|  |  |
| --- | --- |
| **NAME:** | **POSTCODE:** |
| **ADDRESS:** | **TIME AT ADDRESS:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Position Applied For:**  |   |   |  **Location:**  |   |   |
|  **Work Preference:**  | Full Time  |  Part Time  |  Bank  |  Hours Requested:  |   |
| I understand this role may include Shift work, Unsociable Hours, Lone working involved. (Please circle your availability below)  |  **Yes**  |   |  **No**  |
|  Monday  |  Tuesday  |  Wednesday  |  Thursday  |  Friday  |  Saturday  |  Sunday  |
|  AM  |  PM  |  AM  |  PM  |  AM  |  PM  |  AM  |  PM  |  AM  |  PM  |  AM  |  PM  |  AM  |  PM  |
|  Evening  |  Evening  |  Evening  |  Evening  |  Evening  |  Evening  |  Evening  |

|  |  |  |
| --- | --- | --- |
| Are you a United Kingdom (UK) National  | Yes  | No\*  |
| \*If no, please detail your current immigration status and the relevant visa currently held (including Visa number)  |
| Are you related to any of our current members of staff or Service Users?  | Yes  | No  |
| **Equality Act 2010 -** Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-](http://www.gov.uk/definition-of-disability-under-equality-act-) 2010.  |
| For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?  | Prefer not to say  |
|   |

|  |  |  |
| --- | --- | --- |
| Do you have a current Driving License and access to a vehicle  | Yes  | No |
| Do you have business insurance  | Yes  | No  |

|  |  |  |
| --- | --- | --- |
| Do you have a transferable DBS  | Yes  | No |
| Transferable DBS Number |  |

|  |
| --- |
| **Education \***(All qualifications will be subject to a satisfactory check).  |
| School / College / University  | Date From:  | Date To:  | Examinations, Qualifications\*  |
|   |   |   |   |

|  |
| --- |
| **Training Courses** attended or completing (evidence of attending courses is required)  |
| **Subject** | **Location**  | **Date**  | **Details**  |
|   |   |   |   |

|  |
| --- |
| **Professional Memberships / Registrations**  |
| Name of Organisation  | Registration Number  | Renewal Date  | Details  |
|   |   |   |   |

All employment history is required as per the regulator’s CQC standards

|  |
| --- |
| **Current / Most recent employer** |
| Start Date:  |   | End Date:  |   | Salary:  |   |
| Job Role:  |   | Employer Name:  |   |
| Reason for Leaving:  |   | Contact Name:  |   |
| Duties:  | Address:  |
| Postcode:  |   |
| Telephone:  |   |
| Email:  |   |

|  |
| --- |
| **Employment History** |
| Start Date:  |   | End Date:  |   | Salary:  |   |
| Job Role:  |   | Employer Name:  |   |
| Reason for Leaving:  |   | Contact Name:  |   |
|      Duties:  | Address:  |
| Postcode:  |   |
| Telephone:  |   |
| Email:  |   |

|  |
| --- |
| **Employment History** |
| Start Date:  |   | End Date:  |   | Salary:  |   |
| Job Role:  |   | Employer Name:  |   |
| Reason for Leaving:  |   | Contact Name:  |   |
|      Duties:  | Address:  |
| Postcode:  |   |
| Telephone:  |   |
| Email:  |   |
| Start Date:  |   | End Date:  |   | Salary:  |   |
| Job Role:  |   | Employer Name:  |   |
| Reason for Leaving:  |   | Contact Name:  |   |
|      Duties:  | Address:  |
| Postcode:  |   |
| Telephone:  |   |
| Email:  |   |

|  |
| --- |
| **Employment History** |
| Start Date:  |   | End Date:  |   | Salary:  |   |
| Job Role:  |   | Employer Name:  |   |
| Reason for Leaving:  |   | Contact Name:  |   |
|      Duties:  | Address:  |
| Postcode:  |   |
| Telephone:  |   |
| Email:  |   |
| Start Date:  |   | End Date:  |   | Salary:  |   |
| Job Role:  |   | Employer Name:  |   |
| Reason for Leaving:  |   | Contact Name:  |   |
|      Duties:  | Address:  |
| Postcode:  |   |
| Telephone:  |   |
| Email:  |   |

|  |
| --- |
| **References:** Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers. Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted. Therefore, please inform the 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.  |
|   | **Referee One**  | **Referee Two**  |
| **Contact Name:**  |   |   |
| **Business Name:**  |   |   |
|  **Address:**  |   |   |
| **Postcode:**  |   |   |
| **Telephone:**  |   |   |
| **Email:**  |   |   |
| **Capacity in which known**  |   |   |
|   | **Referee Three**  | **Referee Four**  |
| **Contact Name:**  |   |   |
| **Business Name:**  |   |   |
|  **Address:**  |   |   |
| **Postcode:**  |   |   |
| **Telephone:**  |   |   |
| **Email:**  |   |   |
| **Capacity in which known**  |   |   |
|   | **Additional Referee**  | **Additional Referee**  |
| **Contact Name:**  |   |   |
|  **Address:**  |   |   |
| **Postcode:**  |   |   |
| **Telephone:**  |   |   |
| **Email:**  |   |   |
| **Professional / Character:**  |   |   |
| **Capacity in which known**  |   |   |

|  |
| --- |
| **Safeguarding / Ex-Offenders Declaration:** Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.  |
| The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. AAA Homecare Limited undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.  |
| Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?  | **Yes\***  | **No**  |
| Do you have any current **UNSPENT** police cautions, reprimands or final warnings in the United Kingdom or in any other country?  | **Yes\***  | **No**  |

**Values Based Screening Questions**

|  |
| --- |
| **If I was a Service User, I would like:**  |
|   |
| **I believe that the Service User’s family and Relatives would like the following:**  |
|   |
| **I believe that I can support a Service User because:**  |
|   |
| **As a member of the team, I would feel valued when:**  |
|   |
| **I believe that a good relationship between me and the Service User depends upon:**  |
|   |
| **I believe that I learn best when:** | **I believe that a good working team is made by:** |
|   |   |
| **I believe that my role in relation to the Service User is:**  |
|   |
| **My other beliefs and values relevant to my job role are:**  |
|   |

|  |
| --- |
| **Declaration**  |
| The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that can seek clarification regarding professional registration details.  |
| **Print Full Name:**  |   |
| **Signature:**  |   | **Date:**  |   |

**Supporting Statement**

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.