



UKCARING SERVICES
MAKING LIFE LIVEABLE

Application Form – Home Care Support Workers

PLEASE COMPLETE USING BLOCK CAPITALS USING BLACK INK OR TYPE

PERSONAL DETAILS:

Title:		
First Name/s:		
Surname:		
Have you ever been known by any other names? Yes No		
If yes please state:		
Address:		
Post Code:		
Telephone:	Mobile:	Other:
Email:	National Insurance Number:	
Do you have a full & clean UK Driving Licence? Yes No	Access to a car? Yes No	
Do you have an Enhanced DBS check? Yes No	When was your DBS issued?	
How did you hear of this vacancy?		

AVAILABILITY:

(Please note you will be required to work days, evenings & weekends)

Please state your choice of geographic location:		
Please indicate your preferred areas:		
How many hours are you available to work a week?	Are there any specific days/ weeks/ months you are unable to work?	Please give dates of any annual leave booked?

What days & times can you work? Please tick relevant boxes or include any other times.

	6.30am – 9.30am	9.30am – 12.30pm	12.30pm – 3.30pm	3.30pm – 6.30pm	6.30pm – 9.30pm	9.30pm – onwards	Other
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

EMERGENCY CONTACT DETAILS

Name:	
Relationship:	
Address:	
Contact Number/s:	

PRESENT/LAST EMPLOYMENT

Company:		
Address:		
Job Title:		
Summary of Responsibilities:		
Date Appointed DD/MM/YY:	Date Ended: (If applicable)	Salary/Hourly Rate:
Reason for Leaving:		

PREVIOUS EMPLOYMENT

Please detail below your employment experience to date going back to school leaving date. Start with your most current employment. Please indicate any reasons for breaks in employment. Please note that in line with the national care standards act 2000 you are required to provide full information up to the present day. You may continue on a separate sheet if required.

START MM/YYYY	END MM/YYYY	EMPLOYERS NAME & ADDRESS	JOB TITLE & SUMMARY OF RESPONSIBILITIES	REASON FOR LEAVING

VOLUNTARY WORK/WORK EXPERIENCE PLACEMENTS

DATES FROM / TO DD/MM/YYYY	COMPANY/ PRIVATE SERVICE USER	RESPONSIBILITIES

TRAINING

Training Checklist:

Have you completed any of the following care qualifications/training? Please tick those which apply and include dates when obtained.

NVQ/QCF 2	NVQ/QCF 3	NVQ/QCF 4	Infection Control	Safeguarding Vulnerable Adults
First Aid Certificate	Food & Hygiene Certificate	Lifting & Handling Certificate	Person Centred Care	Other – Please detail:

Please provide details of any additional Health & Social Care training/qualifications not mentioned on the checklist above.

DATES FROM / TO MM/YYYY	ORGANISING BODY	SUBJECT & QUALIFICATIONS / GRADES OBTAINED	Expiry Date

EDUCATION

DATES FROM / TO MM/YYYY	SCHOOL/COLLEGE UNIVERSITY	QUALIFICATIONS / GRADES OBTAINED

LANGUAGES

Can you speak/write any languages other than English? (Please tick those which are applicable)

Language	Fluent	Basic	Written

SUPPORTING INFORMATION

Please express your reasons in applying for this position. Detail any relevant experience, skills and knowledge you may have in the care field. Include any additional information to support your application including achievements, experiences and personal skills gained throughout your personal life, education in addition to all employment you have had.

REFEREES

Please give full details of a **minimum of two referees** which we will contact; **relatives, friends & work colleagues are not acceptable**. The first referee must be your present or most recent employer. The second referee must be a recent employer however if you do not have a second employer a teacher or tutor will be accepted. If you do not have any employment or educational referees you may provide details of individuals you know in a professional capacity so that we can request a 'character reference' A character reference will be accepted from an individual in a profession in the community (e.g. a doctor, solicitor, recognised religious leader)

1. Name: <input type="checkbox"/>		2. Name: <input type="checkbox"/>	
Organisation/Educational Establishment:		Organisation/Educational Establishment:	
Address:		Address:	
Postcode:		Postcode:	
Land Line:	Mobile:	Land Line:	Mobile:
Fax:		Fax:	
Email:		Email:	
Referees Job Title:		Referees Job Title:	
Your Job Title:		Your Job Title:	

3. Name: <input type="checkbox"/>		4. Name: <input type="checkbox"/>	
Organisation/Educational Establishment:		Organisation/Educational Establishment:	
Address:		Address:	
Postcode:		Postcode:	
Land Line:	Mobile:	Land Line:	Mobile:
Fax:		Fax:	
Email:		Email:	
Referees Job Title:		Referees Job Title:	
Your Job Title:		Your Job Title:	

Please tick the relevant numbered reference box above if you are happy for us to contact the referee in advance.

EXEMPTION FROM THE REHABILITATION OF OFFENDERS ACT 1974

THE NATURE OF THE WORK WHICH YOU ARE REGISTERING FOR IS EXEMPT FROM THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974 BY VIRTUE OF THE REHABILITATION OF OFFENDERS (EXCEPTION) ORDER 1975. ACCORDINDGLY, IT IS A REQUIREMENT THAT ALL PREVIOUS CONVICTIONS AND/OR CAUTIONS ARE DECLARED, EVEN THOSE WHICH WOULD OTHERWISE BE REGARDED AS "SPENT". DETAILS OF ANY CONVICTIONS AND OR CAUTIONS MUST BE RECORDED ON THIS REGISTRATION FORM. ANY SUCH INFORMATION GIVEN WILL BE TREATED CONFIDENTIALLY AND CONSIDERED ONLY IN RELATION TO THIS APPLICATION FOR REGISTRATION. IN THE EVENT OF AN APPOINTMENT BEING OFFERED ANY FAILURE TO DISCLOSE SUCH CONVICTIONS OR CAUTIONS COULD RESULT IN DISCIPLINARY ACTION OR DISMISSAL FROM THE COMPANY.

DETAIL ANY CRIMINAL CONVICTIONS OR CAUTIONS

(IF NO CRIMINAL CONVICTIONS OR CAUTIONS WRITE "NONE"). YOU MAY CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF NECESSARY OR YOU CAN WRITE DIRECTLY TO THE HEAD OF HR, AUDIT AND COMPLIANCE WITH DETAILS.

DECLARATION

Please sign and date below to confirm that you have read and understood the declaration. The information provided above is true to the best of my knowledge and belief. If any part is found to be untrue it will be considered as breach of contract and may warrant summary dismissal.

Please tick this box if you authorise for your details to be kept on file should any other further vacancies arise within UKCS LTD.

Do you require any special arrangements to be made to attend an interview: Yes/No
If yes, please outline below:

SIGNED: _____

DATE: _____

DATA PROTECTION

Information from this application may be processed for purposes by the Employer under the Data Protection Act 1998. Individuals have, on written request, the right of access to personal data held about them.

I hereby give my consent to UK Caring Services Ltd processing the data supplied in this application form for the purpose of recruitment and selection.

SIGNED: _____

DATE: _____

Please return your completed application form to:

Administrator
UK Caring Services LTD
243 Cross Road
Coventry
CV6 5GP
Tel: 02476 260 469

