**spoke Social Care**

**Individual applicant pack**

**APPLICATION FORM**

47 Redwood drive

Waddington

Lincoln

LN5 9BN

01522 729171

**PLEASE COMPLETE FULLY AND IN CAPITALS**

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **Approx.no of hours wanted** |  |
| **Full-time/part-time**(Please circle which you want to work) | **Days/Nights/Mornings/Afternoons/Evenings/weekends only**(Please circle which you are able to work) |
| **Surname:** | **First name(s):** |
| Previous surnames (supply documentary evidence .g. marriage certificate, deed of name change etc.) |  |
| **Current address:** | Moved to this address on (date) |
| Postcode: |  |
| **Previous address** Note: For criminal record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper. |  |
| Postcode: | Moved to this address on (date) |
| Telephone number (home)Telephone number (mobile) | Telephone number (work) – will be used with discretion: |
| Own transport (yes/No)How long has your licence been held? | Clean current driving licence:Endorsements: |
| **Details:** |  |

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**EDUCATION**

|  |  |
| --- | --- |
| **School/College/University** | **Examinations passed/Qualifications gained** |
|  | **(Please supply copies of certificates)** |

**TRAINING HITORY/PROFESSIONAL STATUS**

|  |  |  |
| --- | --- | --- |
| **Date of Graduation/qualification** | **Location/details** | **Notes** |
|  | **(please supply copies of certificates/membership details)** |  |

**SHORT COURSES ATTENDED**

|  |  |
| --- | --- |
| **Subjects** | **Location** |
|  |  |

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**EMPLOYMENT HISTORY**

Current/ most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; Please sign that sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Date employed: |  |
| Nature of business; |  |
| Position held and reason for leaving: |  |
| Salary/Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business |  |
| Position held and reason for leaving: |  |
| Salary/Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary/Rate: |  |
| **Other roles** (use additional sheet): |  |

**Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.**

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**REFEREES**

You must provide references from two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform referees of the fact that you have used their name. if you are unable to provide the required references, please discuss the matter with us.

**Current or most recent employer**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |
| Email:  |  |

**Previous employer to the one above**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |
| Email: |  |

**Character reference**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Relationship to you: |  |

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**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.

You will 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 be terminated immediately.** **I understand that I cannot 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 satisfactory references, one which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record heck from the DBS. I 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 the organisation 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 being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register barred care workers, or withdrawal of any registration required by my employment status** |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**BANK DETAILS**

|  |  |
| --- | --- |
| Account Name: |  |
| Account Number: |  |
| Sort Code: |  |
| B/S Roll No: |  |

**P45 DETAILS (PLEASE ATTACH P45 WITH JOB START FORM)**

|  |  |  |  |
| --- | --- | --- | --- |
| NI Number: |  | NI Category: |  |
| Tax Code:  |  | Month/Week 1: | Yes/No |
| Gross Pay TD: |  | Tax Paid TD: |  |

**CASCADE INFORMATION LINE:**

|  |  |  |  |
| --- | --- | --- | --- |
| This employee receives Info from: |  | And gives info to: |  |

**AUTHORISATION SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | Date: |  |
| Administration: |  | Date: |  |
| Registered Provider: |  | Date: |  |

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**NEXT OF KIN**

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship: |  |
| Tel No: |  |
| Address: |  |

**IDENTITY DETAILS**

|  |  |
| --- | --- |
| Nursing and Midwifery Council PIN Number: | (Nurses only) |
| National Insurance Number: | (all applicants) |

**CAPACITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK which Might Affect Your right to take up employment in the UK? | Yes/No  |
| If Yes, please provide details. |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes/No |

**Note: Minimum Age** legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications

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**Health and Fitness questionnaire**

|  |
| --- |
| This form is intended for use by current members of staff who did not provide this information during the recruitment process |
| Do you have any mental or physical disability or illness currently or recurring relevant to the post for which you are applying | Yes/No |
| If yes Please give details |
|  |
| What adjustments (if any) need to be made to the working environment to accommodate your disability? |
|  |
| Please give details of any illnesses/ accidents/ injuries in the last 2 years. |
|  |
| Applicants declaration – Read and understand before signing.1. Confirm that the information given above is complete and correct that I understand that any untrue/misleading information given to the employer will entitle the employer to withdraw any employment offer made or if I am employed, dismiss me without notice.
2. By my signature I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have recorded above.
3. I agree that the employer reserves the right to require me to arrange a examination to assess my suitability for work.
4. I do not wish to complete the questionnaire and do not wish to have a free health assessment

Delete as appropriate (i.e strike out either 1,2 and 3 or only 4) |
| **Date:** |  | **Print name:** |  |

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**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |
| --- |
| **Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?****Yes/No** |
| **If yes, please give details:** |
| **Any offer of employment may be made subject to a satisfactory medical report.** |
| **GP’s name:** |  |
| **Tel No:** |  |
| **Address:** |  |
| **(Your GP will not be contacted without your permission)** |