

Application Form

About You

Title (delete as applicable)	Mr / Mrs / Ms / Miss
Forename(s)	
Surname	
Address including postal code	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

The Role

Position Applied for			
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Bank (Adhoc Shifts) <input type="checkbox"/>	
Current Notice Period:			

Are you subject to any restrictions or covenants which might restrict your working activities? (including UK Work Permits)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:	

Are you willing to work overtime and weekends?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Statutory Restrictions

Government regulations only allow carers over the age of 18 to deliver personal intimate care;	
Are you over 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The Care Industry is regulated and as such the UK government requires all workers to undergo a DBS Check (Disclosure and Barring Service Check);	
Do you hold a DBS Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you a current member of the DBS update service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, do you consent to an update service check being made by the company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have 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 2013 1198? (A copy of the Company's Equal Opportunities Policy and Disclosure Information Policy is available on request. These reflect the DBS Code of Practice)

Yes No

If Yes, please give full details:

It is a criminal offence for barred individuals to apply to work in a regulated activity with children, young people or vulnerable adults. Are you on a barred list?

Yes No

Education

Please tell us about any formal education you have, including any role related training that you may have undertaken. Continue on a separate sheet if necessary.

Name and address of School/College/University	Dates of attendance	Qualification and Result awarded

Employment History

Please list your previous employers, starting with your current or most recent employer and working back, including dates of any periods of unemployment. Continue on a separate sheet if necessary.

Name and Address of Employer	Dates of Employment	Position Held	Reason for Leaving

Reference Nomination

Please nominate the names of two people whom we may approach for a reference (one of which should be your previous or most recent employer).

Reference 1	Reference 2
Name:	Name:
Company Name and Address:	Company Name and Address:
Telephone Number:	Telephone Number:
Position:	Position:

Declaration

- i. I declare that the information given is complete and accurate to the best of my knowledge. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for summary dismissal.
- ii. I understand that these details will be held in confidence by the company, for the purposes of personnel and payroll administration; in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.
- iii. Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Disclosure and Barring Service. Please note that the amendments to the Exceptions Order 1975 (updated 2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.
- iv. I understand that copies of the Company's Equal Opportunities Policy (which includes information relating to the recruitment of ex-offenders) is available to me upon request.

Signed:	
Print Name:	
Date:	

Equal Opportunities Monitoring Form

Willowbrook Care Home is committed to being an equal opportunities employer and we welcome applications from all sections of the community. We will ensure that all candidates for employment are treated fairly, and in order to monitor our responsibilities and to measure our progress towards widening diversity among our workforce, we would be grateful if you would answer the simple questions in the boxes below. The information you provide will remain anonymous and is for statistical monitoring purposes only. This 1-page form will be separated from your application upon receipt and is not used as part of the applicant selection process.

Where did you hear about this vacancy?

Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	Female	Transgender	

Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-29	30-39	40-49	50-59	60+
			Prefer not to say	

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

White

British <input type="checkbox"/>	Irish <input type="checkbox"/>	European <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

Black/African/Caribbean/Black British

Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Any other Black background, please write in:		

Asian/Asian British

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>
Prefer not to say	Any other Asian background, please write in:		

Mixed/multiple ethnic groups

White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Asian and White <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Any other mixed background, please write in:	

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

The information in this form is for monitoring purposes only. If you believe you need any reasonable adjustments to be made in order to fulfil the role, please discuss this with your manager, or the manager running the recruitment process.