



APPLICATION FOR EMPLOYMENT

THIS APPLICATION FORM ENABLES US TO GIVE CAREFUL CONSIDERATION TO YOUR APPLICATION AND YOU ARE ASKED TO ANSWER **ALL** QUESTIONS FULLY WITH THE ASSURANCE THAT WE SHALL OBSERVE STRICTEST CONFIDENCE

THE FRONT AND BACK PART OF THIS APPLICATION FORM WILL NOT BE GIVEN TO THE INTERVIEWING PANEL UNTIL SHORT LISTING HAS TAKEN PLACE

POSITION APPLIED FOR: _____ FULL / PART TIME / BANK

PERSONAL DETAILS

BY TICKING THIS BOX, YOU CONFIRM YOU ARE OVER THE AGE OF 21

TITLE: MR / MRS / MISS / MS / OTHER: _____ SURNAME: _____

FORENAME(S): _____ KNOWN AS: _____

KNOWN AS: _____ ADDRESS: _____

EMAIL: _____

TEL HOME: _____

TEL MOBILE: _____ POST CODE: _____

	YES	NO		YES	NO
FULL UK DRIVING LICENSE?	<input type="checkbox"/>	<input type="checkbox"/>	CURRENT CRB?	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS TO TRANSPORT?	<input type="checkbox"/>	<input type="checkbox"/>	FLEXIBLE ON SHIFTS	<input type="checkbox"/>	<input type="checkbox"/>
CAR OWNER?	<input type="checkbox"/>	<input type="checkbox"/>	EXPERIENCE IN CARE?	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS TO THE INTERNET?	<input type="checkbox"/>	<input type="checkbox"/>	OTHER COMMITMENTS?	<input type="checkbox"/>	<input type="checkbox"/>

LAST FIVE YEARS OF RESIDENCY	
ADDRESS	DATES FROM AND TO

SCHOOL / COLLEGE / UNIVERSITY INCLUDING DATES	QUALIFICATIONS GAINED

EMPLOYMENT DETAILS

PLEASE PROVIDE FULL EMPLOYMENT HISTORY INCLUDING ANY BREAKS IN EMPLOYMENT STARTING WITH YOUR CURRENT/MOST RECENT

NAME AND ADDRESS OF EMPLOYER	DATES FROM AND TO	REASON FOR LEAVING

MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF INSTITUTE	GRADE OR STATUS	MEMBERSHIP NO:

HOW YOU MEET THE PERSON SPECIFICATION

THIS IS ONE OF THE MOST IMPORTANT PARTS OF THE APPLICATION FORM AND SHOULD BE PLANNED CAREFULLY. YOU SHOULD PROVIDE DETAILS IN RELATION TO ALL THE CRITERIA FOR THE POST, AS THIS IS USED TO SHORTLIST. HOWEVER, IF THE **PERSON SPECIFICATION** STATES AN ESSENTIAL SKILL, COMPETENCE OR EXPERIENCE WILL BE IDENTIFIED FROM THE APPLICATION FORM. YOU MUST STATE CLEARLY HOW WILL MEET THE REQUIREMENT. YOU CAN ONLY BE CONSIDERED FOR AN INTERVIEW IF YOU SHOW YOU WILL MEET THE CRITERIA LISTED.

USE THE **PERSON SPECIFICATION** TO HELP YOU PICK OUT THE RELEVANT PARTS AND ORGANISE THE INFORMATION CONCISELY; FOCUSING ON HOW YOU WILL MEET THE JOB REQUIREMENTS

STATE HOW YOU WILL MEET THE CRITERIA BY GIVING EXAMPLES FROM PREVIOUS EXPERIENCES

PERSON SPECIFICATION CONTINUED:

REFERENCES

PLEASE PROVIDE 3 REFERENCES, ONE OF WHICH **MUST** BE YOUR **PRESENT OR MOST RECENT EMPLOYER**.

REFERENCES WILL NOT BE TAKEN UP PRIOR TO INTERVIEW OR WITHOUT YOUR PRIOR CONSENT

PRESENT / MOST RECENT EMPLOYER

NAME: _____ ADDRESS: _____

COMPANY: _____

TEL INC STO: _____

POST CODE: _____

IN WHAT CAPACITY ARE YOU KNOWN TO THEM?:

PREVIOUS EMPLOYER

NAME: _____ ADDRESS: _____

COMPANY: _____

TEL INC STO: _____

POST CODE: _____

IN WHAT CAPACITY ARE YOU KNOWN TO THEM?:

PERSONAL REFERENCE

NAME: _____ ADDRESS: _____

COMPANY: _____

TEL INC STO: _____

POST CODE: _____

IN WHAT CAPACITY ARE YOU KNOWN TO THEM?:

ASYLUM AND IMMIGRATION ACT 1996

National Insurance No: _____

If NI Number not available, do you have evidence of your entitlement to live and work in the UK? YES / NO

DISABILITY DISCRIMINATION ACT 1995

WE POSITIVELY WELCOME APPLICATIONS FROM PEOPLE WITH DISABILITIES

DO YOU HAVE ANY IMPAIRMENT, PHYSICAL OR MENTAL, WHICH WOULD AFFECT YOUR WORK IN ANY WAY?

YES / NO

IF YES, PLEASE INDICATE WHETHER YOU WOULD NEED ANY HELP OR SPECIAL EQUIPMENT TO ENABLE YOU TO CARRY OUT THE DUTIES OUTLINED IN THE JOB DESCRIPTION.

OTHER DETAILS

WHERE DID YOU SEE THIS VACANCY?: _____

ARE YOU RELATED TO, OR PERSONALLY KNOWN TO AN OFFICER OR MEMBER OF THE COMPANY?

YES / NO

IF YES, WHO?: _____ STATE RELATIONSHIP: _____

IF EMPLOYED AT THE MOMENT, WHAT IS YOUR NOTICE PERIOD?: _____

DECLARATION OF CRIMINAL RECORDS, CONVICTIONS AND CAUTIONS

THE POST FOR WHICH YOU ARE APPLYING IS EXEMPT FROM THE PROVISION OF THE REHABILITATION OF THE OFFENDERS ACT (1974) AS IT COULD INVOLVE WORKING WITH CHILDREN. THIS MEANS YOU MUST DISCLOSE ANY SPENT OR UNSPENT CONVICTIONS IN APPLYING FOR THIS POST. YOU MUST ALSO PROVIDE ANY INFORMATION ABOUT CAUTIONS, NO MATTER HOW LONG AGO THEY OCCURRED AND REGARDLESS OF WHETHER THE OFFENCES WERE COMMITTED AS AN ADULT OR JUVENILE.

CAREABILITY WILL CHECK THROUGH THE DISCLOSURE SERVICE PROVIDED BY THE NATIONAL CRIMINAL RECORDS BUREAU. IN SIGNING THIS DECLARATION YOU BE PROVIDING CAREABILITY WITH CONFORMATION OF YOUR UNDERSTANDING OF THE PROVISIONS AND PERMISSION TO CARRY OUT THIS CHECK, IF YOU ARE SUCCESSFUL AT INTERVIEW.

YOU ARE ALSO GIVING PERMISSION FOR ANY NUMBER OF PAST EMPLOYERS TO BE CONTACTED REGARDING THIS APPLICATION OF EMPLOYMENT.

HAVING A CRIMINAL CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM APPOINTMENT AND ANY INFORMATION YOU SUPPLY WILL BE TREATED AS CONFIDENTIAL AND WILL NOT NECESSARILY PREJUDICE YOUR APPLICATION.

	YES	NO	DATE / PENALTY
1. DO YOU HAVE A CRIMINAL RECORD? IF YES, PLEASE STATE DATE AND PENALTY			
2. HAVE YOU EVER BEEN BANNED FROM WORKING WITH CHILDREN?			
3. HAVE YOU EVER BEEN THE SUBJECT OF ANY PROVEN/UNPROVEN INVESTIGATION(S), COMPLAINT(S), IN RELATION TO YOUR WORK WITH CHILDREN, WHETHER IN A PAID OR VOLUNTARY CAPACITY OR CARRIED OUT PRIVATELY?			
4. ARE YOU SUBJECT TO A BAN UNDER THE PROTECTION OF CHILDREN'S ACT 1999, DISQUALIFIED FROM WORKING WITH CHILDREN REGULATIONS, OR SERVING A DISQUALIFICATION ORDER UNDER THE CRIMINAL JUSTICE AND COURT SERVICES ACT 2000?			

