

CHAPEL ROAD, CARLTON COLVILLE, LOWESTOFT, SUFFOLK, NR33 8BL

TELEPHONE 01502 513208

Email: office@carltonhall.co.uk

Please ensure that you complete the application form in full as we cannot accept CV’s. Please complete in 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 of stewardship.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Applied for | | | Care Assistant | | | | | | | | | | | | | | |
| Work Preference | | | Full time | | | Part time | | | Bank | | | Hours requested: | | |  | | |
| I understand this role may include Shift work, Unsociable hours, lone working involved. (Please circle your availability below) | | | | | | | | | | | | Yes | | | No | | |
| Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | | Saturday | | | Sunday | |
| AM | PM | AM | | PM | AM | | PM | AM | PM | AM | PM | | AM | PM | | AM | PM |
| NIGHT | | NIGHT | | | NIGHT | | | NIGHT | | NIGHT | | | NIGHT | | | NIGHT | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | |
| First Names: |  | | | Address: | | | |
| Surname: |  | | |
| Maiden name: |  | | |
| Previous names: |  | | |
| Marital status: |  | | |
| Gender: |  | | | Postcode: | |  | |
| Place of birth: |  | | | Nationality: | |  | |
| Telephone number: |  | | | NI Number: | |  | |
| Mobile number: |  | | | Email address: | |  | |
| Are you a driver: | Yes | No | | Own Transport: | | Yes | No |
| How long have you had a licence? | |  | | Any Endorsements: | | Yes | No |
| Are you in a UK National? | | | Yes | | No\* | | |
| \*If no, please detail your current immigration status and the relevant visa currently held (including visa number) | | | | | | | |
| Are you related to any of our current members of staff or residents? | | | 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 | | | | | | | |
| For the purposes of this application & interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | | | | | Prefer not to say | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION \* (All qualifications will be subject to a satisfactory check).** | | | |
| School / College/ University | Date From: | Date To: | Examinations, Qualifications\* |
|  |  |  |  |
| **Training Courses** attended or completing (evidence of attending courses could be required) | | | |
| Subject | Location | Date | Details |
|  |  |  |  |
| **Professional Memberships / Registrations** | | | |
| Name of Organisation | Registration Number | Renewal Date | Details |
| . |  |  |  |

**Employment History**

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate sheet if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current / Most recent employer** | | | | | |
| Start Date: |  | End date: |  | Salary: |  |
| Job Role: |  | | Employer Name: |  | |
| Reason for leaving: |  | | Contact Name: |  | |
| Duties: | | | Address including postcode: | | |
| Telephone: |  | |
| Email: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment History** | | | | | | |
| Start Date: |  | End  Date: |  | | Salary: |  |
| Job Role: |  | | Employer Name: | |  | |
| Reason for leaving: |  | | Contact Name: | |  | |
| Duties: | | | Address including postcode: | | | |
| Telephone: |  | | |
| Email: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment History** | | | | | | |
| Start Date: |  | End  Date: |  | | Salary: |  |
| Job Role: |  | | Employer Name: | |  | |
| Reason for leaving: |  | | Contact Name: | |  | |
| Duties: | | | Address including postcode: | | | |
| Telephone: |  | | |
| Email: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment History** | | | | | | |
| Start Date: |  | End  Date: |  | | Salary: |  |
| Job Role: |  | | Employer Name: | |  | |
| Reason for leaving: |  | | Contact Name: | |  | |
| Duties: | | | Address including postcode: | | | |
| Telephone: |  | | |
| Email: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment History** | | | | | | |
| Start Date: |  | End  Date: |  | | Salary: |  |
| Job Role: |  | | Employer Name: | |  | |
| Reason for leaving: |  | | Contact Name: | |  | |
| Duties: | | | Address including postcode: | | | |
| Telephone: |  | | |
| Email: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment History** | | | | | | |
| Start Date: |  | End  Date: |  | | Salary: |  |
| Job Role: |  | | Employer Name: | |  | |
| Reason for leaving: |  | | Contact Name: | |  | |
| Duties: | | | Address including postcode: | | | |
| Telephone: |  | | |
| Email: |  | | |

**REFERENCES**

**References:** Please provide names, addresses and telephone numbers for referees below, who we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

Please provide two-character references 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.

|  |  |  |
| --- | --- | --- |
|  | Referee One | Referee Two |
| Contact Name: |  |  |
| Business Name: |  |  |
| Address: |  |  |
| Post Code: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| Capacity in which known: |  |  |
|  | Referee Three: | Referee Four: |
| Contact Name: |  |  |
| Business Name: |  |  |
| Address: |  |  |
| Post Code: |  |  |
| Email: |  |  |
| Telephone: |  |  |
| Capacity in which known: |  |  |
|  | Additional Referee: | Additional Referee: |
| Contact Name: |  |  |
| Business Name: |  |  |
| Address: |  |  |
| Post Code: |  |  |
| Email: |  |  |
| Telephone: |  |  |
| Capacity in which known: |  |  |

Please use additional paper if required.

**Safeguarding / Ex-Offenders Declaration:**

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

The Rehabilitation of Offenders Act 1974 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. Undertakes not to discriminate unfairly against applicants on the basis of 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 UK or in any other country? | Yes\* | No |
| Do you have current UNSPENT police cautions, reprimands, or final warnings in the UK or in any other country? | Yes\* | No |

**PRIVACY STATEMENT**

**We will only collect data for specified explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to 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 0r inform you that we would like to keep 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 the 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 to discuss.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION** | | | |
| 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. Where applicable, I consent that you can seek  clarification regarding professional registration details. | | | |
| Full Name |  | | |
| Signature: |  | Date: |  |

|  |
| --- |
| **Supporting Statement** |
| Please add here your reasons for applying. It would also be of value to describe strengths and talents that set you apart form others as well as including skill gained from work, home and other activities. |

**Value Based Screening Questions**

|  |  |
| --- | --- |
| If I were a Resident, I would like: | |
|  | |
| **I believe that the Resident’s family and Relatives would like the following:** | |
|  | |
| **I believe that I can support a Resident because:** | |
|  | |
| **As a member of the team, I would feel valued when**: | |
|  | |
| **I believe that a good relationship between me and the Resident depends upon:** | |
|  | |
| **I learn best when:** | **A good working team is made by:** |
|  |  |
| **I believe that my role in relation to the Resident is:** | |
|  | |
| **My other beliefs and values relevant to my job role are:** | |
|  | |