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| **INTERNAL USE ONLY**  **JOB REFERENCE & CANDIDATE NUMBER** |  |

**Please complete this form as fully as possible and return to jobs@caringtogether.org If you are unsure of anything in this form, call and speak with someone in the people team on 01480 499090.**

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| **Post applied for** |  | |
| **How did you hear about this role?** | Refer a friend (Please state name) |  |
| Social media (specify platform or website) |  |
| Other |  |

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| **Personal details – part A** | | | | | | | | | |
| **Preferred title (Mr Mrs Miss Ms other (specify)** | | | | |  | | | | |
| **First name(s)** |  | | | | | | | | |
| **Last name/family name** |  | | | | | | | | |
| **Address** |  | | | | | | | | |
| **Postcode** |  | | | | | | | | |
| **Telephone numbers**  Please indicate preferred daytime contact number | Home |  | | | | | | | |
| Mobile |  | | | | | | | |
| Work |  | | | | | | | |
| **Email address** |  | | | | | | | | |
| **Current UK driving licence** Please tick as appropriate | | | Yes |  | | No |  | Other |  |
| **Please state country of issue if not UK** | | |  | | | | | | |

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| **Asylum & Immigration Act 1996** |

We are required to check the eligibility of potential employees to work in the UK and as an employer could face a civil penalty if we employ any person who is not entitled to work here.

**You will be required to bring proof of eligibility to work in the UK with you to your interview. If you have a work permit please bring this to the interview.**

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| **National insurance number** |  |  |  |  |  |  |  |  |  |

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| **Care workers roles - please see part C where you will need to identify your availability to enable us to process your application** |

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| **References** |

**Please give names, addresses and contact numbers of two people who can provide a reference for you. They should be your last two employers. If you have only one previous employer you may give the name of any other person who can provide a reference for you but this should not be a partner or a member of your family. We do not approach referees until after interview. Please also let us know if you were known by another name to these referees.**

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| **Reference 1 – present employer** | | | | | |
| **Name** |  | | | | |
| **Job title** |  | | | | |
| **Organisation** |  | | | | |
| **Address and postcode** |  | | | | |
| **Telephone number** |  | | | | |
| **Email address** |  | | | | |
| **How is this referee known to you?** |  | | | | |
| **Do you wish to be contacted before we approach this referee?** Please tick as applicable | | Yes |  | No |  |

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| **Reference 2 – previous employer (Please indicate if this referee is not a previous employer)** | | | | | |
| **Name** |  | | | | |
| **Job title** |  | | | | |
| **Organisation** |  | | | | |
| **Address and postcode** |  | | | | |
| **Telephone number** |  | | | | |
| **Email address** |  | | | | |
| **How is this referee known to you?** |  | | | | |
| **Do you wish to be contacted before we approach this referee?** Please tick as applicable | | Yes |  | No |  |

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| **Rehabilitation of Offenders Act** |

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and final warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of homecare services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

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| **If you have no convictions please write NONE** |  |

If you have any previous or outstanding convictions, cautions, reprimands or final warnings, you will only be asked to supply details of the type of offence, date, sentence, fine, etc. if you are invited for interview.

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| While aged 18 and over, have you lived abroad for more than 12 months in the last 10 years or more (whether continuously or in total)? Is yes, please state where? | Yes | No |
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| If you hold a Visa to live and work in the United Kingdom, can you provide a criminal record certificate? | Yes | No | N/A |
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| **Disciplinaries or grievances** | | |
| **Have you been involved in any disciplinary or grievance procedures in the last two years, or do you have any issues pending?** Please tick as appropriate | Yes | No |
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| If yes, please provide further information | | |

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| **Declaration** |
| **I declare that all the information I have given on this form is true and accurate, to the best of my knowledge. Please note that if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.**  **Signed: Date:** |

All short listing will be carried out on a completely fair basis in accordance with Equal Opportunities Legislation and our organisation’s policy.

All application forms and data collected on behalf of the recruitment process will be stored and destroyed in compliance with GDPR.

**Name:** …………………………………………..…

Please complete the table below giving your availability to work. Please note that this availability will be used to schedule care calls and, once agreed, this will be used in your contract of employment.

We will do everything possible to match customer requirements with your availability. However, please note that you stating you are able to work between the hours of 7am-6pm, for example, may not result in that reflecting your actual working day.

Any time between visits not spent travelling, which lasts 20 minutes or more, is regarded as a rest break. You will be paid for a return journey home if there is >1 hour between visits.

Please amend with actual times if availability is not within the hourly slots e.g. 7.30am.

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| **Hours** | **Mon** | **Tues** | **Weds** | **Thur** | **Fri** | **Sat** | **Sun** |
| **06:00** |  |  |  |  |  |  |  |
| **07:00** |  |  |  |  |  |  |  |
| **08:00** |  |  |  |  |  |  |  |
| **09:00** |  |  |  |  |  |  |  |
| **10:00** |  |  |  |  |  |  |  |
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| **The minimum is 16 hours per week. How many hours would you like to work?** |  |

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| **Occasionally you could be contacted for assisting with unplanned care calls from 24.00-06.00. Please indicate below if you would be happy to be contacted in such an emergency situation.** | | | |
| **Yes I am happy to be contacted** |  | **No I would rather not be contacted** |  |

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| **Preference to work with** please tick | Adults |  | Children |  | Either |  |

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| **Which areas would you like to work in?** Please tick appropriate boxes | Cambridge City |  | East Cambridgeshire |  |
| Fenland |  | Huntingdonshire |  |
| Peterborough |  | South Cambridgeshire |  |
| SE Norfolk |  | NE Norfolk |  |
| West Norwich |  | Norwich City |  |

**Additional information**

**Please list below anything else you think Caring Together should be aware of concerning your working hours, e.g. childcare commitments, other caring commitments.**

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**I understand that this is my agreed availability and will form part of my contract.**

**I understand that unless there are extenuating circumstances cannot change for at least six months following the date of this agreement.**

Candidate name ……………………………………..… (block capitals)

Candidate signature ……………………………………..… Date ……………………..

**Manager to sign upon appointment**

Manager signature ……………………………………..… Date ……………………..