IF YOUR ANSWER IS YES TO ANY OF THESE QUESTIONS AND YOU ARE SHORTLISTED, THE PANEL WILL DISCUSS THIS AT INTERVIEW. YOU MAY WISH TO PROVIDE DOCUMENTATION CONCERNING THESE.

SIGNED: _____	DATE: _____
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FAILURE TO COMPLETE AND SIGN THIS DECLARATION WILL INVALIDATE YOUR APPLICATION FOR THIS POST. FAILURE TO DISCLOSE INFORMATION REGARDING ANY OF THE ABOVE AND WHICH FOR OTHER PURPOSES ARE "SPENT" UNDER THE PROVISION OF THE ACT WILL NORMALLY RESULT IN THE OFFER BEING WITHDRAWN. DISMISSAL MAY ALSO HAPPEN IF WE FIND OUT ANY RELEVANT INFORMATION AFTER WE HAVE APPOINTED YOU.

MISCELLANEOUS

CAREABILITY WOULD LIKE TO INTRODUCE YOU TO THE CERTAIN CARE HOMES / HEALTH SERVICES, WITH A VIEW TO TRYING TO FIND SUITABLE CONTRACT ENGAGEMENTS FOR YOU. THESE CARE HOMES / HEALTH SERVICES ARE BUSINESS CONTACTS OF THIS COMPANY AND KNOWLEDGE OF THEIR IDENTITIES AND THEIR REQUIREMENTS IS INFORMATION WHICH IS CONFIDENTIAL TO THIS COMPANY.

WE ARE WILLING TO INTRODUCE YOU TO SUCH CARE HOMES / HEALTH SERVICES ON THE UNDERSTANDING THAT IF WE MAKE SUCH INTRODUCTIONS:

YOU WILL KEEP THEIR IDENTITIES AND REQUIREMENTS CONFIDENTIAL AND YOU WILL NOT DISCLOSE THEIR IDENTITIES OR REQUIREMENTS TO ANYONE ELSE;
AND

NEITHER YOU NOR ANYONE ELSE ON YOUR BEHALF WILL ENTER INTO ANY ARRANGEMENT FOR THE PROVISION OF YOUR SERVICES TO THOSE CARE HOMES / HEALTH SERVICES TO WHOM WE INTRODUCE YOU, OTHER THAN THROUGH THIS COMPANY OR WITH THE CONSENT OF THIS COMPANY, FOR THE PERIOD OF 6 MONTHS FROM THE DATE WE INTRODUCE YOU; AND

IF YOU ARE IN BREACH OF THIS TERM, YOU WILL PAY US FORTHWITH AS LIQUIDATED DAMAGES SUCH SUM AS REPRESENTS 25% OF ALL SUMS WHICH MAY REASONABLY BE ANTICIPATED TO BECOME PAYABLE BY THE PARTY HAVING THE BENEFIT OF YOUR SERVICES DURING THE PERIOD OF 12 MONTHS FROM THE DATE PROVISION OF YOUR SERVICES COMMENCES. YOU AGREE THAT THE SUM SO CALCULATED WILL REPRESENT A REASONABLE PRE-ESTIMATE OF THE LOSSES WE WILL SUFFER. YOU WILL ALSO PROMPTLY DISCLOSE TO US ALL INFORMATION ANND DOCUMENTS AS WE MAY REASONABLY REQUEST, IN ORDER THAT WE MAY CALCULATE THE SUM DUE TO US.

