|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied for: |  | Available Start  Date: |  |

A logo for a home care company

Description automatically generated

|  |
| --- |
| Please complete this form to the best of your ability, if you require support please contact our office team – [hello@eastoncare.co.uk](mailto:hello@eastoncare.co.uk) we will be happy to help. To be complete by hand or edited and emailed. We will respond to all applications within a two-week time frame.  *THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.*  **SECTION ONE – PERSONAL DETAILS** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | **First Name:** |  | **Title:** |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone :** |  | **National Insurance :** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Mobile Telephone :** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

Are you free to remain and take up employment in the UK Yes No

with no current immigration restrictions?

If you are subject to a current visa, are there any restrictions around Yes No

your working requirements?

If yes please give details

Do you hold a full, clean Driving License in the UK? Yes No

|  |
| --- |
| Do you have a current live DBS on the update service? Yes No    How many hours per week would you be available to work?  *If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment.* |

|  |
| --- |
| **SECTION 2 PRESENT EMPLOYMENT**  **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| Post Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |  | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |  |

|  |  |
| --- | --- |
| **Brief description of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |  | **Last day of service**  (if no longer employed)**:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |
| --- |
| **SECTION 3 PREVIOUS EMPLOYMENT**  **Previous Employment** (most recent employer first). |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties & reason for leaving :** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |
| --- |
| **SECTION 4 EDUCATION**  *Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:* |

|  |  |  |
| --- | --- | --- |
| **College or University** | **Course** | **Qualifications and grades obtained** |
|  |  |  |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |
| Continue on a separate sheet if necessary | | | |

Are you currently completing an educational qualification? Yes No

If yes please give details

|  |
| --- |
| **SECTION 5 PROFESSIONAL, TECHNICAL OR MANAGEMENT QUALIFICATIONS**  **PLEASE GIVE DETAILS:** |

|  |  |
| --- | --- |
| **Professional/Technical/**  **Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional / Technical Associations- Please state level of Membership:** | |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| **SECTION 6 TRAINING AND DEVELOPMENT**  *Please give details of any training and development courses or non-qualifications courses which support your*  *application. Include any on the job training as well as formal courses.* |

|  |  |
| --- | --- |
| **Title of Training or Course** | **Duration of Course** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| **SECTION 7 PERSONAL STATEMENT**  **Abilities, skills, knowledge, and experience.**  *Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. This section is important for us to get to know you, please ensure information given is not copied via the internet. Be as detailed as possible.* |

|  |
| --- |
|  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| **Section 8** **DISCLOSURE AND BARRING SERVICE CHECKS**  **AND ISA BARRED LIST** |

The Company is obliged to ensure that all employees who provide services to vulnerable people are subject to a valid enhanced disclosure check undertaken through the (DBS). The Company will also carry out checks against the adults' barred list.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details / dates of offence(s) and sentence: |
|  |

The Company will not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out work with vulnerable people or who may otherwise present a risk to those vulnerable people.

I can confirm that the information given is true to my knowledge:

Signed Date

|  |
| --- |
| **SECTION 9 DISABILITY DISCRIMINATION ACT**  *This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| *We will strive to provide a safe work space for every person working within our teams providing us with details will allow for us to accommodate your specific needs where possible.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do we need to make any specific arrangements for you to attend the interview? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **SECTION 10 HEALTH**  Successful applicants may be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed. |

State your total sick days in the last 2 years ….

State your number of occasions in the last 2 years ….

**SECTION 11 REFERENCES**

|  |
| --- |
| *Please give the names and addresses of your two most recent employers and one personal referee who we are able to contact for a character reference. If you are unable to do this, please clearly outline who your references are.* |

|  |  |  |
| --- | --- | --- |
| **Reference 1**  **Most Recent Employer Reference** |  | **Reference 2**  **Previous Employer Reference** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |  | **Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | | **Address:** |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  | Postcode |  |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  | Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  |

|  |  |
| --- | --- |
| **Reference 3**  **Personal Referee** |  |

|  |  |  |
| --- | --- | --- |
| Name: |  | Are you willing for this referee to be approached prior to the interview?  **Yes** **No** |

|  |  |  |
| --- | --- | --- |
| Position (job title): |  |  |

|  |  |  |
| --- | --- | --- |
| Relationship: |  |  |

|  |  |  |
| --- | --- | --- |
| Organisation: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | Postcode |  |  |

|  |  |  |
| --- | --- | --- |
| Telephone No: |  |  |

|  |  |
| --- | --- |
| E-mail: |  |

|  |
| --- |
| **Section 12 Recruitment Monitoring Form** |

|  |
| --- |
| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Office manager purely for monitoring purposes. |

|  |  |
| --- | --- |
| Application for the post of: |  |

|  |
| --- |
| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. |

|  |
| --- |
| What is your Ethnic Group? |
| Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. White | |  | D. Black or Black British | |  |
| White UK | |  | Black Caribbean | |  |
| Irish | |  | Black African | |  |
| White non-UK | |  | Any other Black background  (please give details): | |  |
| Any other White background  (please give details): | |  | |  |  |
|  |
| B. Mixed | |  | **E. Chinese or other ethnic group** | |  |
| White & Black Caribbean | |  | Chinese | |  |
| White & Black African | |  | Vietnamese | |  |
| White & Asian | |  | Any other ethnic background  (please give details): | |  |
| Any other Mixed background  (please give details): | |  | |  |  |
|  |
| C. Asian or Asian British | |  | **F. I do not wish to provide this information** | |  |
| Indian | |  |
| Pakistani | |  |
| Bangladeshi | |  |
| Any other Asian background  (please give details): | |  |
|  |

|  |
| --- |
| **Section 12 Recruitment Monitoring Form continued** |

|  |
| --- |
| Gender |
| Male |  | Female |  |

|  |
| --- |
| **Disability** |
| *Disability is defined as “physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself disabled? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| Age Group |
| 16-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | 66-70 |  |
| Over 70 |  |

|  |  |
| --- | --- |
| Media | |
| Please state where you saw this post advertised | |
|  | |

|  |  |  |
| --- | --- | --- |
| For Office Use Only: | | |
| Start Date: |  |
|  |  | |