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**Application for Employment – Care/Housekeeping Roles**

**Part A** - Information provided in this section will be used in the shortlisting process for this vacancy

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**About The Vacancy**

|  |  |
| --- | --- |
| Position Applied For |  |
| Vacancy Ref |  |

**Your Work Experience**

Please complete details of your current and previous employment as requested below:

* list the employment in chronological order, most recent first.
* Please include your **full work history** from time of leaving school/college/university.
* Include any posts that were undertaken on a voluntary basis.

1. **Present or most recent employment**

|  |  |
| --- | --- |
| Job title |  |
| Company Name |  |
| Address |  |
| Start date (MM/YY) |  |
| End date (MM/YY) |  |
| Reason for leaving | **Dismissal/Redundancy/Resignation/Retirement/Still employed**  (Please delete as necessary) |
| Please list your 3 main duties/responsibilities | **1.**  **2.**  **3.** |

1. **Previous employment** (In date order most recent first)

|  |  |
| --- | --- |
| Job title |  |
| Company Name |  |
| Address |  |
| Start date (MM/YY) |  |
| End date (MM/YY) |  |
| Reason for leaving | **Dismissal/Redundancy/Resignation/Retirement/Still employed**  (Please delete as necessary) |
| Please list your 3 main duties/responsibilities | **1.**  **2.**  **3.** |

|  |  |
| --- | --- |
| Job title |  |
| Company Name |  |
| Address |  |
| Start date (MM/YY) |  |
| End date (MM/YY) |  |
| Reason for leaving | **Dismissal/Redundancy/Resignation/Retirement/Still employed**  (Please delete as necessary) |

|  |  |
| --- | --- |
| Job title |  |
| Company Name |  |
| Address |  |
| Start date (MM/YY) |  |
| End date (MM/YY) |  |
| Reason for leaving | **Dismissal/Redundancy/Resignation/Retirement/Still employed**  (Please delete as necessary) |

|  |  |
| --- | --- |
| Job title |  |
| Company Name |  |
| Address |  |
| Start date (MM/YY) |  |
| End date (MM/YY) |  |
| Reason for leaving | **Dismissal/Redundancy/Resignation/Retirement/Still employed**  (Please delete as necessary) |

**Please continue your work history on a separate page if necessary or attach your CV showing your work history since leaving Education.**

|  |
| --- |
| **Please provide any dates and reasons for gaps in your employment history** |
|  |

**Your Education History**

|  |  |
| --- | --- |
| **Date left Full time Education MM/YYYY** |  |

|  |  |
| --- | --- |
| **English Level 1 or above** | **Y/N** |
| **Maths Level 1 or above** | **Y/N** |
| **Diploma/NVQ Level 2 Health & Social Care** | **Y/N** |
| **Diploma/NVQ Level 3 Health & Social Care** | **Y/N** |
| **Diploma/NVQ Level 5 Health & Social Care** | **Y/N** |
| **Classroom Assistant Level 2 or above** | **Y/N** |
| **The Care Certificate** | **Y/N** |
| **If you answered NO to Care Qualifications.**  **Are you willing to undertake a Level 2 qualification in Health & Social Care?** (Paid for by Henshaws with hourly rate increase on completion) | **Y/N** |

**Your Personal Statement**

Referring to the person specification for the role, please state how your skills, qualifications and experiences specifically match the criteria. Please give specific examples of any skills, abilities and achievements; these examples may be from employment, education or voluntary experience

|  |
| --- |
| **Personal Statement** |
|  |

|  |  |
| --- | --- |
| **Are you able to commit to training?** | **Y/N** |
| **After training are you fit enough to push a wheelchair/use a hoist (care roles only)?** | **Y/N** |
| **After training are you happy to administrate medication (care roles only)?** | **Y/N** |
| **After training are you happy to assist with personal care (care roles only)?** | **Y/N** |

**Part B** - Information provided in this section will be removed prior to the short listing process for this vacancy to ensure an anonymous application.

**About You**

|  |  |
| --- | --- |
| Title (i.e. Miss/Mrs/Mr/Dr |  |
| First Name |  |
| Surname |  |
| Home Address |  |
| Postcode |  |
| Telephone - Mobile Number |  |
| Telephone - Home Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| How did you hear about this vacancy? (If through a Henshaws employee please state their name) |  |
| Have you previously worked for Henshaws via an agency within the last 6 months? Please give details. |  |

|  |
| --- |
| Do you have a close personal relationship with, or are you related to, an employee of Henshaws?  If yes, please give the name of the employee. |
|  |

**Eligibility to Work in the UK**

You will be required to produce **original documents** to prove your eligibility to work in the UK at the interview/assessment stage and to also bring photocopies of them.

|  |
| --- |
| **National Insurance Number:** |

**Accessibility**

Please detail any reasonable adjustments you may require if you are invited to interview/assessment?

|  |
| --- |
|  |

**Your Referees**

Offers of employment are subject to two satisfactory references, one of which must be from your present or most recent employer. Please provide details below of your referees. Please note references will not be sought until an offer of employment has been made. If you are unable to provide two employment references please provide an academic reference.

