



Application Form

Please note that Right Care NW Ltd is an equal opportunities employer. Once you have completed this form and attended your interview, we will assess your suitability as Right Care worker

Please note the following information MUST be provided. Applicants without full documentation may be rejected.

STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application
----------------------	---------------------

PERSONAL DETAILS

Surname	First names
	Previous Names
Address Post code	Home Telephone No.
	Work Telephone No.
	Mobile No.
National Insurance Number	
Immigration Details	
Are you a citizen of the EU?	Yes/No
Do you have any restrictions on your Right to work or remain in the UK? <small>Under Section 8 of the Immigration Act we are required to check all employees are eligible to work within the UK. Please confirm that, if you are offered a position, which of the following documents you would be prepared to supply and allow us to make a copy of:</small>	Yes/No
Work Permit issued by Work Permits UK	

Registration or Naturalisation Certificate	
Home Office issued letter indicating permission for indefinite stay in the UK with no restrictions	
P45/P60 from previous Employer	
National Insurance Card	
UK Residence Permit from a EEAA state or Switzerland	
Home Office Application Registration Card permitting employment	
Passport	
Do you need a work permit?	Yes/No
Current driving licence?	Yes/No
Do you have a car for work use?	Yes/No

Availability:

Total number of hours per week you are seeking:

Hours/week

please note the number of hours worked is variable

How did you learn of this vacancy?

EDUCATION

Please give details of any relevant courses, training or qualification with the place and date completed

PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year. Please continue on separate sheet if necessary.

(this is essential unless you have provided us with a full, accurate CV with no gaps)

Date (From - To)	Employer's name (most recent first)	Position held	Reason for leaving

4 Character ref/employer ref		
5 Character ref/employer ref		
6 Character ref/employer ref		

Please detail any disciplinary action within the previous 3 years, including any current, "live" formal warnings

Emergency/Next of Kin Contact Details	
Surname:	
First Name:	
Address:	
Post Code:	
Tel No:	

Relationship:

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

1. 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)

2. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account

Do you have any convictions to disclose? YES/NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

Health information

Please tick whether you have/have not had any of the following illnesses or complaints;

Diagnosis or complaint	Yes	No	Details. Dates. Treatments. Any current treatment or medication
Circulation, heart, blood pressure	Yes	No	
Respiration, asthma, bronchitis	Yes	No	
Have you ever had a fit?	Yes	No	
Depression or mental illness	Yes	No	
Complaint of the digestion or bowel	Yes	No	
Leg ulcers or varicose veins	Yes	No	
Do you suffer, or have you ever suffered, from any form of back trouble?	Yes	No	
Muscular complaint, rheumatism or arthritis.	Yes	No	
Have you been involved in any accident that required medical intervention in last 5 years?	Yes	No	
Have you had any operation in the last five years?	Yes	No	
Have you ever lost consciousness unexpectedly?	Yes	No	
Are you diabetic?	Yes	No	
To your knowledge are you likely to have any communicable disease?	Yes	No	
Have you ever been refused a driving licence or had one withdrawn on health grounds?	Yes	No	
Do you smoke? (If YES how many per day)			
Do you drink alcohol (if so, how many units per week?) 1 unit equals 1 glass wine/ 1 pint beer/ 1 single measure of spirit			
Is there any reason why doing this job may prejudice your health?	Yes	No	
Have you been away from work because of illness in the last year?	Yes	No	
If you answered yes to the above then please provide dates, occasions and diagnosis:			

Is there any reason why you may not be able to carry out the duties of a Support Worker?	Yes	No	
Please state current vaccinations (Please circle those which you have.)			
TB/BCG MMR Tetanus Hepatitis B Influenza COVID19			
Is there any additional medical information which is relevant to your application?	Yes	No	
Are you fit to work as a Support Worker for Right Care NW?	Yes	No	

ADDITIONAL PERSONAL DETAILS

Please detail here how you would meet the requirements of the person specification, particularly how you feel you can demonstrate the Values of our Organisation (Compassion, respect, empathy etc.) and your reason for applying for the position.

This is the part of the application form you can bring to our attention any qualities you believe we should be aware of. Please continue on a separate sheet if necessary.

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all the information contained and documented herein is complete and truthful.

I agree that any offer of employment is subject to satisfactory references, medical information and checks (if required) and a probationary period.

I confirm that the information supplied by me on this form and all documents required, with this application are complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme. I have given my explicit consent freely.

Signature:

Date:

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognises and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect in line with the Equality Act 2010 legislation. We welcome applications from all sections of the community.

Date of Birth:	
Gender	<input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a):

<p>Asian or Asian British</p> <input type="checkbox"/> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> <input type="checkbox"/> Indian <input type="checkbox"/> <input type="checkbox"/> Pakistani <input type="checkbox"/> <input type="checkbox"/> Any other Asian background	<p>Mixed Raced</p> <input type="checkbox"/> <input type="checkbox"/> White & Asian <input type="checkbox"/> <input type="checkbox"/> White & Black African <input type="checkbox"/> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other missed background	<p>Other Ethnic Group</p> <input type="checkbox"/> <input type="checkbox"/> Chinese <input type="checkbox"/> <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> <input type="checkbox"/> I do not want to disclose this
<p>Black or Black British</p> <input type="checkbox"/> <input type="checkbox"/> African <input type="checkbox"/> <input type="checkbox"/> Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> <input type="checkbox"/> British <input type="checkbox"/> <input type="checkbox"/> Irish <input type="checkbox"/> <input type="checkbox"/> Any other white background	

Please select the option which best describes your sexuality.

