

ST. MICHAEL'S HOME CARE LTD JOB APPLICATION FORM





St. Michael's Home Care Ltd

Application guide

This guide is designed to help you with application process. This application form plays an important role in determining whether or not you qualify for the next stage of the recruitment process. Please read the following information carefully before proceeding further.

The Person Specification

- The person specification contains the experience, knowledge, skills and qualifications that are required. It is important to include these on your application form
- Think of any experience that you have acquired through volunteer work, community activities, or any informal experience (looked after family, friend)

The Job Description

- The job description explains the duties that you will be involved in and expected to carry out on daily basis
- Check if this is the role you are interested in and will you want to pursue as a career

Employment History

- List your work history, start from your most recent employment and write in chronological order.
- Make sure that any gaps in employment are explained with reasons
- Ensure you write the correct dates of your employment (include both start and finish)

Additional Information Sheet

- Write about your experience that is relevant to the post you are applying for
- Refer to the person specification and job description- you should relate your experience to those. You can refer to formal or informal experience
- Write in a positive manner, show your experience, skills and suitability for the post

Ensure that you:

- Type or hand write your application form clearly using black ink remembering to sign the form
- Email your form to us, or post it back to the address indicated on the form/letter



PERSONAL DETAILS

POST APPLIED FOR:															
Title:															
Surname:			First Name(s):												
Address:															
Home tel. number:				Mobile tel. Number:											
Email address:															
National Insurance number:											Work permit Required:	YES		NO	
Full UK driving license:										Business Insurance:	YES		NO		
Endorsements: Please give details										Access to car For work:	YES		NO		
What areas/distance are you willing to travel:															
Membership of Professional Body(give details)															
Languages spoken:															
How did you hear about the Vacancy:															
Next of kin name:				Tel number:											
				Email:											

Availability	Morning	Lunch	Teatime	Evening	How many hours are you looking to work per week?	
Monday					Is there anything else we should know about your availability?	
Tuesday						
Wednesday					Are there any other restrictions or Activities that will limit your availability?	
Thursday						
Friday					Do you have any holidays pre-booked?	
Saturday						
Sunday						

Have you ever been a subject to disciplinary process by your previous employer?	YES		NO	
If YES, please give details and outcome:				



EDUCATION/QUALIFICATIONS/TRAINING

Please give details about qualifications gained - continue on a separate sheet where necessary:

EDUCATION / QUALIFICATIONS		
Schools attended	Date	Qualification and Grade

TRAINING (If you have completed any relevant training to this post please give details)		
Training Body and Course details	Date	Qualification achieved

EMPLOYMENT BACKGROUND (please continue on a separate sheet if necessary)

CURRENT / MOST RECENT JOB			
Employer's name and address			
Job Title		Notice required	
Reason for leaving			
Brief Description of Duties			Dates (month & year)
			From
			To



PREVIOUS EMPLOYMENT (PAID AND VOLUNTARY)

Please detail the most recent first. Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. **Continue on a separate sheet if necessary**

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	If Yes, give reason
		From	To

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	If Yes, give reason
		From	To

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	If Yes, give reason
		From	To

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	If Yes, give reason
		From	To



REFERENCES:

Please provide us with details of three references, one of which **must** be your present or most recent employer. The other referee will ideally be your most recent previous employer.

If you cannot provide us details of your previous employer, you may substitute it from the person of professional standing (e.g. a lawyer, accountant, doctor, teacher, recognised religious leader) who knows you, either professionally or personally.

You must not give the names of friends or relatives or colleagues that were not senior to you as referees. All referees will be verified.

Name :				FOR OFFICE USE ONLY Date refs sent:/....../201.. Date refs received:/....../201.. Verified by: Date refs verified:/....../201..
Position :				
Organisation :				
Address :				
Tel Number :		Email:		
Capacity in which they know you:				
May we contact this reference prior to interview?				

Name :				FOR OFFICE USE ONLY Date refs sent:/....../201.. Date refs received:/....../201.. Verified by: Date refs verified:/....../201..
Position :				
Organisation :				
Address :				
Tel Number :		Email:		
Capacity in which they know you:				
May we contact this reference prior to interview?				