PLEASE CONFIRM BY SIGNING THAT YOU ACCEPT THESE TERMS

SIGNED: _____	DATE: _____
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DATA PROTECTION ACT 1998

CAREABILITY IS UNDER A DUTY TO PROTECT THE CONFIDENTIALITY OF THE SERVICE USERS IN ITS CHARGE. THEREFORE, PLEASE NOTE THAT IF YOUR APPLICATION IS SUCCESSFUL, THE INFORMATION YOU HAVE PROVIDED ON THIS FORM MAY BE USED WITHIN THE COMPANY FOR THE PREVENTION AND DETECTION OF FRAUD. THE COMPANY MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES ADMINISTERING PUBLIC FUNDS, FOR THESE PURPOSES. THE INFORMATION OBTAINED WILL BE STORED ON A COMPUTER BELONGING TO THE COMPANY. IT WILL NOT BE TRANSFERRED TO ANYONE WITHOUT YOUR PRIOR KNOWLEDGE.

CANVASSING

CANVASSING OF MEMBERS OR OFFICERS OF THE COMPANY DIRECTLY OR INDIRECTLY MAY DISQUALIFY YOUR APPLICATION. THERE IS NO OBJECTION, HOWEVER, TO AN EMPLOYEE GIVING A WRITTEN REFERENCE FOR YOU.

SIGNATURE

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN IN THIS APPLICATION IS FACTUALLY CORRECT, AND I UNDERSTAND THAT ANY FALSE INFORMATION MAY, IN THE EVENT OF EMPLOYMENT, RESULT IN DISMISSAL OR DISCIPLINARY ACTION BY **CAREABILITY**.

SIGNED: _____

DATE: _____

WHERE TO SEND APPLICATION FORM

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. PLEASE RETURN YOUR COMPLETED FORM TO: **CAREABILITY, ORCHARD FARM, VIOLET LANE, GLENDON, KETTERING, NORTHAMPTONSHIRE, NN14 1TL**

PLEASE NOTE IF YOU HAVE NOT HEARD FROM US WITHIN 2 WEEKS OF THE CLOSING DATE THEN WE REGRET THAT THIS WILL INDICATE THAT YOUR APPLICATION HAS NOT BEEN SUCCESSFUL ON THIS OCCASION

OFFICE USE

DATE RECEIVED: _____ REF NO: _____ ACKNOWLEDGEMENT SENT: _____

NAME: _____ DATE: _____

EQUAL OPPORTUNITIES MONITORING FORM

CAREABILITY IS COMMITTED TO EQUAL OPPORTUNITIES FOR ALL. IN ORDER TO ALLOW US TO MONITOR THAT OUR POLICY IS WORKING, IT WOULD BE HELPFUL IF YOU WOULD TICK THE APPROPRIATE BOX TO INDICATE YOUR ETHNIC ORIGIN (AS PER THE CLASSIFICATION RECOMMENDED BY THE COMMISSION FOR RACIAL EQUALITY).

WHAT IS YOUR ETHNIC GROUP?

CHOOSE ONE SECTION FROM A TO E, THEN TICK THE APPROPRIATE BOX TO INDICATE YOUR ETHNIC BACKGROUND.

A - WHITE BRITISH:

ENGLISH
 SCOTTISH
 WELSH
 IRISH

ANY OTHER WHITE BACKGROUND, PLEASE WRITE IN: _____

B - MIXED

WHITE AND BLACK CARIBBEAN
 WHITE AND BLACK AFRICAN
 WHITE AND ASIAN

ANY OTHER MIXED BACKGROUND, PLEASE WRITE IN: _____

C - ASIAN, ASIAN BRITISH, ASIAN ENGLISH, ASIAN SCOTTISH OR ASIAN WELSH

INDIAN
 PAKISTANI
 BANGLADESHI
 SIKH

ANY OTHER ASIAN BACKGROUND, PLEASE WRITE IN: _____

D BLACK, BLACK BRITISH, BLACK ENGLISH, BLACK SCOTTISH OR BLACK WELSH

CARIBBEAN
 AFRICAN

ANY OTHER BLACK BACKGROUND, PLEASE WRITE IN: _____

E CHINESE, CHINESE BRITISH, CHINESE ENGLISH, CHINESE SCOTTISH OR CHINESE WELSH

CHINESE
 JAPANESE

ANY OTHER CHINESE BACKGROUND, PLEASE WRITE IN: _____