



Application for Employment

We aim to appoint the best and most suitable candidate for each post, and we want to ensure that every applicant is treated fairly and has the same opportunity to apply for an appointment. Your initial application plays a crucial part in the selection process and will determine whether you are short-listed for the next stage.

TO ENSURE YOUR APPLICATION HAS THE BEST CHANCE OF SUCCESS PLEASE FOLLOW THESE NOTES CAREFULLY:

- Ensure that you have valid proof of Eligibility to Work in the UK before completing this application form
- Practice completing the application form in rough, then complete neatly and legibly in your own handwriting in black ink only
- Provide a full history from senior school, or the last ten years history to the present date; any gaps must be explained on a separate sheet
- Read carefully the section about relevant convictions and complete your references clearly, including full details
- Ensure that you have all of the documentation required and the form is fully completed, as any gaps may rule out your application

Personal Details

Position applied for

Hours of work required

Title: Mr / Mrs / Miss / Ms / Dr / Sir / Other - please specify

Driving licence (Please tick) Yes No / Car owner Yes No

Forename(s)

Surname

Address

Home phone number

Mobile number

Work phone number

County

Email

Postcode

National Insurance Number

TEMPORARY NATIONAL INSURANCE NUMBERS ARE NOT ACCEPTED

Eligibility to Work in the UK

Proving eligibility to work in the UK applies to all nationalities, including UK nationals. Failure to provide this proof will stop your application from being processed.

Are you eligible to work in the UK? (Please tick) Yes No

If no, please state on what grounds you are applying for work / If yes please provide details of eligibility

Education & Training

Please list all school, college, university and training courses attended, with dates and qualifications obtained, continuing on a separate sheet if necessary. If requested, you will be required to provide us with original certificates confirming that your qualifications are as stated.

School / College	Date	Subject / Qualification	Grade

Professional Qualifications

Organisation / Body	Membership / Qualification	Date

Supporting Statement: Why do you wish to apply for this role?

To complete this section, you should refer to the person specification. Please continue on a separate sheet if necessary.

Why do you wish to work for Care Your Way?

What does high quality care provision mean to you?

What skills, experience and knowledge do you have that you believe are relevant to the role?

Which disabilities and illnesses do you have experience in providing care for (work, voluntary or personal experience)?

Availability

If short-listed for the next stage, please indicate any date(s) that you are not available for interview

Please specify when you would be able to start work, or your notice period

Where did you hear about this vacancy or Care Your Way?

Advert Agency* Connexions Exhibition / Job Fair Friend* Internally Job Centre Website* Other*

[†] If applying under the Recruitment Incentive Scheme, please refer to the policy to ensure that all terms are satisfied

*Please state the name of the Agency / Referring Friend / Website / Other _____

Policy about Relevant Convictions

Rehabilitation of Offenders Act 1974 – Exemption from S4 (2)

All successful applicants requiring regular contact with vulnerable people undergo a criminal record check by the Criminal Records Bureau before employment may commence. Positions that require regular contact with vulnerable adults and children are exempt from the Rehabilitation of Offenders Act 1974 and employees are therefore not entitled to withhold information about “spent” convictions or any cautions. If you have ever been convicted of any criminal offence by a court of law, whether in the UK or elsewhere, you are required to give details below of each offence, the date of your conviction or caution and the penalty or sentence imposed. We also require that you declare any involvement with the police, for example, arrests or police investigations. Having a criminal record will not necessarily be a bar to employment. Care Your Way complies with the CRB Code of Practice, a copy of which is available on request; alternatively, you can contact the CRB on 0870 9090844 or visit their website www.crb.gov.uk. Please continue on a separate sheet if necessary.

If you have no criminal record, please write “NONE” then sign and date below

Signature _____

Date _____

References

Please provide the names, contact details and where applicable, the job title of at least three people who are prepared to support your application. Two of these references must be professional, one being from your present (or last) employer. If you are offered, we will contact your referees unless you specify otherwise. We reserve the right to contact your past employers.

Full name (Mr/Mrs/Miss/Ms) _____

Company _____

Position _____

Address _____

Postcode _____

Phone _____

Fax _____

Email _____

Full name (Mr/Mrs/Miss/Ms) _____

Company _____

Position _____

Address _____

Postcode _____

Phone _____

Fax _____

Email _____

Full name (Mr/Mrs/Miss/Ms) _____

Company _____

Position _____

Address _____

Postcode _____

Phone _____

Fax _____

Email _____

Relationships

Care Your Way has found in practice that management difficulties may occur where employees are related by marriage or kin, or where they have an emotional relationship. In order to assist us in assessing your application, you are required to disclose the existence of any such relationship with any Care Your Way employee or service user. If any such relationship exists, please give the name(s) of the person(s) concerned and the nature of the relationship(s). We stress that this information will be treated in the strictest confidence and will be used and discussed only by senior management in assessing your employment application.

Declaration

I declare that the information given on this form is correct to the best of my knowledge and does not seek to mislead. I understand and acknowledge that should I make a false statement, this could result in any offer of employment being withdrawn, and if appointed, this could lead to my contract of service being terminated. I am aware that Care Your Way may make a request for additional information if there are any matters requiring verification. I understand that the above statements are confidential and will only be disclosed to those involved in the recruitment process.

Signature _____

Date _____

Care Your Way's Equality & Diversity Policy

Care Your Way is committed to eliminating discrimination and valuing diversity amongst our workforce. We aim to create an environment that respects the diversity of staff and enables all to achieve their full potential, to contribute fully and to derive maximum benefit from their employment. It is our policy to demonstrate commitment to equality, fairness and diversity in all of our practices relating to employment and access to services, irrespective of gender, religious beliefs, race, ethnic origin, nationality, disability, sexual orientation and age.

We oppose all forms of unlawful and unfair discrimination, whether direct or indirect. All applicants or potential applicants, employees (whether full-time, part-time or temporary), former employees and others who work for us will be treated fairly, granted equality of opportunity and will not be discriminated. All employment related decisions will be made objectively and without unlawful discrimination.

Equality & Diversity Monitoring Questionnaire

PRIVATE & CONFIDENTIAL

Care Your Way's Equality & Diversity Policy is aimed at treating all applicants fairly, irrespective of their disability, age, race, religious beliefs, colour, nationality, ethnic or national origins, gender, sexual orientation or marital status. To enable us to assess that our policy is being fully implemented, we request that all applicants complete the details below; however, this is not obligatory.

This form is detached and passed to the Human Resources Department prior to short-listing and will not be taken into account in the selection process. All of this information will be treated as strictly private and confidential.

Post applied for

Location

Forename(s)

Surname

Title

 Mr Mrs Miss Ms Dr Sir Other - please specify _____

Gender

 Female Male Transfemale Transmale

Personal status

 Civil partner Cohabiting Divorced Married
 Separated Single Widowed

Nationality

Ethnicity

 Bangladeshi Black African Chinese
 Indian Black British Irish
 Pakistani Black Caribbean White
 Other Asian Black Other Other

Disability

Do you consider yourself to be disabled in any way Yes No

If yes, what is the nature of your disability? (Please tick all that apply)

 Learning Mental Physical Sensory

Are you registered as disabled? Yes No

If yes, please specify

Signature

Date

Email: info@careyourway.org.uk
Web: www.careyourway.org.uk

