knowledge, skills and abilities, which are relevant to the job.

The following advice should help you to complete the application form as effectively as possible.

**The Job Description**

* The job description details what sort of duties you would be expected to carry out
* Ask yourself why you are interested in the job
* Would it be a good career move – perhaps to broaden your general work experience or to support the sort of work you might want to undertake as a career

**The Person Specification**

* The person specification will list the skills, knowledge, qualifications and experience required. You should provide evidence that you have these on your application form
* Explaining your present and previous jobs to someone else may help to uncover “hidden” skills, that you take for granted
* Consider any relevant experience you have acquired outside work such as community/voluntary/leisure interests/care for family

**Your Employment History**

* Write out your career history: do not go into too much detail but make sure that you explain the main responsibilities of the most relevant jobs that you have had
* Check that the dates are correct and in the right order and make sure there are no gaps.

(Use an extra page if there is not enough room for you)

**Other Information Section**

* You should refer to the person specification and try to provide evidence of how you meet each requirement
* Your form should be written in a concise, well-organised and positive way
* Specify your own responsibilities rather than those of your organisation or Company

**Sign the Form**

* This can sometimes be overlooked – please make sure you sign the form

**Send the Information on Time**

* If there is a date/time by which you must return the form, please make sure you send it so that it is received on time and does not delay the recruitment process.

**Keep a copy for your own records**

**PRIVATE AND CONFIDENTIAL**

**Before completing this application form, please read the guidance notes, on the first page of this document, which will help you to complete your application.**

|  |  |
| --- | --- |
| Post applied for: |  |
| Are you permitted to work in the United Kingdom? | Are you permitted to work in the United Kingdom? Yes [ ]  No [ ] I require a work permit [ ]  |
| For Scottish workers only: | Are you registered with the Scottish Social Services Council?  Yes [ ]  No [ ] If yes, please provide your Registration Number: Do you have SVQ2 qualification? Yes [ ]  No [ ] If no, are you working towards or willing to work towards this qualification?Yes [ ]  No [ ]  |

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| --- |
| **Personal Details** |
| Surname |  |
| First name |  |
| Home address |  |
| Postcode |  |
| Home telephone number |  |
| Mobile number |  |
| Email |  |
| National Insurance number |  |

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| **Driving Details:** |

|  |  |
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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 that you can use for 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 Class 1 business insurance? (in order to use your own vehicle for work you must have class 1 business insurance)
 | Yes [ ]  No [ ]  |
| * Are all your documents up to date and valid?
 | Yes [ ]  No [ ]  |

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| **Languages** |

State your fluency (both written and spoken) in ALL languages – including English

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| --- | --- | --- |
| **Language** | **Spoken** | **Written** |
|  | **Fluent** | **Good** | **Fair** | **Fluent** | **Good** | **Fair** |
| **English** |[ ] [ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ] [ ]

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| **Availability** |

Full Time [ ]  Part Time (less than 30 hours) [ ]  Weekends [ ]  Weekdays [ ]  Live in [ ]  Nights [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Breakfast 7-11am** |  |  |  |  |  |  |  |
| **Lunch 11am-3pm** |  |  |  |  |  |  |  |
| **Tea time 3-6pm** |  |  |  |  |  |  |  |
| **Evening 6-10pm** |  |  |  |  |  |  |  |
| **Nights** |  |  |  |  |  |  |  |
| Are there any current restrictions to your availability? |
|  |

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| **References:** |

**Please provide us with two references, one of whom should be your present or most recent employer. If you cannot supply two professional references and need to use a character referee we ask that you choose someone who is working in a professional or managerial position of their own. Relatives and friends are not acceptable as character referees.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  |  |  | Name  |  |
| Referees job title |  |  | Referees job title  |  |
| Organisation  |  |  | Organisation  |  |
| Address  |  |  | Address  |  |
|  |
| Telephone number  |  |  | Telephone number  |  |
| E-mail |  |  | E-mail |  |
| Dates from/to  |  |  | Dates from/to  |  |
| Capacity in which they know you (e.g. Line Manager) |  | Capacity in which they know you (e.g. Line Manager) |
|  |  |
| May we contact this reference if you are successful in your application? Yes [ ]  No [ ]  |  | May we contact this reference if you are successful in your application? Yes [ ]  No [ ]  |

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| **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:

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| **Education/Qualifications** |
| Qualifications | Date | Grade |
|  |  |  |
| **Training (If you have undertaken any relevant training to this post please give details)** |
| Course details | Date | Training provider |
|  |  |  |

