**Our mission Statement: “To provide a Person – Centred approach in delivering an excellent standard of care and support to organisations and individuals alike.”**

**APPLICATION FORM (** November 2017)

**The recruitment process within this organisation has a minimum of two stages.**

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

Please note that we are an organisation committed to safer recruitment practice and follow a stringent safeguarding and vetting policy, including the completion of enhanced DBS checks and the checking of the children’s and adults Barred Lists and we are an equal opportunities employer.

It is an essential requirement for the holder of this position to have sufficient spoken English and a basic level of functional skills, including written literacy and numeracy, in order to be able to fully participate in all mandatory and specialist training involved and to complete the clients record sheets and written reports for social services, as required.

The GS company ethos is one of working towards a set of core values and operating principles, which are used to set the tone for the company’s overall operations. In general, this ethos expresses the way that the company wants to behave.

PLEASE COMPLETE FULLY AND IN CAPITALS.

|  |  |
| --- | --- |
| **Position applied for:** | **SUPPORT WORKER -** |
| Please list your availability i.e.  **Full-time/Part time/Weekend Only/Other –**  **WHICH VACANCY PACKAGE NUMBER YOU ARE INTERESTED IN…** |  |
| **Surname:** | **First name(s):** |
| Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc.) |  |
| **Current address:** |  |
| Post code: | Moved to this address on (date): |
| **Previous address/es if applicable:**  Note: For Criminal Record check purposes, addresses covering at least the last five years up to the application date MUST BE supplied  If necessary, use another sheet of paper. |  |
| Post code: | Moved to this address on (date): |
| Telephone number (home): | Mobile number: |
| Own Transport Yes / No  How long has your license been held? | Clean current driving license: Yes / No  Endorsements: |
| **Email address details:** |  |
|  |  |
|  |  |

**EDUCATION**

|  |  |
| --- | --- |
| School/College/University-starting with the most recent | Examinations Passed/Qualifications gained & grades  *(Please supply copies of certificates if called to interview)* |
|  |  |

**TRAINING HISTORY/PROFESSIONAL STATUS**

|  |  |  |
| --- | --- | --- |
| Date of Graduation/Qualification | Location/Details | Notes |
|  | *(Please supply copies of certificates/membership details)* |  |

**SHORT COURSES ATTENDED**

|  |  |
| --- | --- |
| Subjects | Location |
|  |  |

**EMPLOYMENT HISTORY**

Current/most recent first.

Information must cover the whole of your working life to date, from leaving school to present...

Please state the reasons for any breaks or gaps in employment. Use a separate attached sheet if required; please sign that sheet(s) also. You may attach a recent CV as well, but this cannot replace the completion of this document.

|  |  |
| --- | --- |
| **Name and address of your current/most recent/last employer:** |  |
| Date employed from: |  |
| Nature of business/job title: |  |
| Position held, **date left and reason for leaving :** |  |
| Salary / Rate: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed from: |  |
| Nature of business/job title: |  |
| Position held and **date and reason for leaving:** |  |
| Salary / Rate: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed from: |  |
| Nature of business/job title: |  |
| Position held and **date and reason for leaving**: |  |
| Salary / Rate: |  |
| **Other roles** (use additional sheet if required): |  |
|  |  |
|  |  |

Please give full details of any relevant experience. This may be taken from the work situation, voluntary work, charity or your own or home experience etc. Please use a separate sheet if insufficient space is available below :

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |  |
| --- | --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process?  For example, large print forms or additional time to complete forms?  We are an equal opportunities employer  Yes / No | |
| If yes, please give details: | |
| Any offer of employment may be made subject to a satisfactory medical report, and is totally dependent on the return of satisfactory references and DBS application checks results. | |
| GP’s name: |  |
| Address: |  |
| Tel no: |  |
| *(Your GP will not be contacted without your permission)* | |

**NEXT OF KIN**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship: |  |
| Tel no: |  |
| Address:  **Email :** | |

**CAPACITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No  *(circle as appropriate)* |
| If yes, please provide details. | |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No  *(circle as appropriate)* |

**Note: Minimum age** legislation dictates that care workers in general must be at least16 years old. Please inform your interviewer immediately if you do not meet this specification. To carry out work in the children’s/ residential homes, the staff need to be at least 5 years older than the clients involved - 21 years old.

The post that you are applying for is covered by the “Disqualification from Caring For Children (England) Regulations 2002.” You are therefore required to answer the following questions:

1. Has a child of yours ever been subject of a care order? Yes/No

2. Has a child of yours ever been removed from your care or prevented

from living with you? Yes/No

3. Have you ever been involved with a voluntary or a registered home,

which has been removed from the register? Yes/No

4. Have you ever made an application for a voluntary or a registered home,

that has been refused? Yes/No

5. Have you ever been prohibited from being a private foster parent? Yes/No

6. Have you ever been refused registration to be a private child minder or

provider of day care or had your registration of either of these cancelled Yes/No

Signed …………………………………… Dated ………………………………

**REFEREES**

You **must** provide references from your **two most recent employers** and account for all of your working life since leaving school please. Please continue on another sheet and attach as necessary.

Please provide an additional character referee. All will be contacted, therefore please inform the named referees of the fact that you have used their name and that we will be in contact with them shortly. We may also send out requests for “Letters of Suitability” to some of the previous employers or contacts that you have supplied us. 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: | **Email address**: |
| Job title of this employer : |  |
| There from; To; | **Applicants/Your position**: |

\* OFFICE USE ONLY \*

|  |  |
| --- | --- |
| Date Requested: |  |
| Date Chased: |  |
| Date Received: |  |

**Previous employer to the one above**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: | **Email address**: |
| Job title of this employer: |  |
| From; To : | **Applicants/Your position:** |

\* OFFICE USE ONLY \*

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| --- | --- |
| Date Requested: |  |
| Date Chased: |  |
| Date Received: |  |

**Character reference**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: | **Email address** : |
| Relationship to you: |  |
| Known to you for how long : |  |

\* OFFICE USE ONLY \*

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| --- | --- |
| Date Requested: |  |
| Date Chased: |  |
| Date Received: |  |

**CRIMINAL RECORD**

Workers of The Company are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the **DBS process**. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the DBS Register(s).

|  |
| --- |
| **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.** |
|  |
| **SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING** |
| **I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.**  **I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.**      **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

To assist us in the screening process please complete the sentences below:

Name 5 things that are important to you whilst at work:

What support do we need to give you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 5 things that are important to you outside of work:

What do people like and admire about you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What do you like about yourself?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of a learner are you/ how do you best learn?

THANK YOU FOR COMPLETING THIS APPLICTION FORM.

PLEASE RETURN IT TO US BY EMAIL, BY POST OR IN PERSON.