Application Form – Care Worker
Building 3, Chiswick Business Park, 566 Chiswick High Road, London, W4 5YA
Tel: 020 8899 6123



Care Concern is a successful organisation committed to establishing and maintaining a working environment where business is conducted in a straightforward and fair manner.

**Please write CLEARLY and fill in ALL sections of this form; failure to supply certain details may delay the process of your application. All information will be treated as confidential.**

**Date of application:**

Title:

First name:

Surname:

Maiden Name:

Date of Birth: (DD/MM/YY)

Marital Status:

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: Mobile:

Email:

Are you a car driver? Y/N

Do you have a clean driving licence? Y/N

Do you have (or can you arrange) comprehensive insurance for business use? Y/N

Passport number: Work Permit no:

National Insurance number: Ethnic origin:

Hobbies and Interests:

Can you cook? Y/N

Do you smoke? Y/N

How did you hear about Care Concern Homecare Ltd?

**Education:** (Schools, Colleges, University – please include dates)

**Qualifications relevant to the role:** (e.g. Nursing, NVQ/QCF diploma with dates)

**Five year employment history:** (Current CV acceptable if preferred)

Please list your previous employment, starting with your current or most recent job. Any gaps in employment must be explained.

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| --- | --- | --- | --- |
| **Name and address of Employer** | **Job title** | **Dates of employment** | **Duties and responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What days/hours are you available for work?

How many hours per week are you willing to work?

**Personal statement** (to be no longer than one side of A4)

Please outline:

* why you want to work for us
* why you think you are suitable for this role
* what skills and experience you have that are relevant to this role

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**Exemption from the Rehabilitation of offenders Act 1974**

The nature of the work for which you are registering is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Order (Exceptions) Order 1975. Accordingly, it is a requirement that all previous convictions are declared, even those which would otherwise be regarded as ‘spent’. Details of any convictions must be recorded on this registration form. Any such information given will be treated confidentially, and considered only in relation to this application for registration.

**Do you have any unspent convictions, cautions, reprimands or warnings?**  Y/N

**As you will see from the job description this position may involve some moving and handling, working at nights and lone working.  With the job description in mind do you have any medical condition that would require adjustments in the workplace and if so what would these be?**

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I declare that I am in good health physically and mentally.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referees**

Please give details of **3** referees. One must be from your last employer. Referees must be able to provide objective, bona fide descriptions providing confirmation of your capability or potential as a care worker. **Close relatives are not acceptable.**

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| --- | --- |
| **Name:** | Relationship to you: |
| Address: |  |
| Phone: |
|  |
| Post Code: | Email: |

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| **Name:** | Relationship to you: |
| Address: |  |
| Phone: |
|  |
| Post Code: | Email: |

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| --- | --- |
| **Name:** | Relationship to you: |
| Address: |  |
| Phone: |
|  |
| Post Code: | Email: |

**For office use only:**

Date references sent for:

Date references received: 1) 2)

Interviewed by: 1. 2.

|  |  |
| --- | --- |
| DBS dated less than 3 months: Y/N  | Date of DBS:  |
| Original seen and photocopied: Y/N | On update service: Y/N |
| Comments: |

In my opinion, the above named is physically and mentally fit for work.

Signed: Position: Date: / /

**Start Date: / /**