JOB REF CODE:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **EMPLOYMENT APPLICATION FORM**  **INDIVIDUAL CARE SERVICES** | | | | | |  |
|  | | | | | | | | |
| **POSITION APPLIED FOR:** | | | |  | | | | |
|  | | | | | | | | |
| **The following information will be treated in the strictest confidence.** | | | | | | | | |
| **PERSONAL** | | | | | | | | |
| (Please complete this section in BLOCK CAPITALS) | | | | | | | | |
| Title: |  | | | | |
| Surname: | | | | | | First Name(s): | | |
| Address: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | Postcode: | | |
| Tel. No: | | | | | | Email Address: | | |
| National Insurance No: | | | | | | | | |
| Next of Kin: (Emergency Contact) | | | | | | Relationship: | | |
| Address: | | | | | | | | |
| Postcode: | | | | | Telephone No: | | | |
| Do you have a full driving licence: | | |  | | | | | |
| Endorsements: |  | | | | | | | |
| If YES, give dates/details |  | | | | | | | |
| Hours Applied for |  | | | | | | | |
| How much notice are you required to give to your current employer? | | | | | | |  | |
| Where did you hear of this vacancy? | | | | | | |  | |

**TRAINING**

|  |  |  |
| --- | --- | --- |
| Job related Training Courses  Name of Organisation  Are you training for NVQ Level 2 in care? | Date | Subject |
|  |  |  |

(Continue on a separate sheet if necessary)

**PRESENT OR LAST EMPLOYER**

Are you currently employed?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | | | | |  | | |
|  | | | | |  | | |
| Address: |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Telephone No: | |  | | | | | |
|  | |  | | | | | |
| Nature of business: | | |  | | | | |
|  | | |  | | | | |
| Current salary: | | | | | | Job title and a brief description of your duties | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Length of Service: | | | | From: | | | To: |

**REFERENCES**

Please give the names of three people, at least 2 of which should be employment related whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

|  |  |
| --- | --- |
| Name: | Name:. |
| Position: | Position: |
| Address: | Address: |
|  |  |
| Postcode: | Postcode: |
| Tel. No. | Tel. No.: |
| Email : | Email : |
| Capacity in which referee knows you: | Capacity in which referee knows you: |

|  |
| --- |
| Name:. |
| Position: |
| Address: |
|  |
| Postcode: |
| Tel. No. |
| Email : |
| Capacity in which referee knows you: |

**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, starting with the most recent.

**Details must be provided of the reasons for any employment breaks.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|  |  |  |  |

(Continue on a separate sheet if necessary)

## DISCLOSURE & BARRING SCHEME

**Because the nature of the work involves direct contact with vulnerable people an Enhanced Disclosure from the Disclosure and Barring Scheme will be required. Also from July 2010 you will have to apply to be registered with the Independent Safeguarding Authority.**

**The costs of the DBS Disclosure will be borne by Individual Care Services, however should you fail (for whatever reason) to complete 26 weeks employment with the Company the total costs will be deducted from your final pay cheque.**

We will not use the information obtained through any Disclosures to discriminate unfairly against those with convictions irrelevant or unrelated to the application in hand.

**Rehabilitation of Offenders Act 1974 (Exception Order)**

Under the terms of the above order you are not entitled to withhold information about convictions which otherwise might be considered “spent”. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. Please give details of any convictions you might have.

|  |
| --- |
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|  |

**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

|  |  |
| --- | --- |
| Signature: | Date: |

|  |
| --- |
| **INDIVIDUAL CARE SERVICES**  **Equality and Diversity Recruitment Monitoring Form** |

|  |  |
| --- | --- |
| Job Ref: |  |

In accordance with our Equality and Diversity Policy, we are monitoring job applications to ensure that we provide equal opportunities to any job applicant and make sure that discrimination does not occur because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

So that we can assess the success of this policy, we have set up a system of monitoring all job applications. We would be grateful, therefore, if you would complete the questions on this monitoring form and return it with your application form. We have asked for your name in order to enable us to monitor applications at the shortlisting and appointment stage.

All information supplied will be treated in confidence and will not be seen by staff directly involved in the appointment. The monitoring form will be detached from your application form, stored separately and used solely to provide statistics for monitoring purposes.

Thank you for your help.

**Confidential**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Gender** | □ Male  □ Female | | | | |
|  | | | | | |
| **2. Preferred Title** | □ Miss  □ Ms | □ Mr  □ Dr | | □ Mrs  □ Other: | |
| **F****ull Name** |  | | | | |
|  | | | | | |
| **3. Marital Status** | □ Married  □ Divorced | □ Single  □ Widowed | | □ Separated  □ Other: | |
|  | | | | | |
| **4. Ethnic Origin** | □ White British  □ Black/Black British  □ Chinese | □ White Irish  □ Asian  □ Mixed | | □ White Other  □ Asian British  □ Other: | |
|  | | | | | |
| **5. Disability** | Do you consider yourself to be disabled under the Equality Act 2010?  (The Disability Discrimination Act (1995) – still in force under the Equality Act 2010 - defines disability as “a physical or mental impairment that has a substantial, long-term and adverse effect on a person’s ability to carry out day to day activities.) | | | | □ Yes  □ No |
|  | If yes, what is the nature of your disability? *(optional)* | |  | | |
|  | | | | | |
| **6. Age Range** | □ 16 - 24  □ 45 - 54 | □ 25 - 34  □ 55 - 64 | | □ 35 - 44  □ 65+ | |

The information you have provided here will be stored either as a paper record or on a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of Individual Care Services recruitment regarding Equal Opportunity issues.