

Scott Care Ltd – Application Form

Private & Confidential

Once completed please return this form with correct postage & x2 recent passport size photographs to:

Scott Care Ltd, 71 Riverside 3, Sir Thomas Longley Road, Medway City Estate, Rochester, Kent ME2 4DP

Please complete form in black pen

Position applied for:

Title:	Schools	Qualification gained
Surname:		
Forename(s):		
Address:		
Postcode:		
Email address:		
Telephone Numbers (please include area code): Home: Work: Mobile:		
Current driving license? YES / NO Groups on driving license: Expiry date: Details of any endorsements including dates:		
NI Number:	Other training, including first aid, medication, health and safety, NVQ's:	
Are there any restrictions on you taking up work in the UK? (If yes please provide details): YES / NO		

Applicant Detail Questions

1. What month and year did you move into your current address?
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2. If you moved into your current address less than 5 years ago, please provide details of your previous addresses and dates you moved in and out over the last 5 years
.....
.....
.....
3. What was your surname at birth?
4. Please provide details of any other names used at any other time during your lifetime and the dates the names were used:

Name: From: To:
Name: From: To:
Name: From: To:
Name: From: To:
5. What was your country of birth?
6. What is your town / city of birth as recorded on your birth certificate?
.....
7. What is the county / district of your birth?
.....
8. Date when you would be able to start?
9. Due to the nature of the work you may be requested to work at short notice, please indicate how much notice you would require?
10. Please give details of any driving convictions during the last 5 years including dates?
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.....
.....

Other Employment

Please make a note of any other employment you would continue with if you were to be successful in obtaining this position:

Leisure

Please note here you leisure interests including sport, hobbies and past times:

Availability

This section is only applicable to Care Workers. Please record the times you are available to work. Please note, unless you are applying solely for weekend work, you are required to work alternate weekends:

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

SUNDAY:

References

Please provide details of two referees who can provide information relating to your competency in a social care role, one of whom must be your present or most recent employer. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children / vulnerable adults, we reserve the right to approach any past employer for a reference. References cannot be a friend or relative.

1	Name:	2	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Tel No.		Tel No.
	Approachable prior to interview? YES / NO		Approachable prior to interview? YES / NO

Comments

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge skills and experiences meet the requirements of this role (as summarized in the person specification).

Cautions, Rehabilitation and Criminal Records Declaration

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, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 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, all applicants prior to employment will be subject to an Enhanced Criminal Records Bureau check.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?
YES / NO (delete as required)

If YES, please give details:

How did you find out about this vacancy?

Please make sure you list the exact publication(s), website(s) or person(s) that notified you of this vacancy. Example: do not write Newspaper, write the name of the newspaper.

Newspaper Name:	Friend / Word of Mouth Name:
Website Address:	Other:
Publication Name:	

Special Requirements

Because this position involves the care of vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such a disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you supply a photograph of yourself for retention in your records.

Declaration – Please read carefully before signing

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will be subject to an Enhanced Criminal Record check from the Criminal Records Bureau / Scottish Criminal Records Office. I understand that should the disclosure not be of the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: Date:

Scott Care Ltd – Employment Monitoring Form
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Ethnicity:

Religion:

Nationality:

Date of Birth:

Do you have regular use of a car? YES / NO

Do you have a full driving license that permits you to drive in the UK? YES / NO

Do you have car insurance (business insurance) that permits you (the policy holder) for use in connection with the business of the policy holder? YES / NO

Please list all languages spoken:

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