

# **CARE WORKER APPLICATION FORM**

Application ID: Interview Date: Interview by:

Please complete this form fully using black ink or type. C.V.s are not accepted. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE. WE ASK THAT YOU COMPLETE THIS APPLICATION ON YOUR OWN

SECTION 1: YOUR PERSONAL DETAILS															
First Name:															
Middle Name:															
Surname:					F	Photograp	hy								
Address:										9 1	·				
Postcode:									Nati	onality:					
Date of Birth:									Ethr	icity:					
National Insurance No:									Curr	ent loyment	Status				
Mobile Number:	1								Ema	il Addres	s:				
Next of Kin									Nex	t of Kin M	obile:				
Are you free to remain ar immigration restrictions?	nd take	up e	emp	oloyi	me	ent in	th	e UK	with n	o current		Yes		No	
Have you worked in a ca	re supp	ort	role	rec	ent	tly?						Yes		No	
If yes, what was your sta	ndard l	nour	ly ra	ate?								£ .		per	Hour
Do you hold a full, clean	driving	lice	nse	vali	d ir	n the	e U	K?				Yes		No	
Do you have the use of your own vehicle for this role?							Yes		No						
If yes, does it have additional business insurance?							Yes		No						
How did you hear about	this ioh														
vacancy / position?				G	000	gle			d of uth	Compa websi		Job Centre	Our Leaflet	Eı	Our mployee
Do you have relatives working for Marigold Home Care Ltd:					Name:										

If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment. See the 'required documents' list attached.



<b>SECTION 2: AVAILIBILI</b>	TY							
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 you o	can start:	1	1	Notification	on period for	current emplo	yer:	
Do you have any holiday	s booked?	Yes	res No Date Ran			nge: -		
Further details:								
Please tick below and indicate, which days and visits you usually would be available?								
	Morn	ing	Lunch	time	Teatin	пе	Evening	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Holidays								
Live-in Care:	Yes	No	<b>o</b>	Duration:	6 Hrs.	12 Hrs.	24 Hrs.	
Is there anything else we about your availability? i.								
Please advised which are boroughs) you would like	,							
Do you have any religiou considerations when com tasks (please tick selections)	npleting	male s	e to work wit ervice users lates female	s. cer	Inable to serv tain food prod beef, pork, al	ducts Oth	Other (see below)	
If you selected Other, ple more details:	ase provide							
SECTION 3: YOUR SKII	LS AND QU	ALIFICAT	IONS					
Which language(s) due y	ou speak?	Rea	ad Wr	ite F	Read	Write	Read Wi	rite
Do you have an NVQ/QC (or above) in Health & Sc		Yes	No		e you comple Care Certific		No	
Other relevant formal qua	alifications yo	u have acl	nieved (inclu	iding any l	Maths or Engl	ish qualification	ons):	
When did you leave full-t	ime education	n?	Month			Year		



## **SECTION 4: YOUR EMPLOYMENT AND EDUCATION 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).

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

From (Month and Year)	To (Month and Year)	Employer and Location (or education establishment)	Your job role (or, if studying, your course)	Why you left (if applicable)



From (Month and Year)	To (Month and Year)	Employer and Location (or education establishment)	Your job role (or, if studying, your course)	Why you left (if applicable)

Use additional sheet if required and ensure it is submitted with this application form.



### **SECTION 5: YOUR REFEREES**

Please provide the details of **four** 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.

If you cannot provide the details of four previous employers, you may substitute one or more of these with a referee who was a former tutor or teacher when you were in formal education.

If you cannot provide details of a teacher or tutor, we may accept a personal reference from a person of professional standing (e.g., a doctor, lawyer, accountant, recognised religious leader or teacher) who knows you, either professionally or personally.

You must not give the names of friends or relatives or colleagues that are/were not senior to you as referees. All references will be verified.

