

EMPLOYMENT APPLICATION FORM

Version 1.1



IMPORTANT

Successful applicants will be asked to provide an Enhanced Disclosure Certificate, detailing all criminal convictions against their name, as supplied on application from The Disclosure Barring Service. Disclosure information will not be used for any other purpose than in connection with this application and a criminal record will not necessarily be a bar to employment.

To help us reduce cost we do not acknowledge receipt of application forms. If you require an acknowledgement letter please enclosed stamped address envelope. We regret that we may not be able to advice applicants who have not been short-listed for interview. If you have not heard from us within 3 weeks from closing date, please assume that you have been unsuccessful.

- Read the job description and person specification accompanying available on www.carerstrustehhr.org
- Do not attach CV as we cannot consider it as part of the selection process.
- Please complete this form fully using black ink or type.
- Continue on additional paper if there is insufficient space.
- Answer all questions.

Thank you for applying

Help save the planet.

Please do not print this document unless you really need to.

Please send completed form to:

Carers Trust EHHR

Victoria Centre, Pettits Lane

Romford, Essex RM1 4HP

Or email to karen.bonnett@carerstrustehhr.org

Office Use only

Interview Date:	<input type="text"/>	Bank details received:	<input type="checkbox"/>
Acceptance Letter:	<input type="checkbox"/>	No of Photos	<input type="text"/>
Reference request sent:	<input type="checkbox"/>	Training completed	<input type="checkbox"/>
References received:	<input type="checkbox"/>	Start Date:	<input type="text"/>
DBS paid	<input type="checkbox"/>	EMP Number	<input type="text"/>
DBS check clear	<input type="checkbox"/>	Application Withdrawn	<input type="checkbox"/>

JOB APPLIED FOR

Post Reference Number:

Posted at:

Job Title:

JOB APPLIED FOR

Post Reference Number:

Posted at:

Job Title:

PERSONAL INFORMATION

Title:

Surname:

Forename:

Home Address:

Postcode:

Do you require a permit to work in the UK?

Yes

No

N.I Number:

Home Tel No:

Mobile Tel No:

E-Mail Address:

Languages (State only those you can speak fluently):

Do you have access to a car?

Yes

No

PREFERRED AREA OF WORK

Epping Forest

Harlow

Havering

Redbridge

YOUR AVAILABILITY

Days

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Time
From/To

DRIVING

Please answer if stated as an essential or desirable requirement on the person specifications.

Do you have a full driving licence?

Yes

No

Do you have access to a car?

Yes

No



EMPLOYMENT HISTORY

Please list in order (most recent job first) the organisations you have worked for, full-time and part-time, paid and unpaid, including relevant voluntary work and include any periods of non-employment.

From	To	Employer	Job Title/Main Duties	Reason for Leaving

Continue on a separate sheet if necessary.

EDUCATION

Please include details of studies undertaken and qualifications achieved from secondary education onwards:

Dates attended	School, College or University	Course Title	Qualifications and grades obtained



TRAINING

Do you hold current certified certificates in?

Please note that if you are invited for an interview you will be asked to provide original documents.

Manual Handling	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Safeguarding Children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Infection Control	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Personal Care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire Awareness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	First Aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Medication Administration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Food Hygiene	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safeguarding Adults	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	QCF (NVQ) Level 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Care Certificates	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	QCF (NVQ) Level 3	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please include details of any other training including NVQs, short courses, company training:

Dates attended	College or Firm	Title of Training Programme or Course	Qualifications and grades obtained

RELEVANT EXPERIENCE AND SKILLS ETC,

The information you provide in this section is important in assessing your application. Please use the space to explain your reasons for applying for the post, showing how your skills, experience and personal qualities relate to the job requirements as set out in the job description and person specification. These may have been gained through previous employment, voluntary/community work, spare time activities or training. Please include details of membership of relevant professional associations, and anything else which you think is appropriate to this application.



Do you have any relatives/friends currently employed by CarersTrust EHHR

Yes No

If YES please provide details.