Please indicate your religion or belief

<input type="checkbox"/> <input type="checkbox"/> Lesbian <input type="checkbox"/> <input type="checkbox"/> Gay <input type="checkbox"/> <input type="checkbox"/> Bisexual <input type="checkbox"/> <input type="checkbox"/> Heterosexual	<input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> <input type="checkbox"/> Atheism <input type="checkbox"/> <input type="checkbox"/> Buddhism <input type="checkbox"/> <input type="checkbox"/> Christianity <input type="checkbox"/> <input type="checkbox"/> Islam <input type="checkbox"/> <input type="checkbox"/> Jainism <input type="checkbox"/> <input type="checkbox"/> Sikhism	<input type="checkbox"/> <input type="checkbox"/> Judaism <input type="checkbox"/> <input type="checkbox"/> Hinduism <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this
--	--	--	--

Working Time Opt-Out Form

Working Time Opt-Out Agreement

Work Opt out agreement

In accordance with the Working Time Regulations 1998, employees of this organisation are not required to work more than 48 hours per week. This is averaged over a 17-week period. This means that an

employee might work more than 48 hours in one week, and less in another during a 17-week period – as long as the average is not more than 48 hours.

Employees can opt out of this restriction on weekly hours. By signing this agreement, you indicate that you are prepared to work more than 48 hours in any week. This is not a guarantee that you will be offered work in excess of 48 hours in any week. This is just an indication that you are prepared to opt out of the restriction.

You are entitled to give 4 weeks' notice if you wish to cancel this agreement. Such notice should be given in writing.

If you choose not to sign this agreement you will not suffer any detriment.

I, _____, agree to opt out of the requirement not to work more than 48 hours per week. I understand that I can give written notice of 4 weeks at any time to terminate this agreement.

Signed.....

Name of employee.....

Date.....

DBS application form

Please provide all your information below for your DBS application. Please note all questions beginning with * are mandatory questions and must be completed

Application type: New Existing Recheck

Applicant Details:

- * **Title (Please circle)** MR MRS MISS Other _____
- * **Surname:** _____
- * **Forename:** _____
- * **Middle Name(s)** _____
- * **Town of Birth:** _____
- * **County of Birth** _____
- * **Country of Birth:** _____
- * **Date of Birth (DD/MM/YYYY)** ____ / ____ / ____
- * **Mother's Maiden Name:** _____

- * **Email Address:** _____
- * **Telephone Number:** _____
- * **NI NO:** _____

For office use only:

Passport No: _____

Issue Date: _____

Payment Type: _____

Job Title: _____

Applicant Personal Details

- * **Surname at Birth** _____
- * **Used until** (*do not complete if you have never changed your name*) Month&Year

If you have changed your name by Marriage, Deed Poll or Adoption you need to complete the following section (*name changes must be supported by documentary evidence*)

- * Any other surname used: _____ From ____ To ____ (Month & Year)
- * Any other surname used: _____ From ____ To ____ (Month & Year)
- * Any other surname used: _____ From ____ To ____ (Month & Year)

Current Address:

- * **Address Line 1** _____ (House Name and Street)
- Address Line 2** _____
- * **Town** _____
- County** _____
- * **Postcode** _____
- Country** _____
- * **At current address since:** Month ____ Year ____

Continued address history:

We need a full 5-year address history; therefore, if you have lived at your current address for less than 5 years, we will need your previous addresses to cover the full 5 years.

Dates must not overlap or have gaps. E.g., 10/2003 to 02/2004 then 02/2004 to 03/2005

1.

- * Address Line 1 _____ (House Name and Street)
- * Town _____
- * County/ Post Code _____
- * Country _____
- * At current address since: Month _____ Year _____

2.

- * Address Line 1 _____ (House Name and Street)
- * Town _____
- * County/Post Code _____
- * Country _____
- * At current address since: Month _____ Year _____

3.

- * Address Line 1 _____ (House Name and Street)
- * Town _____
- * County/Post code _____
- * Country _____
- * At current address since: Month _____ Year _____

4.

- * Address Line 1 _____ (House Name and Street)
- * Town _____
- * County/Post code _____
- * Country _____
- * At current address since: Month _____ Year _____

5.

- * Address Line 1 _____ (House Name and Street)
- * Town _____
- * County/Post Code _____
- * Country _____
- * At current address since: Month _____ Year _____

6.

- * Address Line 1 _____ (House Name and Street)
- * Town _____
- * County/Post code _____

* Country _____

* At current address since: Month _____ Year _____

Continue on a separate sheet if necessary – if you have attached another sheet please box

Candidate Declaration & Consent:

Please sign below to give your authority for the DBS application to be made by Personnel checks for purposes of the organisation as detailed:

I confirm that the information provided by me (*insert name in capital letters*)

_____ is to the best of my knowledge true. I consent to this information being used to undertake an Enhanced/Standard DBS by Personnel Checks

Signed: _____
_____/_____/_____

Date: