

# **Application Form Carers**

# **STRICTLY CONFIDENTIAL Application for Employment** Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

# 1 PERSONAL DETAILS

Surname	First nam	es
Address	Previous	Names
	Home Telephone No.	
National Insurance No.	Mobile No	0.
Immigration Details	E-mail	
Please notify us of any dates you are available for interview:		
Are you a citizen of the EU?	Yes	No
Do you need a work permit?	Yes	No
Current driving licence?	Yes	No
Do you have a car for work use?	Yes	No

# 2 NEXT OF KIN

Surname		First names	
Address	ddress	Relationship	
		Telephone	

# 3a PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving	
From	То	(most recent first)	Position field Salary & Benefits		Reason for leaving	

Aspire Care Personnel, Office No.44 Rivermead Drive, Westlea, Swindon, Wiltshire, United Kingdom, SN5 7EX, Phone: 03333394148
Email: info@aspirecarepersonnel.co.uk | Website: www.aspirecarepersonnel.co.uk

Reviewed: 06-09-2023 Reviewed by: Harriet Amankwaa Version: 1.0

Aspire Care Perso	Р	olicy Number:		

### **3b PREVIOUS EDUCATION**

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

# **MANDATORY TRAINING**

Please tick if you have completed the following training within the last 12 months Please enclose copies of your training certificates

Moving and Handling	Basic Life Support	Intermediate Life Support	Advanced Life Support
Complaints Handling	Handling Violence and Aggression	Fire Safety	COSHH
RIDDOR	Caldicott Protocols	Data Protection	Infection Control
Lone Worker Training	Equality & Inclusion	Food Hygiene (where required to handle food)	Personal Safety (Mental Health & Learning Dis')
Resuscitation of the Newborn (Midwifery)	Interpretation of Cardiotocograph Traces (Midwifery)	Practical	

# 4 REHABILITATION OF OFFENDERS ACT 1974 - NOTICE TO OFFENDERS

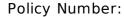
Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No

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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature: Date:	
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Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

#### Your DBS status

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No	Yes	No	
Issue Date			Disclosu	e Number	
Is this certificate registered with the update service	Yes	No			

All applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Aspire Care Personnel Limited will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be

#### **5 ADDITIONAL PERSONAL DETAILS**

Outside interests, leisure time activities and other personal information which you think may assist us	in evaluating your application.

### **6 REFERENCES**

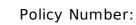
Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address and Telephone No
1			
2			
3			

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holida	· dataa if alvaadı	, baalaad

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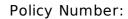




Period of notice required in the p	resent post			
arliest start date				
hank you for completing this ap	plication form.			
declare that to the best of my kr	nowledge, all of the inf	formation contained and do	cumented herein is com	plete and truthful.
Signature:			Date:	
equal Opportunities Monito	ring			
his section of the application wil iverse workforce and are comm eligion or belief. We welcome ap	itted to treating all em	ployees with dignity and res	only. Our organisation re spect regardless of race,	ecognise and actively promote the benefits of a gender, disability, age, sexual orientation
Date of Birth:				
Gender	Male			
	Female			
	I do not	wish to disclose this		
tace Relations (Amendment) 2 would describe my ethnic origin				
Asian or Asian Br	itish	Mixed Race	ed	Other Ethnic Group
Bangladeshi		White & Asian		Chinese
Indian		White & Black Afri	ican	Any other ethnic group
Pakistani		White & Black Caribbean		I do not want to disclose this
Any other Asian background		Any other missed background		
Black or Black Br	itish	White		
A.C.:		British		
African				
Caribbean	karound	Irish Any other White b	ackground	
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Caribbean  Any other Black back  mployment Equality Regulation  Please select the option which be  Lesbian  Gay	ons 2003	Any other White bour religion or belief describent Atheism  Buddhism	-	Judaism
Caribbean  Any other Black back  Employment Equality Regulation  Please select the option which be  Lesbian  Gay  Bisexual	ons 2003 pest Please indicate y	Any other White bour religion or belief described Atheism Buddhism Christianity	-	Judaism Hinduism
Caribbean Any other Black back  Employment Equality Regulation Please select the option which be Lesbian Gay Bisexual Heterosexual I do not wish to dis	ons 2003 pest Please indicate years close this	Any other White bour religion or belief described Atheism Buddhism Christianity Islam Jainism	pes your sexuality.	Judaism  Hinduism  Other  I do not wish to disclose this
Caribbean Any other Black back  Employment Equality Regulation Please select the option which to the select the option which the select the sele	ons 2003 pest Please indicate years close this	Any other White bour religion or belief described Atheism Buddhism Christianity Islam Jainism	pes your sexuality.	Judaism  Hinduism  Other  I do not wish to disclose this
Caribbean Any other Black back Imployment Equality Regulation Please select the option which to Lesbian Gay Bisexual Heterosexual I do not wish to dis declare that to the best of my kr	ons 2003 pest Please indicate years close this	Any other White bour religion or belief described Atheism Buddhism Christianity Islam Jainism	cumented herein is com	Judaism  Hinduism  Other  I do not wish to disclose this
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Caribbean Any other Black back  Employment Equality Regulation Please select the option which the lease select the lease select the lease select the option which the lease select the lease select the lease select the option which the lease select the lease sele	close this	Any other White bour religion or belief described Atheism  Buddhism  Christianity  Islam  Jainism  Formation contained and do	cumented herein is com	Judaism  Hinduism  Other  I do not wish to disclose this

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Verbal reference check	Yes	No
Date:		

# **Additional Notes from application**

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

# Notes for interview

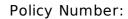
Your Registration Checklist
To complete your registration you will be required to provide the following documentation

Completed Registration Form – signed in all requested areas
CV – E-mailed in word format – Your CV must cover full work history from education
Your Right to Work in the UK as well as your passport and forms of I.D - <b>We require to see the originals of these documents.</b> (Posted originals will be returned the same day received by recorded delivery).
Birth Certificate and Driving License
HPC or NMC Entry Certificate and up to date renewal card
Copy of your most recent DBS – less than 1-year-old
Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
Mandatory Training Certificates > 1 Year
Manual Handling
Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support
Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health &
Safety, 'Quality, Diversion & Inclusion', Safe Guarding Children & Young People Level 2 minimum (if you need to update these please
let us know and we will arrange this for you)
Mental Health Nurses will need Restraint Training
2x Passport Size Photos
Proof of National Insurance Number

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2x Reference forms
Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail
If you do not want to be paid as an employee and instead you want us to be paid as a limited company, please ensure you send us:
Certificate of Incorporation
<ul> <li>Evidence of limited bank details and company name ie bank statement or blank cheque</li> </ul>
VAT Certificate
Signed Self Billing Form (enclosed)

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:		Date:	
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