CONVICTIONS

Rehabilitation of Offenders Act 1974 and Exception Order 1975

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and final warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Care Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

Any information will be kept confidential and will be considered only in relation to the job you are applying for.

Have you ever been convicted of any criminal offence by a Court of Law

Yes No

If you do have any previous or outstanding convictions, cautions, reprimands or final warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc. if you are invited for interview.

Declaration:

I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge. Please note that if you give untrue or inaccurate information any employment contract may be invalidated and you may be subject to disciplinary action or dismissal.

Signature:

Date:



HEALTH DECLARATION

Regulation 21, Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 requires that all employees who work in Health & Social Care are both physically and mentally fit to undertake their duties.

Have you had the following vaccinations?

Rubella	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hepatitis B	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, do you have a certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, do you have a certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tetanus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Are you in good health	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
TB (Tuberculosis)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Polio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
If yes, do you have a certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

Please answer the following questions:

How many days were you absent from work due to sickness in the last year?

Have you ever suffered from:
Allergies, eczema, dermatitis or other skin troubles?

Yes No

Do you suffer from:
Epilepsy, migraine, asthma, angina, heart trouble or any condition requiring long-term medical help or an ongoing programme of medication

Yes No

Have you ever suffered from:
Mental illness including anxiety, stress, depression or nervous debility?

Yes No

Have you ever required treatment for:
Hernia or rupture, rheumatism, back problems, slipped disc, sciatica or Repetitive Strain Injury (RSI)?

Yes No

Do you suffer from:
Diabetes, ulcers, stomach or other intestinal disorders?

Yes No

If you have answered YES to any of the health questions on the previous page, please provide further details below.

Declaration:

I confirm that I know of no reason, in relation to my physical and /or mental health why I would not be able to undertake the duties required for the post applied for.

Signature:

Date:



REFERENCES

We ask for the name of two references. One of them must be your most recent employer. If you have not worked for some time or have never worked, please give the name of someone, (not a relative or friend), who can comment on your ability to do the job for which you are applying.

Employment Reference

Name:

Position:

Work Relationship:

Organisation:

Address:

Postcode:

Telephone Number:

Email Address:

Character Reference

Name:

Position:

Work Relationship:

Organisation:

Address:

Postcode:

Telephone Number:

Email Address:

Can we contact your current employer before an offer is made?

Yes

No

TELL US MORE

Please use this space to tell us more about yourself and to add information that you feel is important in your application. Tell us more about any additional skills you have, hobbies, interests and achievements.

Please continue on a separate sheet if you wish.



DECLARATION

Please complete the following declaration and sign it in the appropriate space below. If this declaration is not completed and signed, your application will not be considered.

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION I HAVE GIVEN IS CORRECT AND UNDERSTAND THAT ANY CONTRACT OFFERED TO ME IS BASED ON THE INFORMATION PROVIDED. I ALSO UNDERSTAND THAT IF I AM APPOINTED AND INFORMATION IS SUBSEQUENTLY FOUND TO BE FALSE, I MAY BE DISMISSED.

Signature:

Date:

Important

Please make sure that you have signed and dated the Medical Health Questionnaire Form Above.

Data Protection Information

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal



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EQUAL OPPORTUNITY MONITORING (Optional Form)

Ethnic origin

Choose one section from a) to e) then tick the appropriate box to indicate your cultural background.

a) White

- British
- Irish
- Any other white background
Please specify

d) Asian or Asian British

- Indian
- Pakistan
- Any other Asian background
Please specify

b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
Please specify

e) Black or Black British

- Caribbean
- African
- Any other Black background
Please specify

c) Chinese or other Ethnic group

- Chinese
- Vietnamese
- Any other *(Please specify)*

Gender

- Male Female

Age

Disability

The disability Discrimination Act 1995 Defines a person as having a disability if he/she has a Physical or Mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities. Do you have a disability as defined above?

Yes No

If the above does not apply to you, but you do consider yourself to have a disability then please give more details



Sexual Orientation

Bisexual

Transgender

Do not wish to disclose

Homosexual (Gay/Lesbian)

Heterosexual (Straight)

