**APPLICATION FORM**

98-100 FDS House, Reeves Way, John Wilson Business Park, Whitstable, Kent CT5 3QZ

Tel: 01227 792249

**Thank you for applying for a position at 121 Care and Mobility.**

**Please print and complete this form and bring with you to interview.**

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| Position Applied For: |  |
| Preferred Area: | Herne Bay / Whitstable / Faversham / Office |
| Hours Preferred: Full or Part Time? AM or PM? |  |
| Have you previously applied for a position or been employed for 1.2.1 Care and Mobility? If yes please give details. |  |
| Have you been recommended by a current employee of 1.2.1 Care and Mobility? |  |

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| Title: (Mr, Mrs, Miss, Ms, Other please state) |  |
| Surname: |  |
| Forenames: |  |
| Previous Surname(s):  |  |
| National Insurance Number: |  |
| Home Address: | Postcode: |
| Date move to current address: |  |
| Previous address if current is less than 3 years: | Postcode: |
| Phone Numbers: | Home: Mobile: |
| Email Address: |  |

**Use of own vehicle for Business Travel**

For all applicants required to use own car for business travel including all Health and social care applicants who will be driving between client appointments, and all applicants for Health and Social Care Management/Supervisor positions:

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| Do you have a current Full UK Driving Licence?  | Yes | No |
| Do you have own use of a car for work?  | Yes | No |
| Do you currently hold business insurance?  | Yes | No |
| Do you have any driving endorsements? | Yes | No |
| How long has your license been held? | Years | Months |

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| **Right to work in the UK**Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? YES NO **(Please Circle)****If yes, please provide details:***If you have answered yes and you are selected for an interview, please ensure you bring documentation as proof of your entitlement to work in the United Kingdom.* |

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| **Criminal Record**All employees at 121 Care and Mobility are subject to the Health and Social Care Act 2008 and will be subject to a Police Record Check through DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded or not with warnings or cautions.Have you ever been convicted of a criminal offence or received a caution, reprimand or warning, anytime in your life? YES NO  **(Please Circle)****If yes, please give details:** |

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| **Assistance with Interview and Assessment:**Do you require us to make any special arrangements in order for you to participate in the recruitment process?For example, large print forms? Or additional time to complete forms?  YES NO  **(Please Circle)****If yes, please give details:**Information provided will not be used in reaching a decision on whether to offer employment. |

**Education and Training**

***Please bring any in-date certificates achieved relating to Health and Social Care***

**Secondary and Further Education**

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| --- | --- | --- | --- |
| Name of school or institute attended | Location  | Dates attended(month/year) | Highest award attained |
| ***Example*** The Abbey School | Faversham, Kent | Sept 1993 – July 1998 | GCSEsMaths, English, Science, French |
| ***Example***Canterbury College | Canterbury, Kent | Sept 1998 – July 2000 | B-tech level 3 diploma Health and Social Care |
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**Additional Qualifications/ Courses Attended:**

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| Course Name | Date achieved (month/year) | Expires (month/year) |
| ***Example***First Aid at Work | March 2019 | March 2022 |
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**Employment History and References**

**Information must cover the whole of your working life to date since leaving secondary education. Use additional pages if required.**

**Please include all previous employers in order starting from current/most recent.**

**You must provide references from your two most recent employers.**

**We will only contact referees after you have accepted an offer of employment with us.**

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| **Current or most recent employer** |
| Name of employer: |  |
| Address of employer: |  Postcode: |
| Job Title: |  |
| Employment start date:(month / year) |  |
| Employment end date:(month / year) |  |
| Reason for leaving: |  |
| Contact Name for Reference: |  |
| Relationship to you: |  |
| Contact Phone Number for Reference: |  |
| Contact Email Address for Reference: |  |

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| **Most recent previous employer** |
| Name of employer: |  |
| Address of employer: |  Postcode: |
| Job Title: |  |
| Employment start date:(month / year) |  |
| Employment end date:(month / year) |  |
| Reason for leaving: |  |
| Contact Name for Reference: |  |
| Relationship to you: |  |
| Contact Phone number for Reference: |  |
| Contact Email Address for Reference: |  |

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| **Previous employer** |
| Name of employer: |  |
| Address of employer: |  Postcode: |
| Job Title: |  |
| Employment start date:(month / year) |  |
| Employment end date:(month / year) |  |
| Reason for leaving: |  |
| Contact Name for Reference: | *If applicable* |
| Relationship to you: | *If applicable* |
| Contact Phone number for Reference: | *If applicable* |
| Contact Email Address for Reference: | *If applicable* |

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| **Previous employer** |
| Name of employer: |  |
| Address of employer: |  Postcode: |
| Job Title: |  |
| Employment start date:(month / year) |  |
| Employment end date:(month / year) |  |
| Reason for leaving: |  |
| Contact Name for Reference: | *If applicable* |
| Relationship to you: | *If applicable* |
| Contact Phone number for Reference: | *If applicable* |
| Contact Email Address for Reference: | *If applicable* |

**Please print additional sheets of this page if further employment history is applicable.**

**Character References**

**Please provide an additional 3 character referees, these may be friends or colleagues, but not family members. All may be contacted, therefore please inform the referees of that fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us. We will only contact referees with your consent after an offer of employment has been made.**

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| **Name of Character Referee:** |  |
| **Relationship to you:** |  |
| **Contact Phone Number:** |  |
| **How long have you known this person?:** |  |

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| **Name of Character Referee:** |  |
| **Relationship to you:** |  |
| **Contact Phone Number:** |  |
| **How long have you known this person?:** |  |

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| --- | --- |
| **Name of Character Referee:** |  |
| **Relationship to you:** |  |
| **Contact Phone Number:** |  |
| **How long have you known this person?:** |  |

**Reason for Application:**

**Please state your reasons for applying for this position. Please outline any experience and/or other reasons to support your application: Use additional pages if required; please remember to sign any additional pages used.**

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**Declaration**

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status and that should I subsequently be offered a post, that offer will be subject to receipt of satisfactory references, one of which must be from my previous employer and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not have or seek to have unsupervised access to vulnerable people. By my signature, I authorise 121 Care and Mobility Ltd to request a DBS Register check, and a Criminal Records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

**Signature of Applicant: Date:**

**Employment Continuity Check**

**(Office Use Only)**

It is essential to check the continuity of employment. Any gaps in employment will need to be noted.

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| Dates (month/year) | Employment Gaps  |
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