It is against our reference policy to accept personal references; your reference details must be employment or education based. ***Henshaws reserves the right to approach any employer/ academic for a suitable reference in line with safer recruitment.***

**Reference 1 – details of referee**

|  |  |
| --- | --- |
| Full Name |  |
| Job title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone number |  |
| Relationship to you (i.e. manager, HR dept., teacher etc.) |  |
| Your previous job title (if employment reference) |  |
| Start date and end date MM/YY (if employment reference) |  |

**Reference 2 – details of referee**

|  |  |
| --- | --- |
| Full Name |  |
| Job title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone number |  |
| Relationship to you (i.e. manager, HR dept., teacher etc.) |  |
| Your previous job title (if employment reference) |  |
| Start date and end date MM/YY (if employment reference) |  |

**Rehabilitation of Offenders and DBS checks**

Due to the services offered by Henshaws, you may be required to complete an enhanced DBS check (formally CRB). Please refer to the job description for details of how this applies to the role you are applying for.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account.

|  |  |
| --- | --- |
| Yes | No |

Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

If yes, please provide details:

|  |
| --- |
|  |

**Safeguarding**

|  |  |
| --- | --- |
| Yes | No |

Have you ever been the subject of a safeguarding concern in either an employed or voluntary role?

If yes, please provide details:

|  |
| --- |
|  |

**Declaration**

Henshaws holds information relating to you which is subject to the Data Protection Act 1998. By signing this agreement you consent to Henshaws processing, both manually and by electronic means, your personal and sensitive personal data for the purposes of the administration and management of the work you perform and/or Henshaws’ business. “Processing” includes obtaining, recording, holding or disclosing information or data and carrying out operations on the information or data.

“Sensitive personal data” includes information held by Henshaws as to your physical or mental health, your political opinions, religious or similar beliefs, sexual orientation. Typical examples of items of sensitive personal data are SSP self-certification forms and medical reports.

I declare that the information given in this form is, to the best of my knowledge, complete and correct; I also understand that any wilful mis-statement renders me liable to dismissal if engaged.

I understand that an appointment if offered will be subject to satisfactory references, health declaration and, where appropriate, DBS checks.

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Applicant Signature** |  |
| **Date** |  |

**Equal Opportunities Form**

To meet our professional commitment to Equality and Diversity at Henshaws, we require certain information from employees. This information is for monitoring purposes only. It will be stored securely in line with the Data Protection Act 1998

**Gender / Gender reassignment** (please tick appropriate box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  |  | Female |  |  | Transgender |  |

**Nationality** (Please state)

|  |
| --- |
|  |

**Age** (Please state)

|  |
| --- |
|  |

**Ethnic Origin** (please tick appropriate box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White – British |  |  | Black – British |  |  | Mixed – White & Black African |  |
| White – Irish |  |  | Black – African |  |  | Mixed – White & Black Caribbean |  |
| White – Other |  |  | Black - Caribbean |  |  | Mixed – White & Asian |  |
|  |  |  | Black – Other |  |  | Mixed - Other |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Asian – British |  |  | Asian - Chinese |  |  | Prefer not to answer |  |
| Asian – Indian |  |  | Asian - Other |  |  |  |  |
| Asian – Pakistani |  |  | Other |  |  |  |  |
| Asian -Bangladeshi |  |  |  |  |  |  |  |

**Religion / Belief** (Please state)

|  |
| --- |
|  |

**Sexual Orientation** (please tick appropriate box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gay Man |  |  | Gay Woman/Lesbian |  |  | Prefer not to answer |  |
| Heterosexual / Straight |  |  | Bisexual |  |  |  |  |

**Disability**

Do you consider yourself to be disabled as defined under the Disability Discrimination Act? Or do you have a long standing (at least 12 months) physical or mental health condition or disability? Does your condition or disability have a substantial negative effect on your ability to carry out normal day to day activities? E.g. Walking, communicating, reading and writing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If yes please indicate what type of disability in the boxes below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Specific Learning Disability |  |  | General Learning Disability |  |  | Cognitive Impairment |  |
| Long Standing Illness or Health Condition |  |  | Mental Health Condition |  |  | Blind or Serious Visual Impairment |  |
| Physical Impairment or Mobility Issues |  |  | Deaf or Serious Hearing Impairment |  |  | Prefer not to disclose type of disability |  |
| If you wish to specify further then please do so here: | | | | | | | |