APPLICATION FORM

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.

If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time) please contact the Registered Manager on Office 0121 702 0184, mobile 0789

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| --- | --- |
| **Position** | |
| Position applied for: |  |
| Preferred employment type (e.g. part time, full time): |  |
| **Personal Details** | |
| Surname: | First name(s): |
| Current Address: | Postcode: |
| Telephone number (home): | Telephone number (mobile): |
| Email address: | |
| Own Transport  **Yes/No** | How long has your licence been held? |
| Details: | |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)?  **YES / NO**  If no, please detail current immigration status and the relevant visa currently held (including Visa number): | National Insurance Number: |
| Are you are related to a member of staff or Service User at S&S Care (Midlands) Limited, please circle only:  **YES / NO** |
| **Equality Act 2010** | |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010.](http://www.gov.uk/definition-of-disability-under-equality-act-2010)  **For the purposes of this application and the interview stage only**, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?  **YES / NO / PREFER NOT TO DISCUSS** | |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |

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| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| Please detail here any gaps in employment and state why: | |

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| --- | --- | --- |
| **Education and Qualifications** | **Essential** | **Desirable** |
| A good standard of general education |  |  |
| RQF Diploma, relevant certificates appropriate to role applied for |  |  |
| Good English - Written and verbal |  |  |
| Training - COSHH, H&S, Moving and Handling |  |  |
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| **Experience** | **Essential** | **Desirable** |
| Previous experience of working in similar environment |  |  |
| Previous experience of working in a similar role |  |  |
| Experience of working with people, in particular those that may have additional  support needs |  |  |
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| **Role Specific Skills (add in accordance with role (refer to the job**  **description))** | **Essential** | **Desirable** |
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# Education

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| **School/College/University** | **Examinations Passed, Qualifications Gained and Year Obtained**  (All qualifications will be subject to a satisfactory check). |
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**Training Courses Attended or Completing**

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| --- | --- | --- |
| **Subject**  (evidence of attending courses is required) | **Location/Details** | **Date** |
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# Supporting Statement

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| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities. |

**Referees**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. 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.

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| **Current or Most Recent Employer** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Job title:** |
|  |
| **Previous Employer To The One Above** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Job title:** |

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| **Character Reference** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Relationship to you:** |

# Safeguarding

**Ex-Offenders Declaration**

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

# Rehabilitation of Offenders Act 1974

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| S&S Care (Midlands) Limited aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. S&S Care (Midlands) Limited undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.  Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. |
| Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?  **YES NO** |
| Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?  **YES NO** |

**Privacy**

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| S&S Care (Midlands) Limited will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to S&S Care (Midlands) Limited holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records.  We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you)*.* When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time,  please contact the Registered Manager or Data Protection Officer on Office 0121 702 0184, mobile 07891 227 972. |

**Declaration**

|  |  |
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| The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by S&S Care (Midlands) Limited. Where applicable, I consent that S&S Care (Midlands) Limited can seek clarification regarding professional registration details. | |
| Name: | Date: |
| Signature: | |

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| **Disclosure**  For use if Disclosure process reveals convictions or warnings and for which it has been decided to discount for recruitment purposes. **IMPORTANT** – do not record the offences here, that is a breach of data storage provisions –  only state your reasons for discounting the Disclosures as a reason for not employing the applicant. | |
|  | |
| **Registered Manager Name:** | |
| **Signature:** | **Date:** |

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| **Please answer the following questions:** | | | | | |
| 1. Do you have or have you ever had any significant health problem, impairment/disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered? **YES/NO** 2. Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work? **YES/NO** 3. Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? **YES/NO** 4. Are you having, or waiting for any medical treatment or investigations at present? **YES/NO** 5. Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? **YES/NO** | | | | | |
| **If you answered yes to any of the above questions, please provide details below:** | | | | | |
|  | | | | | |
| **Applicants Declaration – Read and understand before signing.**   1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to S&S Care (Midlands) Limited will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice. 2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. 3. I agree that S&S Care (Midlands) Limited reserves the right to require me to undergo a medical examination to assess my suitability for work. 4. I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.   **Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)** | | | | | |
| **Signed:** |  | **Date:** |  | **Print**  **Name:** |  |

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| **Administrative Questions** |
| Record here any additional questions asked in response to the application form: |

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| **Candidate Questions** |
| Insert here the questions that the candidate asked and any notes of responses: |

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| --- |
| **Additional Comments** |
| Bullet point information shared to candidate (e.g. holiday, hours, etc.): |

Identity is established by clearly ticking one item from section 1 and one item from section 2.

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| **Section 1 - Photographic Evidence** | | |
| **Original Document Only** | **Interviewer Signature to Confirm Observation of the Original Document** | **Date** |
| Full Signed UK Passport or EU/Other Nationality Passport |  |  |
| UK/EU Photocard Driving Licence |  |  |
| UK Biometric Residence Permit (BRP) Card |  |  |
| HM Armed Forces ID Card |  |  |
| PASS Identity Card |  |  |
| Other: |  |  |
| Countersigned photograph (including name of countersignatory, date, signature, contact details, capacity known and for how long (must be greater than 2 years and from a person of some standing in the community))\* | Additional requirement met? |  |
| **\* In addition to a countersigned photograph, the candidate must supply one of the following: Birth Certificate or other evidence confirming a name change, HMRC letter, DWP notification, Local Government/Local Authority letter (issued within the past 6 months)** | | |

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| **Section 2 - Proof of Address** | | |
| **Original Document Only** | **Interviewer Signature to Confirm Observation of the Original Document** | **Date** |
| Utility bill in candidate's name (issued within last 3 months) |  |  |
| Local Authority Tax Statement (issued within the last 3 months) |  |  |
| Driving Licence (if not already used above) |  |  |
| HMRC Tax Notification (issued within the last 3 months) |  |  |
| Financial Statement - e.g. Credit Card/Bank (issued within the last 3 months) |  |  |
| Credit Union Statement (issued within the last 12 months) |  |  |
| Mortgage Statement (issued within the last 12 months) |  |  |
| Council Rent Card/Tenancy Agreement (issued within the last 12 months) |  |  |
| Department for Work and Pensions Benefits |  |  |
| Other: |  |  |
| **NB: If Candidate cannot supply a proof of address, seek confirmation from an Electoral Register by contacting the relevant Local Authority. Attach a photocopy of all evidence to the Candidate's file as well as one of the provided photographs** | | |