Assured Optimal Care

Application Form Carers

STRICTLY CONFIDENTIAL **Application for Employment**
Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

1 PERSONAL DETAILS

Surname		First names	
Address		Previous Names	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			

Are you a citizen of the EU?	Yes	No	
Do you need a work permit?	Yes	No	
Current driving licence?	Yes	No	
Do you have a car for work use?	Yes	No	

2 NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

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3a PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

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

3b PREVIOUS EDUCATION

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

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MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months
Please enclose copies of your training certificates

Moving and Handling		Basic Life Support		Intermediate Life Support		Advanced Life Support	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis')	
Resuscitation of the Newborn (Midwifery)		Interpretation of Cardiotocograph Traces (Midwifery)		Practical			

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

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.

Your DBS status

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No		Yes	No	

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Issue Date			Disclosure Number	
Is this certificate registered with the update service	Yes	No		

All applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Assured Optimal Care will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

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6 REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address and Telephone No
1			
2			
3			

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 the present post_____

Earliest start date_____

Thank you for completing this application form.

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

Signature:		Date:	

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Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:		
Gender		Male
		Female
		I do not wish to disclose this

Race Relations (Amendment) 2000
I would describe my ethnic origin as (please indicate with a tick

Asian or Asian British		**Mixed Raced**		**Other Ethnic Group**	
	Bangladeshi		White & Asian		Chinese
	Indian		White & Black African		Any other ethnic group
	Pakistani		White & Black Caribbean		I do not want to disclose this
	Any other Asian background		Any other missed background		
Black or Black British		**White**			
	African		British		
	Caribbean		Irish		
	Any other Black background		Any other White background		

Employment Equality Regulations 2003
I Please select the option which best Please indicate your religion or belief describes your sexuality.

	Lesbian		Atheism		Sikhism
	Gay		Buddhism		Judaism
	Bisexual		Christianity		Hinduism
	Heterosexual		Islam		Other
	I do not wish to disclose this		Jainism		**I do not wish to disclose this**

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

Signature:		Date:	

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Applicant shortlisted	Yes	No
Interview Date:		

References requested:		
Verbal reference check	Yes	No
Date:		

Additional Notes from application

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

Notes for interview

Your Registration Checklist

To complete your registration you will be required to provide the following documentation

☐	Completed Registration Form – signed in all requested areas
☐	CV – E-mailed in word format – Your CV must cover full work history from education
☐	Your Right to Work in the UK as well as your passport and forms of I.D - **We require to see the originals of these documents.** (Posted originals will be returned the same day received by recorded delivery).
☐	Birth Certificate and Driving License

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☐	HPC or NMC Entry Certificate and up to date renewal card
☐	Copy of your most recent DBS – less than 1-year-old
☐	Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
☐	Mandatory Training Certificates > 1 Year ● Manual Handling ● Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support ● Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health & Safety, 'Quality, Diversion & Inclusion', Safe Guarding Children & Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you) ● Mental Health Nurses will need Restraint Training
☐	2x Passport Size Photos
☐	Proof of National Insurance Number
☐	2x Reference forms Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail
☐	If you do not want to be paid as an employee and instead you want us to be paid as a limited company, please ensure you send us: ● Certificate of Incorporation ● Evidence of limited bank details and company name ie bank statement or blank cheque ● VAT Certificate ● Signed Self Billing Form (enclosed)

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:		Date:	