Name :			FOR OFFICE USE ONLY Date refs sent:/...../201.. Date refs received:/...../201.. Verified by: Date refs verified:/...../201..
Position :			
Organisation :			
Address :			
Tel Number :		Email:	
Capacity in which they know you:			
May we contact this reference prior to interview?			

SHORT LISTING INFORMATION

Skills and Abilities/ Knowledge & Experience/ Qualities

This is an important part of the application.

Please provide a brief description of how did you overcome a challenge that you handled in work environment or in your personal experience.

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Please continue on a separate sheet if necessary



Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

Please continue on a separate sheet if necessary

Please indicate if you have suffered from any of the following ailments and give details of any current medication or treatment and date of last related condition.

Ailment	Yes	No	Description
Headaches			
Blackouts			
Backache			
Heart/Blood Pressure			
Rheumatism/Arthritis			
Allergies			
Infectious Disease			
Respiratory Problems			
Visionary Problem			
Hearing Loss			
Mental Illness			
Stress Related Illness			
Recurring Chronic Illness			
Any Other Condition			
Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If Yes, please give further details.			
Are you currently on medication (excluding contraceptives)? If YES, please give further details.			
Have you been off sick in the last 12 months of your employment? If Yes, you must give details on how many days and how many times you were off sick.			



Rehabilitation of Offenders Act 1974

As an organisation assessing applicants' suitability for the roles that are included in Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal records checks processed through the Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all the applicants for positions fairly.

The position that you have applied for involves working with vulnerable people and we take the responsibility to protect them very seriously. Any details provided will be treated with confidentiality and will not automatically exclude you from being considered for the vacancy.

Have you ever been convicted of a criminal offence or received a Police conditional discharge, bind-over, caution, warning or reprimand?	Yes		No	
Have you ever been issued with a Penalty Notice for Disorder?	Yes		No	
If so, what was the offence?	Date:			

You must write a statement on a separate sheet with full explanation of any offence(s).

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Print Name:	
Signature:	
Date:	



DECLARATION

Please read the following statements carefully and tick as you have read them. If you don't understand anything, please ask the team before signing this form.

I understand and agree that:

- ☐ All the information given is true and I understand that any false or misleading information may result in my removal from St. Michael's Home Care's register of applicants;
- ☐ I confirm that I am eligible to work in the UK;
- ☐ The company may make checks to verify the information I have provided;
- ☐ The information I have provided in this application form is confidential and will be handled in line with the Data Protection Act 1998;
- ☐ I consent to processing of sensitive personal data in accordance with Data Protection Act 1998;
- ☐ The company will use the personal information I have provided to decide if I am suitable for the vacancy I have applied for;
- ☐ Until I am employed, St. Michael's Home Care will not use my personal information for any purpose other than monitoring its own recruitment processes
- ☐ Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal;
- ☐ If my application is unsuccessful, the company will keep only basic information about me and destroy the rest;
- ☐ If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, which I will sign before I start work, will include further detail on how my information may be used);
- ☐ Any offer of employment will depend on the satisfactory completion of a Disclosure and Barring Service (DBS);
- ☐ I will be liable for the cost of my initial Disclosure and Barring Service (DBS) check (£52) but that the company will refund this cost to me after successful pass of my probation and the Company will bear the cost of any future disclosures that need to be made;
- ☐ I will be required to complete a pre-employment induction training programme prior to my starting work with the company;
- ☐ My attendance on the induction training programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment;
- ☐ I will be liable for the cost of my induction training (£75) if I leave the company's employment within six months and I will also be liable for the cost of uniform (£50) as well as any other company property, if it not returned in good condition. This sum may be deducted from my final wages;
- ☐ I will be paid for 30 hours of class based induction training and shadowing training at a current minimum wage rate after successful probation period from the employment start date and completion of Care Certificate.
- ☐ I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print Name:	
Signature:	
Date:	



OFFICE USE ONLY:

Application form assessed by:

Name:	
Position:	
Signature:	

Based on the completed application form, is the person successful to proceed with the interview?	Yes		No	
If 'No', please explain the reason why:				

<p>Make sure a rejection letter is issued and sent to any unsuccessful applicant.</p> <p>Successful candidates should be invited to the interview and invitation letter needs to be sent out.</p>
Signed:
Date:
Notes: