Sodark Care LTD

Application Form

Thank you for showing an interest in Sodark Care LTD. We offer an excellent personal service and look forward to working with you now and for a long time to come.

If you have any problems filling out this form, or any questions regarding the compliance process please call the office on 07853655758 / 01442817262 (local rate).

When complete, please email this application form back to your consultant, send it to

info@sodarkcareltd.co.uk

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| --- |
| **Employment Application for Carers / HCA****To ensure your application can be processed please****Ensure the form is fully filled out.****Use black ink and complete in capitals** |

**APPLICATION FOR EMPLOYMENT**

Sodark Care LTD

**07939293661 / 01442767394**

**PLEASE COMPLETE FULLY AND IN CAPITALS**.

|  |  |
| --- | --- |
| **Position applied for:** |  Health Care Assistance |
|  **Approx. no. of hours wanted** |  39hrs |
|  **Full-time**  (please circle which you want to work) |  **Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only**(please circle which you are able to work) |
|  **First name(s):** |  **Title:.** |
|  **Surname:**  |  *Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):* |
|  **Current address:** | Date of BirthTelephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:  National Insurance No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Number:  |
|  **Next of Kin** |  **G.P Details** |
|  Name:  Relationship : Address:Tel Number: \_  |  G.P Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP Practice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Member of Professional Body: |  NMC Number (Nurses Only): |
|  Own Transport (Yes/No): How long has your license been held? |  Clean current driving license: Endorsements: |

**Please Provide 5 years address history, on a separate sheet**.

**EDUCATION**

|  |  |
| --- | --- |
| School/College/University | Examinations Passed/Qualifications gained |
|   | *(Please supply copies of certificates)*     |

**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. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
|  Date Employed : |  |
| Nature of business |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Other roles** (use additional sheet): |   |
|   |   |
|   |   |

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

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

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| --- |
| 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? Yes / No |
| Please Provide details: |

 **REFEREES**

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

 **Current or most recent Employer (1) Previous employer (2)**

|  |  |
| --- | --- |
| Name:  |  Name:  |
| Address |  Address:  |
| Email Address:  | Email Address :  |
| Tel Number: + | Tel Number: + |
| Job title:  |  Job title:  |

**Character reference – Not Member of your Family**

|  |  |
| --- | --- |
| Name:  |   |
| Address: Telephone NumberEmail Address:  |   |
| Relationship to you: friend |   |

**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 *(delete as appropriate)* |
| If yes please provide details: |  |
|  |

**Note: Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications**

**CRIMINAL RECORD**

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**It is Sodark Care ltd policy to employ the best qualified personnel and provide equal opportunity for advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion, or belief, pregnancy, trans-gender status, marital or civil partnership status, age and disability.**