ELR HOMECARE LTD

Guidance Sheet for Care Worker Application Form

This sheet is designed to ensure that we get all the information that we require on the form. Incomplete forms will be returned to the applicant.

1. Personal information

Most of the items in this section are straightforward. The address that you give should be your postal address so that we can send you correspondence should you be successful in your application. This personal information will all be used, stored and archived safely

1. Qualifications and Training.

We would like to know about all the training that you have carried out throughout your career, even the little courses that you may not think are relevant. If you do not have any qualifications do not worry we will provide training, including NVQ so you can learn and earn at the same time. Please bring your certificates to interview so that they can be verified.

1. Previous Employment

We must have full details of your employment history, starting with your current or previous employer. If you have taken time off work or had gaps in your employment, could you please give reasons why on the form. If you need more space for this section, please continue on a separate sheet and attach it to the application.

1. Personal Qualities

In this section we are interested in why you are making the application? Why do you think you would make a good care worker? What appeals to you about this type of work?

5. References

We require two written references one of which must be from your previous employer. We will send your referees a form to complete about your previous work performance and personal character once we have received them back, we will follow one up with a phone call.

1. Immigration Requirements

Do you require a work visa before commencing employment in the UK?

7. Rehabilitation of Offenders Act 1974

 It is important that you read this section carefully, if you have any criminal

convictions you must disclose them, on a separate piece of paper attached to the application You must sign and date at the bottom of this section. You will be required to complete a Criminal Records Bureau check for this post, please bring proof of identity to your interview – Driving Licence, Passport (if you have them), or a utility bill, birth certificate (original), marriage certificate. If you have a problem providing these documents, please ring us for advice.

**ELR HOMECARE LTD**

# Care Worker Application Form

# 1. Personal Details

|  |  |
| --- | --- |
| **Title:** | **I am over 18 years of age****(please tick to confirm)** |
| **Surname:**  |
| **First name:** | **D.O.B:** |
| **Middle name:** |  |
| **Nationality:** | **National Insurance Number:** |
| **Address including post code:**  **Email:**  | **Telephone Numbers:****Home** **Mobile****Other**  |
| **Do you hold a current driving license?** | **Are you willing to travel locally?** |
| **What form of transport do you have?** | **What weekly hours would you like?****(e.g. 16, 25 or 30 weekly hours etc.)** |

**Working Week Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WED | THURS | FRID | SATURDAY | SUNDAY |
| Morning7: OOAM TO 2:00PM |  |  |  |  |  |  |  |
| MORNING9:00AM TO 2:00PM |  |  |  |  |  |  |  |
| Tea4:00PM TO10:00PM  |  |  |  |  |  |  |  |
| BEDS6:00PM to10:00PM |  |  |  |  |  |  |  |

**2. Qualifications and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject**  | **Grade** | **Establishment**  | **Date Obtained**  |
|  |  |  |  |

**3. Previous employment (please start with most recent or current employer) do not leave any gaps – all dates must be consecutive. If you have had a break in employment state, why e.g. ‘Break for family reasons’**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Start Date** | **Leave Date** | **Duties**  | **Reason for Leaving**  |
|  |  |  |  |  |

**4. Personal Qualities**

|  |
| --- |
| **What qualities do you have which make you suitable for this type of work?** |
|  |

## 5. References –one of whom MUST be your most recent employer

|  |  |  |
| --- | --- | --- |
| Name:Position/Job Title:Address:Telephone Number: Email Address: | Name:Position/Job Title:Address:Telephone Number: Email Address: |  |
| May we contact this person prior to the interview? | May we contact this person prior to the interview? |

Your referees will be contacted by phone or post to confirm the reference provided

**6. Immigration Regulations**

In order to comply with current immigration regulations will you require a work permit before taking up work with ELR Homecare?

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

**7. Rehabilitation of Offenders Act 1974**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal. Any information given will be completely confidential.

I understand that I will be asked to undergo a Criminal Bureau Disclosure in order to check my background and that I will notify ELR Homecare of any further convictions after the date of disclosure, this includes any motoring convictions.

Having a criminal record does not automatically disqualify you from this role.

If you have any criminal convictions to declare please do so on a separate sheet

8. Data Protection Act 1998

All personal information provided will be used only by those who need to use it, will only be disclosed to third parties at your request (by reference), will be securely stored for the length of time necessary to comply with legislation and will be archived securely when the destruction date is reached.

## Declaration by Applicant

I confirm that the information contained in this application is correct, and that all the relevant information has been given. I agree that I am of good integrity and character and am physically and mentally fit to perform the work that the agency will provide me. I am fully aware that I will be required to undertake a Criminal Records Bureau Check to assess my suitability for the post. I understand that if any of the information provided on this application is later found to be incorrect, my employment may be terminated.

**PLEASE NOTE THAT ONCE AVAILABILITY HAS BEEN GIVEN YOU MUST GIVE 4 WEEKS NOTICE IN WRITING TO YOUR REGISTERED MANAGER/CO-ORDINATOR TO CHANGE IT.**

**YOU MUST BE PREPARED TO COVER CALLS IN THE EVENT OF SICKNESS OR HOLIDAY BY OTHER CARE/SUPPORT WORKERS WITHIN YOUR AVAILABILITY.**

**IN EXCEPTIONAL CIRCUMSTANCES ALTERNATIVES CAN BE CONSIDERED AT THE DISCRETION OF THE REGISTERED MANAGER ONLY.**

**YOU MUST LET YOUR MANAGER OR CO-ORDINATOR KNOW IN THE EVENT OF SICKNESS, YOU MUST SPEAK TO THE DESIGNATED PERSON DIRECTLY AND YOU MUST GIVE ENOUGH TIME FOR YOUR CALLS TO BE COVERED.**

**IN THE EVENT OF SEVERE WEATHER CONDITIONS, YOU MUST TAKE ALL REASONABLE STEPS TO ENSURE THAT YOUR VISITS ARE COVERED BY LIAISING WITH SENIOR CARE WORKERS, CO-ORDINATORS AND REGISTERED MANAGERS.**

**ENSURE THAT YOUR OWN VEHICLE IS KEPT IN A ROAD WORTHY CONDITION WITH A CURRENT MOT CERTIFICATE AND BUSINESS CLASS INSURANCE AND COPIES OF THESE ARE PRODUCED TO YOUR REGISTERED MANAGER.**

**Please sign to say you understand and accept the above conditions:**

Name:

Signature:

Date:

Please send the completed application form to:

ELR HOMECARE LTD

Varol House,

18 Shelah Road

Halesowen

West Midlands

B63 3PG

Telephone: 01384 639002 or 07718944238

Email: Emma@elrhomecare.co.uk or Jason@elrhomecare.co.uk

**For further information about ELR Homecare visit our web site: www.elrhomecare.co.uk**

**ELR HOMECARE LTD**

**Equal Opportunities Monitoring Form**

ELR Homecare will ensure equal opportunities to all employees and job applicants, and will not discriminate either directly or indirectly on the grounds of race, colour, nationality, national origin, ethnic origin, marital status, sexual orientation, gender, disability, religion or age.

Thank you for your assistance in completing this form.

|  |
| --- |
| **GENDER** |
| Male **□** | Female **□** | Prefer not to say **□** |

|  |
| --- |
| **MARITAL STATUS** |
| Married **□** | Single **□** | Other **□** | Prefer not to say **□** |

|  |
| --- |
| **AGE BAND** |
| Under 18 **□** | 18–29 **□** | 30–39 **□** | 40–49 **□** |
| 50–59 **□** | 60–65 **□** | Over 65 **□** | Prefer not to say **□** |

|  |
| --- |
| **SEXUAL ORIENTATION** |
| Heterosexual **□** | Homosexual **□** | Bisexual **□** | Transsexual **□** |
| Prefer not to say **□** |

|  |
| --- |
| **DISABILITY** |
| None **□** | Physical disability **□** | Mental disability **□** | Prefer not to say **□** |

|  |
| --- |
| **RACE/NATIONALITY/ETHNIC ORIGIN** |
| White | English **□** | Scottish **□** | Welsh **□** | Irish **□** |
| British □**□** | Other white background **□** (please specify) ………………………………………. |
|  |
| Mixed | White and Black Carribean **□** | White and Black African **□** |
| White and Black British **□** | White and Asian **□** |
| Other mixed background **□** (please specify) …………………………………………………………………………….…………………… |
|  |
| Asian  | Indian **□** | Pakistani **□** | Bangladeshi **□** | British **□** |
| Other Asian background **□** (please specify) …………………………………………………………………………….…………………… |
|  |
| Black | Black Caribbean **□** | Black African **□** |
| Black British **□** | Other Black background **□** (please specify) …………………………………. |
|  |
| Chinese **□** |
|  |
| Other ethnic group **□** |
|  |
| Prefer not to say **□** |

|  |
| --- |
| **RELIGION** |
| Buddhist **□** | Catholic **□** | Christian **□** | Hindu **□** |
| Jewish **□** | Muslim **□** | Rastafarian **□** | Sikh **□** |
| None **□** | Other **□** (please specify) ………………………..………………….……… | Prefer not to say **□** |

For the purposes of compliance for the *Data Protection Act 1998*, I hereby confirm that, by completing this form, I give my consent to the company processing the data supplied on this form for the purposes of equal opportunities monitoring.

**Signed:** .............................................  **Name:** ..................................................

**Date:** ................................................