1st REFEREES (Should be your most recent employer)								
Refer Full Name:			Position:	Position:				
Name of Organisatio	n or education institute	e:						
Address:				Postcode:				
Email Address:		Phone Numb	er:					
Dates of employment or study:		Month	Year	to	Month	Year		
Dates of employmen	vates of employment or study:							
2nd REFEREES (Should be your most recent employer)								
Refer Full Name:	ne:			Position:				
Name of Organisation or education institute:								
Address:					Postcode:			
Email Address:		Phone Numb	er:					
Dates of employment or study:		Month	Year	to	Month	Year		
Dates of employmen	t or study.							
3rd REFEREES (Sh	ould be your most rece	ent employe	er)					
Refer Full Name:			Position:					
Name of Organisatio	n or education institute	е:						
Address:					Postcode:			
Email Address:			Phone Numb	Phone Number:				
Datas of ampleurs	t or otudu	Month	Year	4.0	Month	Year		
Dates of employmen	t or study:			to				



#### **SECTION 6: 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:

You must not give inaccurate or untruth information as all information provided will be verified.

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

**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.



SECTION 7: SUITABILITY FOR THE JOB		
	Yes	No
Have you read and understood the care worker profile and job description?		
Read the care worker profile and job description before answering this question		

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 meeting these intrinsic requirements for which the conneed to make reasonable adjustments? (If yes, please may need to discuss these with you at your interview)	Yes	No				
If you answered yes, please provide further details:						
Number of days sickness absence in the last 2 years:	Please state number	er of occasions in the	e last 2 years:			
Marigold Home Care has a policy of interviewing applica short-listing criteria. In order to ensure that this happens,			et the essential			
The Disability Discrimination Act 1995 defines disability as' a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. Do you consider yourself to have or have had a disability?						
Do you have a disability which is relevant to your applic	ation?	Yes	No			
If yes, please provide further detail below;	auon:					

# **SECTION 8: OTHER RELEVENT EXPERIENCE**

Please tell us how your experience, skills and qualifications meet the requirements of the person and job profiles. Please focus your response on the abilities and/or competencies required for the role giving evidence of your experience to date (maximum of 500 words). Refer to the guidance notes attached explaining this section.



## **SECTION 9: DECLARATION**

Office Use Only

All checks completed

Please read the following statements carefully. If there is anything you do not understand, **please ask before you sign at the bottom of the page**.

I, the job applicant named on the front of this form, certify that the information I have given in this application is accurate and true to the best of my knowledge. I also understand and agree that

The company will make checks to verify the information I have provided.						
•	ng or false information in this formation appointment or, if I have	•		•		0
•	mation I have provided in this f de) is confidential and will be I lation.	` -	•		•	0
The company will usuapplied for.	use the personal information I	have provided	to decide if I am suitabl	e for the role	l have	0
monitoring its own	d, the company will not use my recruitment processes and tha it will be anonymised.				for	0
If my application is rest.	unsuccessful, the company w	ill keep only ba	asic information about m	ne and destroy	y the	0
If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, worker handbook, and company policies, which I will sign before I start work, will include further information on how my information may be used)						0
The company may process my personal information for the purposes described above or as otherwise permitted or required by law in line with its registration with the Information Commissioner.						0
Any offer of employment will depend on the receipt of satisfactory employment references, documentation, and the satisfactory completion of a criminal records disclosure (see part six above);					tation,	0
I will be liable for the cost of my initial criminal records disclosure but that the company will bear the cost of any future disclosures that need to be made.						0
I will be required to complete the company's pre-employment induction training programme prior to my starting work with the company.					ny	0
My attendance on the induction training programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment and that the time I spend on the induction programme will therefore not count as working time for the purposes of calculating the company's compliance with National Minimum Wage regulations.					l	0
me if I leave the co	he cost of mu induction traini ompany's employment or dis ur final wages to recoup adm	missed within	six months and that th	_		0
Applicant Name:		Signature:		Date:		

Ν

Successful

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Assessor Signature: