



## EMPLOYMENT APPLICATION FORM - COMMUNITY CARE ASSISTANT -

(Must be completed by the applicant using own handwriting and not by any other acting as proxy)

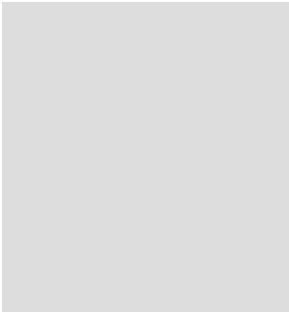
- PLEASE COMPLETE IN BLACK INK -

### IMPORTANT NOTE

**PREVENTION OF ILLEGAL WORKING:-** Everycare has a legal duty to verify the eligibility of applicants to work within the United Kingdom. For UK and EEA (European Economic Area) and Swiss citizens this can be sight of and a retained copy of your passport. For applicants from other countries (including applicants from some countries that are more recent entrants to the EU) we will need to see either an 'Identity Card for Foreign Nationals' issued by the UK Border Agency or alternatively some other satisfactory proof of your right to work in the UK, in addition to your passport. We will conduct checks with the Home Office UK Border Agency on an applicant's eligibility to work in the UK if we deem it necessary. Eligibility to work regulations change from time to time, therefore we recommend you refer to the Home Office web site for the latest information ([www.ind.homeoffice.gov.uk](http://www.ind.homeoffice.gov.uk)). **All verification documents must be the original.**

**PAGES 1 & 2 ARE FOR OFFICIAL USE ONLY  
PLEASE COMMENCE ON PAGE 3**

RECENT PHOTOGRAPH



SURNAME \_\_\_\_\_

FORENAMES \_\_\_\_\_

EVERYCARE STAFF CODE \_\_\_\_\_

QUALIFICATIONS \_\_\_\_\_

SPECIALITIES \_\_\_\_\_

Appointment date			
Interviewed by	Signed		
References 1.	Requested	Received	
References 2.	Requested	Received	
UNION Membership?	YES / NO	If YES enter details	
Ethnic Origin Entered On Equal Opportunities Monitoring Form	YES / NO		
(If Applicable) Identity Card for Foreign Nationals or other proof of right to work in the UK checked and copy placed on Staff File	YES / NA	Card No. _____	
		Expiry Date. _____	
Accounts Information sent	Details	P46	P45

APPLICANT'S SUITABILITY FOR POST

Interviewing Manager's Comments	
Experience	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Professional Development	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Perception of Role	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Perception of Needs of Client Groups	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Personal Qualities	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**PERSONAL DETAILS** (Please make all entries in block capitals in the spaces provided)

Title \_\_\_\_\_ (Mr. Mrs. Miss. Ms.) Surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Permanent Address

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

Home telephone number \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Email Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male/female \_\_\_\_\_

Maiden Name \_\_\_\_\_

N.I. Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Religion \_\_\_\_\_

Work Permit expiry date \_\_\_\_\_ (if applicable)

Name of Next of Kin \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

Home telephone number \_\_\_\_\_

Address \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

ETHNIC ORIGIN										
Black									Asian	Other
African	Caribbean	Other	Indian	White	Arab	Pakistani	Bangladeshi	Chinese	Other	please specify

Driving Licence YES/NO

Car Owner YES/NO

What areas are you prepared to travel to \_\_\_\_\_

Will you be working solely for Everycare YES / NO

Reason for application \_\_\_\_\_

How did you hear about Everycare?

Local advertisement \_\_\_\_\_

Through another Everycare employee (name) \_\_\_\_\_

Website/Internet (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**SECONDARY & FURTHER EDUCATION**

(Start with most recent)

Full-Time School/College Attended	From	To	Qualification & Grades achieved

**PROFESSIONAL TRAINING & QUALIFICATIONS**

(Start with most recent)

Name & Address of Training Body	From	To	Qualification Achieved

Are you a member of a professional body?      Yes       No

If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_



**DISCIPLINARY DISCLOSURE & ABUSE STATEMENT**

Have you ever been subject to any disciplinary process involving Gross Misconduct by an employer, or been required to attend such a process (whether or not this resulted in dismissal)?

NO     YES

Have you ever been referred to the POVA list (Protection of Vulnerable Adults), POCA (the Protection of Children Act) or the ISA (Independent Safeguarding Authority) on the grounds of misconduct which has harmed or caused risk of harm to a vulnerable adult or child? (whether or not this resulted in any disciplinary process or dismissal)?

NO     YES

If you have answered YES to any of the above, describe fully the circumstances, the outcome of any investigations and the final decision reached by your employer.

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**WHAT ARE YOUR MAIN INTERESTS AND HOBBIES?**

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**PLEASE PROVIDE A BRIEF DESCRIPTION OF ANY EXPERIENCE RELEVANT TO THIS APPLICATION**

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How many hours per week are you normally available to work? \_\_\_\_\_ hrs

Period/s of the week you are available to work?

Morning       Day       Evening       Night       Weekdays       Weekends

Total Number of days absent due to sickness within the last 12 months: \_\_\_\_\_ Number of occasions \_\_\_\_\_

## REFERENCES

Please give the names and addresses of two referees. One of these must be your current or most recent employer and must be a senior line manager who knows you. Referees cannot be non-employing friends, acquaintances or family members. Other referees may be acceptable, for instance tutors etc. if you have recently left or are still in college or education. If in doubt about the acceptability of a referee please discuss with an Everycare manager before completing this section.

1. Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_

FAX No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_

FAX No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## REHABILITATION OF OFFENDER ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exception Order 75) the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should therefore include any "spent" convictions:-

Have you ever received a caution, been convicted of a criminal offence **including any spent convictions** or have any outstanding pending prosecutions? (NB a criminal conviction may not necessarily prohibit your employment; however we will require further details at interview).

YES       NO

Regulations require that we obtain an Enhanced Disclosure from the Criminal Records Bureau (CRB) for any temporary staff supplied to our client groups. The disclosure incorporates a check against the POVA (Protection of Vulnerable Adults), the POCA (Protection of Children Act) and the ISA (Independent Safeguarding Authority) registers. As a Registered Body, we conduct the check at cost on your behalf. You will have to pay the current fee to us on completion of a satisfactory interview before your application can be processed. Your payment will not be refunded should your application be unsuccessful or you withdraw your application.

I agree to your obtaining an Enhanced CRB Disclosure.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Note:- An appointment will be made with you to undertake the CRB Disclosure application process. Please see our separate CRB Information Sheet, which contains details of the documentation you will need to bring with you.