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| **Employment Background (please continue on a separate sheet if necessary)** |
| **Current/most recent job** |
| Employers name |  | Salary |  |
| Job title |  | Notice required |  |
| Reason for leaving |  |
| Brief description of duties |
|  | Dates (months and year) |
| From | To |
|  |  |

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| **Previous Jobs (Paid and Voluntary)** |

Please detail the most recent first. Where there are gaps between jobs, please indicate why – for example - continuing education, family, child care, unemployment or travelling. **Continue on a separate sheet if necessary**

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| --- | --- | --- |
| Employers name |  | Reason for Leaving |
| Job title |  |  |
| Brief description of duties |
|  | Dates (months and year) |
| From | To |
|  |  |

|  |  |  |
| --- | --- | --- |
| Employers name |  | Reason for Leaving |
| Job title |  |  |
| Brief description of duties |
|  | Dates (months and year) |
| From | To |
|  |  |

|  |  |  |
| --- | --- | --- |
| Employers name |  | Reason for Leaving |
| Job title |  |  |
| Brief description of duties |
|  | Dates (months and year) |
| From | To |
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| **Annual Leave** |

Please detail any dates of pre-booked leave/holiday.

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| **Leave/Holiday Dates:** |
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| **Skills and Abilities/Knowledge and Experience/Qualities** |

**This is an important part of the application. Please read the attached person specification before completing this section.**

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| Tell us why you are applying for this job. You should also show how you meet each requirement of the person specification by providing details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere |
|  |

Please continue on a separate sheet if necessary

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| **Previous Experience** |

Please put a cross in the appropriate boxes in which you have previous experience, professional or personal

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| --- | --- | --- | --- | --- |
| **Personal Care** |  | **No Experience** | **Experience** | **Trained** |
|  | Dressing/undressing |[ ] [ ] [ ]
|  | Washing |[ ] [ ] [ ]
|  | Bathing |[ ] [ ] [ ]
|  | Bed baths |[ ] [ ] [ ]
|  | Bath aids |[ ] [ ] [ ]
|  | Use of bedpans/commodes |[ ] [ ] [ ]
|  | Hair care |[ ] [ ] [ ]
| **Specialist Care** | Pressure area care |[ ] [ ] [ ]
|  | Continence |[ ] [ ] [ ]
|  | Catheter bags |[ ] [ ] [ ]
|  | Mouth care |[ ] [ ] [ ]
|  | Colostomy care |[ ] [ ] [ ]
| **Mobility** | Moving and handling |[ ] [ ] [ ]
|  | Use of hoists  |[ ] [ ] [ ]
|  | Walking aids |[ ] [ ] [ ]
| **Nutrition** | Meal preparation |[ ] [ ] [ ]
|  | Feeding |[ ] [ ] [ ]
|  | PEG Feeding |[ ] [ ] [ ]
| **Practical** | Housework |[ ] [ ] [ ]
|  | Laundry / Washing |[ ] [ ] [ ]
|  | Bed making |[ ] [ ] [ ]
|  | Shopping |[ ] [ ] [ ]
| **Specialist** | Housework |[ ] [ ] [ ]
|  | Laundry / Washing |[ ] [ ] [ ]
|  | Bed making |[ ] [ ] [ ]
|  | Shopping |[ ] [ ] [ ]
|  | Palliative care |[ ] [ ] [ ]
|  | Dementia care |[ ] [ ] [ ]
|  | Learning disabilities |[ ] [ ] [ ]
|  | Physical disabilities |[ ] [ ] [ ]
|  | Child care |[ ] [ ] [ ]
|  | Mental health |[ ] [ ] [ ]
| Other – Please specify |  |  |  |  |

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| **Rehabilitation of Offenders** |

**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, bind-overs 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, bind-overs or cautions. The ‘Company’ actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in the staff handbook or at your local office.*

|  |  |
| --- | --- |
| * Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?
 | Yes [ ]  No [ ]  |
| * Have you ever been issued with a Penalty Notice for Disorder?
 | Yes [ ]  No [ ]  |
| If yes, please provide details and dates of the offence(s) below – please continue on a separate sheet where necessary:  |

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.

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| **Data Protection** |

**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.

In implementing the legislation, KTS CARE ANGELS adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this [ ]

|  |
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| **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? |  |

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| **Declaration** |

I confirm that all the information given is true and I understand that any false or misleading information may result in my removal from KTS CARE ANGELS 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 |  |

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| **What happens now?** |

**Please return the application form to:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email: |  |