**The Application Form**

Which vacancy are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours are you looking to work per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please state a minimum and maximum)

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| **PERSONAL DETAILS** | | | | | | | |
| Title; | First Name(s): | | Surname; | | | | |
| Current Address: | | | | | | | |
| Home Tel No: | | Mobile: | | | | | |
| Email Address: | | | | | | | |
| Do you hold a current, full Driving Licence: | | | | Yes |  | No |  |
| Do you have access to a car for travelling to and from work? | | | | Yes |  | No |  |
| **Next of Kin** Name; Relation;  Current Address:  Telephone Number; | | | | | | | |

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| **How did you hear about this job vacancy?** | | | |
| SOS Homecare Website 🞏 | Indeed 🞏 | Talent.com 🞏 | Gumtree 🞏 |
| Job Centre 🞏 | Current Employee 🞏 If So, Please specify the employee; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Other – please specify; | | | |

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| **Please indicate what availability you have to work? This does not mean that you will be required to work at all these times, but is merely an indication of your availability.**  **The actual times of work will be discussed at interview.** |

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| Approx. 7am to 2pm |  |  |  |  |  |  |  |
| Approx. 3pm to 10pm |  |  |  |  |  |  |  |
| Night Shifts (Wake or Sleep) |  |  |  |  |  |  |  |
| **Availability Notes :** | | | | | | | |

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| **EMPLOYMENT HISTORY**  (Please provide details of **ALL** your employments since leaving school including any volunteering. **Any gaps** in employment must also be listed) Please continue overleaf if more space is needed. **Please Note**; a CV **can only** be accepted as a replacement for this page if it contains all the information required. | | | | |
| Name of Employer | Dates of Employment  From and To | | Job Title | Reason for Leaving |
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| **PLEASE LIST ANY EDUCATIONAL OR VOCATIONAL QUALIFICATIONS ( including NVQ’s / QCF’s )** |
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| **Have you ever been dismissed or been subject to disciplinary procedures in your current/previous employments (including any ongoing procedures)? If so please give details.** |
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| **CONFLICT OF INTEREST** | | | | |
| Are you related to any clients or staff of SOS Homecare? | Yes |  | No |  |
| If yes, please provide the name(s): | | | | |

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| **CRIMINAL CONVICTIONS** | | | | |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 which means that spent convictions must be disclosed and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential. | | | | |
| Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?  *If ‘yes’ you will be asked to provide full details at interview.* | Yes |  | No |  |
| I agree to the cost of the DBS (currently £46 for enhanced and £18 standard) to be deducted out of my first wages | Yes |  | No |  |

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| **ASYLUM AND IMMIGRATION ACT 1996 – For individuals without a UK or European nationality** | | | | | | | | | | |
| Are you legally authorised to work in this country? | | Yes |  | No |  | Do you require a work permit? | Yes |  | No |  |
| If ‘yes’ please state expiry date | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ | | | | | Does your permit have any restrictions? | | | | |
| You will be required to produce your passport and/or other proof of your entitlement to work in the UK should you be invited for an interview. Only original documents are acceptable. | | | | | | | | | | |

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| **REFERENCES** | | | | | |
| You must provide a minimum of two references although we encourage you to provide more. At least one reference should be your current or most recent employer. Referees must not be a relative. SOS Homecare reserve the right to contact any of your former employers. | | | | | |
| Upon offer of employment, please confirm that SOS Homecare can contact your referees listed below | | Yes |  | No |  |
| **Referee 1** | **Referee 2** | | | | |
| Name: | Name: | | | | |
| Relationship to Referee: | Relationship to Referee: | | | | |
| Company: | Company: | | | | |
| Tel No: | Tel No: | | | | |
| Email Address: | Email Address: | | | | |
| **Referee 3** | **Referee 4** | | | | |
| Name: | Name: | | | | |
| Relationship to Referee: | Relationship to Referee: | | | | |
| Company: | Company: | | | | |
| Tel No: | Tel No: | | | | |
| Email Address: | Email Address: | | | | |

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| **GENERAL DATA PROTECTION REGULATIONS** |
| All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, and by the referees you have noted, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation.  Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices. For more information on how we use the information you have provided, please see our privacy notice for job applicants which is online www.soshomecare.co.uk/policies. |

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| **DECLARATION** |
| I agree that if appointed to a position within the company, this information will be retained in my personnel file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the General Data Protection Regulations.  I confirm that I have provided complete and true information in support of this application and understand that knowingly making a false statement for this purpose is a criminal offence. I understand that any false or misleading information given may result in the withdrawal of an offer of employment, or in my dismissal if appointed.  Signature: Date:    **If you do not provide your consent to any of the statements above, please advise the person conducting your interview.** |

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| **EQUAL OPPORTUNITIES MONITORING FORM** |
| We, (insert Organisation name) are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.  Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.  We would like to use your data to ensure that this policy is fully and fairly implemented. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information, we need your consent. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting (insert name and contact details). Completion of this form is optional. Any responses you give will assist us in our commitment to equality, diversity and inclusion in the workplace. Your responses will be kept strictly confidential and will not be used in any decisions affecting you. |

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| **DISABILITY** | | | | |
| Under the terms of the Disability Discrimination Act 1995, a person has a disability if she/he has physical or mental impairment, which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. | | | | |
| Do you consider yourself to have a disability? | Yes |  | No |  |

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| **ETHNIC GROUP (Please use a tick ✓ as appropriate)** | | | |
| White – British |  | Asian or Asian British – Bangladeshi |  |
| White – Irish |  | Asian or Asian British – Other Background |  |
| White – Other Background |  | Black or Black British – Caribbean |  |
| Mixed – White and Black Caribbean |  | Black or Black British – African |  |
| Mixed – White and Black African |  | Black or Black British – Other Background |  |
| Mixed – White and Asian |  | Chinese or Ethnic Group – Chinese |  |
| Mixed – Other Background |  | Chinese or Ethnic Group – Other Background |  |
| Asian or Asian British – Indian |  | Other – please state |  |
| Asian or Asian British – Pakistani |  | Prefer not to say |  |

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| **SEXUAL ORIENTATION –** how would you describe your sexual orientation? | | | | | |
| Heterosexual |  | Homosexual |  | Bisexual |  |
| Prefer not to say |  |  | | | |

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| **RELIGION – Do you consider yourself to be religious and if so which faith?** | | | | |
| Yes |  | No |  | Details; |

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| **GENDER** | | | | | | | |
| Male |  | Female |  | Transgender |  | Prefer not to say |  |

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| **AGE RANGE** | | | | | | | | | | |
| 18 – 25 |  | 26 – 35 | |  | 36 – 45 |  | 46 – 60 |  | 60 + |  |
| Prefer not to say | |  |  | | | | | | | |

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| **MARITAL STATUS** | | | | | | | | | | | | |
| Single |  | Married | |  | Divorced |  | Civil Partnership |  | Widowed |  | Other |  |
| Prefer not to say | | |  |  | | | | | | | | |

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| **DECLARATION** |
| Signature; Date;    Print Name; |

**This form should be removed on application and filed into the Equal Monitoring Forms file, and is to be used to monitor the company’s compliance with our Equality and Diversity policy and procedure. The form should not be kept in the employee personnel file.**