



Application for Employment

Since this position involves care of vulnerable adults any appointment will be subject to the following:

1. Your written consent to the Company obtaining enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to the Company.
3. Proof of identity, birth or marriage certificate (where appropriate) and passport if you hold one.
4. Two satisfactory written references.
5. The Company will take a photograph of you for retention on your staff record.
6. Evidence of physical and mental suitability for your work.
7. Verification of Qualifications and Registrations.

By signing and submitting this application form you are indicating that you consent to this.



POSITION DETAILS			
Home:		Advert Reference No.	N/A
Position Designation:		Location/Section:	

PERSONAL DETAILS	
Surname:	Forenames:
Address:	Telephone (Home):
	Telephone (Mobile):
	Telephone (Business):
Postcode:	May we contact you at work? YES/NO
E-mail address:	
Please confirm if:	
a) You hold a full current driving licence?	b) your licence has penalty point endorsements?
YES	YES
NO	NO

QUALIFICATIONS AND/OR TRAINING AND/OR APPRENTICESHIPS			
(Only enter those qualifications and/or training and/or apprenticeships necessary or relevant to the job)			
Qualification and/or Training and/or Apprenticeships	Subject	Grade (if applicable)	Date Gained

School/College attended	From	To	Qualification Gained



It is a requirement of this company that you list all **DATES OF GAPS** in employment since leaving full time education, with a brief description for each.

MEMBERSHIP OF PROFESSIONAL INSTITUTES (only complete if necessary or relevant to the job)

Name of Institute	Professional Body Number	Current Status	Date Awarded	Renewal Date

PRESENT EMPLOYMENT

Name and Address of Employer:		Date Commenced Employment	
Job Title:		Notice Required:	Current Salary:
Brief description of your main duties and responsibilities with an emphasis, where possible, on those areas most relevant to the job applied for.			

PREVIOUS EMPLOYMENT (List in order, with most recent employer first)

Please list **all** your previous employment, (Continue on separate sheet if necessary).

Dates		Name and Address of Employer	Job Title and Nature of Work	Reason for Leaving
From DD/MM/YY	To DD/MM/YY			

RELEVANT SKILLS, EXPERIENCE AND ABILITIES

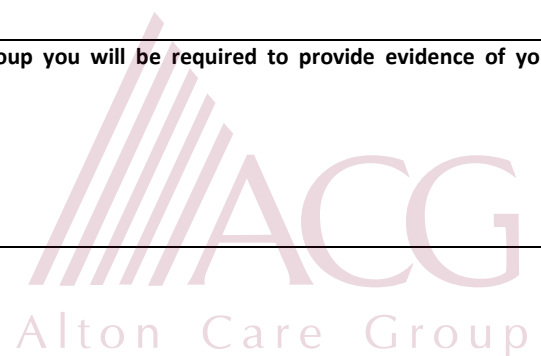
Study the job description and provide specific examples of your work, or other activities, which demonstrate your ability or aptitude to undertake the duties of the post. You may also include any other information that you feel is relevant to your application e.g. personal qualities, achievements at work, non-work related or voluntary work experience.
If you have previously worked with vulnerable adults or children please state why the employment ended.
Continue on a separate sheet if necessary.

ENTITLEMENT TO WORK IN UK

If you are successful in obtaining employment with the Alton Care Group you will be required to provide evidence of your entitlement to work in the United Kingdom.

Status:

Visa Expiry:



What are your main reasons for seeking this position at this time?

To date what do you consider as your most important successes in your career and why?

To date what do you consider your most disappointing or least satisfying work experience to be and why?

If appointed what do you consider will be the biggest challenges facing you?

Which of your personal qualities and skills do you consider will be most important in helping you to make a success in this position, if appointed?

Are you facing any criminal prosecutions? If yes, please give details.

Do you have any spent/unspent convictions or cautions under The Rehabilitation of Offenders Act 1974? If yes, please give details.

Have you been dismissed from any employment? If yes, please give details.

Have you ever been or are you currently going through any investigation or disciplinary action? If yes, please give details.

What period of unauthorised absence have you had in the past two years? Please give details.

Are you currently able to conduct the job you are applying for? If no, please give details.

Other interests and activities:

PLEASE ANSWER ALL OF THE QUESTIONS FROM HERE TO THE END OF THE APPLICATION FORM

Name of **two referees** who can provide information on your competence and suitability to work in a care home of this type. **One referee must have employed you during the last 3 months**, (if this is not possible please explain why). **Referees must be professional referees if possible.** Referees **MUST NOT** be relatives.

Name	1.	2.
Position		
Organisation		
Address		
Postcode		
Telephone Number		
Capacity in which this person has know you		
May we approach this referee prior to interview?	YES NO	YES NO

Skills and Experience Self-Assessment

The following questions are intended to help you tell us about your experience at work and in life generally. **Do not worry if you have no previous experience of working in care just answer the questions in part 2.**

Please indicate what you consider your level of skill and experience in each of the following:

Please tick 4 = Very High 3 = High 2 = Medium 1 = Low 0 = None

PART 1	4	3	2	1	0
If you have worked in care before please answer ALL questions in PARTS 1 and 2					
Caring in a home for older people					
Caring in a home for older people with Dementia					
Caring in another type of home					
Caring in another type of service like home care					
Assessing the needs of residents					
Writing care plans					
Keeping daily records					
Taking part in reviews					
Being a named nurse/key worker to a resident					
Helping with activities and outings for residents					
Helping residents to stay in touch with loved ones					
Helping residents to look after their clothes and other possessions					
Helping residents with personal hygiene, bathing and using the toilet					
Admitting residents to a home					
Discharge of residents from a home					
Dealing with residents money, clothes and other possessions					
Caring for residents who are ill					
Caring for residents who have physical disabilities					
Caring for residents who are dementia					
Caring for residents who are sight impaired					
Caring for residents who are hearing impaired					
Caring for residents with communication difficulties					
Caring for a resident who is dying					
Working directly with families and representatives of service users					
Working directly with social services staff					
Working with doctors, nurses and other health workers					
PART 2					
If you have not worked in a care home please answer the following questions					
Handling money and accounts					
Working mostly on your own initiative					
Working as a member of a team					
Supervising other staff					
Carrying out a quality audit system					
Following Policies and Procedures in any workplace					
Keeping adequate written records in any workplace					
Using a computer and work processing at home or at work					
Caring as a volunteer					
Caring for a family member					
Spending time with older people					



ANY OTHER INFORMATION that you wish to give in support of your application. If you wish to submit any supporting documents please attach them to your application.

Criminal Records Bureau Declaration Form

The post for which you have applied involves working with people who are considered to be vulnerable and, as such, the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. This exemption requires that you must declare ALL CONVICTIONS regardless of time passed including those convictions which would otherwise be regarded as "spent". No application for employment will be processed unless this declaration has been completed. A criminal record will not necessarily be a bar on any applicant obtaining the position for which they have applied.

Declaration
Have you ever been convicted of any offences? YES/NO

If YES, please give details. You MUST include all offences, even those which would otherwise be considered as "spent":

I declare that the information that I have given is correct and that there are no convictions that have not been included. I understand that if I am offered the post and it is subsequently found that the information given is incorrect, this will be treated as gross "misconduct" and I will be liable to dismissed without notice.

CRB Reference Number	
Signed	
Full Name	
Date	



DECLARATION

PLEASE READ CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLCIATION

I confirm that the above information is complete and correct and that any untrue information will give Alton Care Group the right to terminate any employment contract offered.

I agree that Alton Care Group reserves the right to require me to undergo a medical examination.

Should we require further information and wish to contact your doctor with a view to obtaining a medical report, should this be deemed necessary by both parties, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.

I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I understand and agree that any offer of this post will be subject to:

- 1. A satisfactory Enhanced Disclosure Check from the Criminal Records Bureau.
- 2. A satisfactory outcome to enquiries including references, identity checks and verification of qualifications.

AND

I consent to Alton Care Group making all necessary enquiries.

If offered employment I shall be available to start work on	Date:
Signed	Date

Please return to:

**Recruitment Office
Alton Care Group
Enterprise House
3 Tudor Enterprise Park
Tudor Road
Harrow
Middlesex
HA3 5JQ**

Or email: info@altoncaregroup.com

