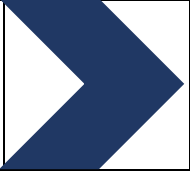
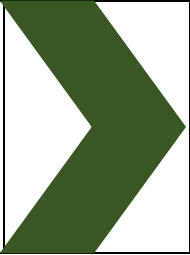

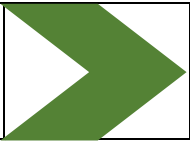
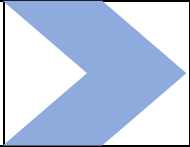



Employee Name:

Job Role:

<h2>1. APPLICATION</h2>	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Applicant picture 	
<h2>2. IDENTIFICATION</h2>	<ul style="list-style-type: none"> <input type="checkbox"/> Passport or visa <input type="checkbox"/> National Insurance <input type="checkbox"/> Driver's license <input type="checkbox"/> Bank statement <input type="checkbox"/> Bills <input type="checkbox"/> GP details <input type="checkbox"/> Any proof of address 	
<h2>3. QUALITY ASSURANCE</h2>	<ul style="list-style-type: none"> <input type="checkbox"/> Reference form, DBS result <input type="checkbox"/> Interview log <input type="checkbox"/> Appraisal and development form 	
<h2>4. HOLIDAYS</h2>	<ul style="list-style-type: none"> <input type="checkbox"/> Holiday request record <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity/Paternity 	
<h2>5. OTHERS</h2>	<ul style="list-style-type: none"> <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Communication <input type="checkbox"/> Contract <input type="checkbox"/> P45/P46 	
<h2>6. TRAINING</h2>	<ul style="list-style-type: none"> <input type="checkbox"/> Mandatory training/ Care certificates <input type="checkbox"/> Any relevant certificates <input type="checkbox"/> In-house training 	

EMPLOYMENT APPLICATION FORM

Please fill in this form and return it via email to info@standardcare.co.uk or post to Standard Care Limited, Unit, 2 Townmead Business, William Morris Way Fulham Road, SW6 2SZ.

All information provided by applicants will be treated with full confidentiality. Candidates are shortlisted for interview based on the application form alone. It is therefore essential that ALL sections are completed in full.

Please do not send a CV in place of your application form as this will be disregarded. You may add a CV to your application if you so wish.

Position applied for:		Reference Code:	
------------------------------	--	------------------------	--

PERSONAL DETAILS

Title			
First names(s)		Surname	
DOB (dd/mm/yyyy)			
Address			
	Postcode:		
Home phone no		Work phone no	
		Can we contact you here?	YES NO
Mobile phone no		Email address	

National insurance number	
----------------------------------	--

Do you require a work permit/visa to work in the UK?	YES	NO (<i>Delete as appropriate</i>)
If yes, what type of visa is it?		
Please state the expiry date of your current visa		

If selected, when would you be able to start work, or how much notice do you have to give to your current employer?	
--	--

NEXT OF KIN	
Full name:	
Relationship:	
Tel no:	
Address:	

HEALTH

Do you have any illness or condition which would impair your ability to carry out the duties of this post?

YES

NO (*Delete as appropriate*)

If yes, please give details:

Do you consider yourself to have a disability* or special need?

YES

NO (*Delete as appropriate*)

If yes, please indicate the nature of this disability:

**Disability is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial long-term adverse effect on ability to carry out normal day to day activities. 'Long term' means lasting (or recurring), or likely to last, for a year or more. 'Substantial' means it must regularly limit what you can do.*

If you are invited to an interview, do you have any specific requirements related to your disability?

YES

NO (*Delete as appropriate*)

If yes, please give details:

CAREER HISTORY

SECTION 1: CURRENT/MOST RECENT EMPLOYMENT

Your current or most recent employment may include voluntary work or work experience.

Organisation		
Job title		
Dates of employment <i>(State month and year)</i>	From: ____ / ____	To: ____ / ____
Current salary <i>(if any)</i>	£	
Brief description of duties / responsibilities		
Organisation		
Job title		
Dates of employment <i>(State month and year)</i>	From: ____ / ____	To: ____ / ____
Current salary <i>(if any)</i>	£	
Brief description of duties / responsibilities		
Organisation		
Job title		
Dates of employment <i>(State month and year)</i>	From: ____ / ____	To: ____ / ____
Current salary <i>(if any)</i>	£	
Brief description of duties / responsibilities		

SECTION 3: EMPLOYMENT GAPS

If there are any gaps in your employment, please ensure that you clearly identify the dates and provide information that clarifies the situation. Successful applications will be required to clarify all gaps in employment before a start date can be confirmed.

Date from <i>(State month and year)</i>	Date to <i>(State month and year)</i>	Reason for gap

EDUCATION & TRAINING

Please provide details of School, College, University or other Further / Higher Education attended.

Please provide details of any other qualifications or courses attended (this includes non-certified courses) which are relevant to this role. You will be required to produce evidence of your relevant qualification(s) on appointment.

Period <i>(state month and year)</i>		Name of establishment (School, University, Organisation etc)	Qualification gained / training completed
From	To		

This section is optional

If you have done Health & Social Care studies on your own, please indicate below. Be advised you may be asked to provide evidence which could be in the form of conversation or your private study records.

Period <i>(state month and year)</i>		What private studies did you do?	What motivated you to study the subject?
From	To		

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. 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.

Current or most recent Employer

Name:

Address:

Post code:

Tel No:

Job title:

Email:

Previous employer to the one above

Name:

Address:

Post code:

Tel No:

Job title:

Email:

Character reference

Name:

Address:

Post code:

APPLICANT RISK ASSESSMENT

Use this form if there are any deficits in the information and/or documentation supplied to you. In certain areas, the Manager has the authority to make a decision based on the balance of information available, but the reason must be explicitly recorded and retained, and the decision must have been responsibly reached with due reference to the aim of protecting vulnerable people.

References:

No reference from last employer: (state given reasons, investigations made, conclusions, if any, reached).

Inadequate range of references: (state given reasons, investigations made, conclusions, if any, reached).

Poor reference(s): (state given reasons, investigations made, conclusions, if any, reached).

Gap in employment: (state given reasons, investigations made, conclusions, if any, reached).

Disclosure: (For use if Disclosure process reveals convictions or warnings, which it has been decided to discount for recruitment purposes. IMPORTANT – do not record the offences here, that is a breach of data storage provisions – only state your reasons for discounting the Disclosures as a reason for not employing the applicant).

Signed (Registered Manager): _____ Date: _____

SCORE SHEET

Objective completion of this form is an essential element in discrimination risk management.

Scoring: 5 – FULLY MEETS REQUIREMENTS 1 –SIGNIFICANTLY BELOW REQUIREMENTS		
		SCORE
1. Personal Specification	Physical	
	Attainments	
	Special skills	
	Work attributes	
	Disposition	
	Circumstances	
2. Application Form	Training record	
	Employment record	
	Experience	
	Fitness	
3. ID received and satisfactory (interviewer sign):		
4. Documentary evidence of qualifications seen (sign):		
TOTAL SCORE:		

NOTE: It is essential that a decision to offer a post is made BEFORE taking up references, in order to avoid possible discrimination challenge, for which there is no limitation in Tribunal Award. In discrimination proceedings it is the duty of the accused to prove that discrimination did not take place, and the only effective defense is documented process. The offer letter states that the offer is subject to satisfactory references, therefore if any information is subsequently received which casts doubt on the ability of the applicant to satisfactorily carry out the duties of the post with suitable support and changes, a medical assessment can be invoked as per the offer letter.

DIVERSITY MONITORING FORM

Standard Care Limited is committed to being an equal opportunities employer. As part of this process we monitor the effectiveness of our recruitment practices. Therefore, could you please complete the following questions?

On receipt, this section will be detached from your application form BEFORE shortlisting takes place.

Full Name											
Post applied for											
Date of Birth											
Gender	M	Male					F	Female			

SOURCE OF ADVERTISEMENT

How did you learn about this vacancy? (Please tick the relevant box).

<input type="checkbox"/> SCL Website	<input type="checkbox"/> Job Centre	
<input type="checkbox"/> Gum tree	<input type="checkbox"/> Metro Newspaper	
<input type="checkbox"/> Guardian Online	<input type="checkbox"/> A friend told me	
<input type="checkbox"/> Came into the office	<input type="checkbox"/> Other	

ETHNIC ORIGIN

WHITE	BLACK OR BLACK BRITISH	ASIAN OR ASIAN BRITISH
<input type="checkbox"/> White British	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black African	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Scottish	<input type="checkbox"/> Black British	<input type="checkbox"/> Kashmiri
<input type="checkbox"/> White Welsh	<input type="checkbox"/> Black Other	<input type="checkbox"/> Indian
MIXED	CHINESE OR OTHER ETHNIC	<input type="checkbox"/> British Asian
<input type="checkbox"/> White and Black	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other Asian
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Other Ethnic group	
<input type="checkbox"/> White and Asian		
<input type="checkbox"/> Any other mixed background		

DATA PROTECTION

Any information given will be held on computer and in paper format and therefore falls within the provisions of the Data Protection Act 1998. This data shall be held securely for a period of 6 months when it will be erased / destroyed. In respect of successfully appointed candidates the data will be held securely for the duration of the employment contract. When termination occurs it will be archived for a period of 5 years, after which time all data relating to that person will be

Support Worker's Health Check

Regulation 21, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requires that all employees who work in care homes are both physically and mentally fit to undertake their duties.

Please answer the following questions:

1. How many days were you absent from work due to sickness in the last year?	No. of Days:
2. Have you ever suffered from: Allergies, eczema, dermatitis or other skin troubles?	YES / NO
3. Do you suffer from: Epilepsy, migraine, asthma, angina, heart trouble or any condition requiring long-term medical help or an on-going programme of medication	YES / NO
4. Have you ever suffered from: Mental illness including anxiety, stress, depression or nervous debility?	YES / NO
5. Have you ever required treatment for: Hernia or rupture, rheumatism, back problems, slipped disc, sciatica or Repetitive Strain Injury (RSI)?	YES / NO
6. Do you suffer from: Diabetes, ulcers, stomach or other intestinal disorders?	YES / NO

If you have answered yes to any of the health questions on the previous page, please provide further details below.

GP INFORMATION:

Name:

Address:

Contact (Can we contact your GP?): Yes or No. Please Circle

Declaration:

I confirm that I know of no reason, in relation to my physical and /or mental health why I would not be able to undertake the duties required for the post applied for.

Signed: Date: