**Application for Employment**

**Care**

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

 *P*

**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 or College.
* continue on a separate sheet if necessary.
* include any posts that were undertaken on a voluntary basis.

**1. Present or most recent employment**

|  |  |
| --- | --- |
| Job title |  |
| Company Name and address |  |
| Start date (MM/YY) |  |
| End date (MM/YY) |  |
| Reason for leaving |  |
| Please give a brief description of your current duties and responsibilities |  |

**2. Previous employment** (please complete your most recent employment history first and continue on a separate page if necessary)

|  |  |
| --- | --- |
| Job title |  |
| Company Name and address |  |
| Start date (MM/YY) |  | End date (MM/YY) |  |
| Reason for leaving |  |
| Please give a brief description of your current duties and responsibilities |  |

|  |  |
| --- | --- |
| Job title |  |
| Company Name and address |  |
| Start date (MM/YY) |  | End date (MM/YY) |  |
| Reason for leaving |  |
| Please give a brief description of your current duties and responsibilities |  |

|  |  |
| --- | --- |
| Job title |  |
| Company Name and address |  |
| Start date (MM/YY) |  | End date (MM/YY) |  |
| Reason for leaving |  |
| Please give a brief description of your current duties and responsibilities |  |

|  |  |
| --- | --- |
| Job title |  |
| Company Name and address |  |
| Start date (MM/YY) |  | End date (MM/YY) |  |
| Reason for leaving |  |
| Please give a brief description of your current duties and responsibilities |  |

|  |  |
| --- | --- |
| Job title |  |
| Company Name and address |  |
| Start date (MM/YY) |  | End date (MM/YY) |  |
| Reason for leaving |  |
| Please give a brief description of your current duties and responsibilities |  |

**Please continue your work history on a separate page if necessary**

|  |
| --- |
| 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) | **Y/N** |

**2. Continuous Professional Development**

Please provide details of any continuous professional development or qualifications currently being pursued, which is relevant to your application.

|  |  |  |
| --- | --- | --- |
| **University, college, or professional body** | **On-going course or qualification** | **Current stage of course** |
|  |  |  |

|  |  |
| --- | --- |
| **Details of professional development activity (Training)** | **Date Undertaken** |
|  |  |

**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 experiences.

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

|  |  |
| --- | --- |
| **Are you able to commit to training?** | **Y/N** |
| **After training are you happy to administrate medication?** | **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**

**Would you like to be considered for interview under the disability confident scheme?**

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

(Please fine more information regarding the disability confident scheme in the application pack)

**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**

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? (Y/N)?

If yes, please provide details:

|  |
| --- |
|  |

Because of the nature of the work for which you are applying, this post may be exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974.Please refer to the job description for details of how this applies to the role you are applying for.

If your role does require an enhanced DBS check spent convictions 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. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? (Y/N)?”

If yes, please provide details:

|  |
| --- |
|  |

**Safeguarding**

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

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

If yes, please provide details:

|  |
| --- |
|  |

**Health (Care staff)**

After full training

Have you any health condition that would affect your ability to:

* Push a wheelchair
* Moving and handling of service users/students

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

Ifyes,pleasegivedetails:

|  |
| --- |
|  |

**Declaration**

All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. Henshaws will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis that processing is necessary for the purposes of the legitimate interests of Henshaws, to process the information provided by you in this form.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

For more information on how we use the information you have provided, please see our privacy notice for job applicants.

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 offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).

|  |  |
| --- | --- |
| **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: |