

APPLICATION FORM

Strictly Confidential



PLEASE USE BLACK PRINT – An application form **MUST** be completed / submitted for each vacancy.

Please complete this application form by hand, then post or deliver it to either Aranlaw House Care Home Limited (8383789) at 26 Tower Rd, Poole, Dorset BH13 6HZ, (01202 763 367), Seabourne House Care Home Limited (8383778) at 1 Clifton Rd, Southbourne, Bournemouth, Dorset BH6 3NZ (01202 428 132), or Regency Manor Care Home at 17 Blair Avenue, Lower Parkstone, Dorset BH14 0DA (01202 715 760) and then an interview will be arranged by the receptionist / administrator of that home.

Aranlaw House

Seabourne House

Regency Manor

Application for the post of: Care Giver (HCA) / Night Care Giver (HCA) / Support Worker (assistant to CG) /

Care Team Leader (Senior HCA) / Domestic Assistant / Kitchen Assistant / Chef / Registered General Nurse (RGN) /

Assistant Manager / Deputy Manager / Care Home Manager / Other:

Please indicate by circling your desired position

Personal Details

First Name(s): _____ Surname: _____

Address: _____

Post Code: _____ Home Tel. No: _____

How long have you lived at this address? _____
Day Time Tel. No: _____
Mobile Tel No: _____
If less than five years, please provide 5 year address history overleaf to assist with recruitment checks.

**E-mail address: _____ NI Number: _____

***If you have provided an e-mail address, this will be the method by which you will be contacted.*

*However, if you **DO NOT** wish to be contacted by e-mail please tick the box.*

Do you need a work permit? (a) No. (Please tick relevant box).
(b) Yes, and I already have one. Expiry Date: _____ (dd/mm/yyyy)
(c) Yes, but I do not have one.

Present / Last Employment (if currently unemployed, give details of last employer)

Name and address of current / last employer: _____

Post title: _____ Department/Section: _____

Date of appointment: _____ (dd/mm/yyyy) Date appointment ended: _____ (dd/mm/yyyy)

Hourly Rate: _____ Full or part time (FTE): _____

Brief description of job: _____

Period of notice: _____

Reason for leaving: _____

Previous Employment Start with the most recent employer first.
Please cover all jobs (all periods / gaps between jobs must be accounted for).

Dates				Name & Address of Employer (nature of business)	Position, brief description of job and salary	Reason for Leaving
From		To				
mm	yyyy	mm	yyyy			

(Please continue on separate sheet if necessary)

Voluntary/Unpaid Activities

Dates (dd/mm/yy)				Name & Address of Organisation	Position, brief description of role
From		To			
mm	yyyy	mm	yyyy		

(Please continue on separate sheet if necessary)

Education, Qualifications & Membership of Professional Associations/Institutes

Please give details of your education and qualifications obtained. This includes any qualification which you are studying for now. Primary school details are not required. You will be required to prove you have obtained these qualifications. If you are a member of a professional association/institute please provide details. (professional body, registration number, expiry date)

Name of awarding body	Date gained	Examinations passed, qualifications/level, skills gained	Grades (where applicable)

References

All candidates – Referees must not be related to you.

Please give details of two employment referees whom we may ask about your suitability for the post. One of these should be your most current/recent employer. If you have previously worked in a Care setting, this should also be given.

If you are a school/college leaver, please give the name and address of a head teacher/tutor and also the manager of your most recent work experience placement – if applicable.

(Internal candidates: Please note your line manager must be one of the referees).

We reserve the right to approach your current and any previous employer.

Name of Reference 1 : (from present or most recent employer)	Name of Reference 2 : (from a most recent employer)	Name of Reference 3 : (for a character Ref)
Name & address of organisation:	Name & address of organisation:	Name & address:
Tel. No:	Tel. No:	Tel. No:
E-Mail:	E-Mail:	E-Mail:
Occupation:	Occupation:	Occupation:
Capacity in which known to you:	Capacity in which known to you:	Capacity in which known to you:
Start & Finish Dates of employment: (dd/mm/yyyy)	Start & Finish Dates of employment: (dd/mm/yyyy)	How long you have know this person Start & Finish Dates: (dd/mm/yyyy)
May we contact your referee prior to an interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your referee prior to an interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your referee prior to an interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Supporting Information

What excites you about the position you have applied for and what sorts of things have you been doing that you think could help you become a good at this job?

Please can you tick the 7 values that are most important to you:

Reliable	<input type="checkbox"/>	Courageous	<input type="checkbox"/>	Fit	<input type="checkbox"/>	Athletic	<input type="checkbox"/>	Respectful	<input type="checkbox"/>
Nurturing	<input type="checkbox"/>	Loving	<input type="checkbox"/>	Respected	<input type="checkbox"/>	Educated	<input type="checkbox"/>	Motivated	<input type="checkbox"/>
Passionate	<input type="checkbox"/>	Inspiring	<input type="checkbox"/>	Optimistic	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Adventurous	<input type="checkbox"/>
Fun-loving	<input type="checkbox"/>	Humorous	<input type="checkbox"/>	Creative	<input type="checkbox"/>	Innovative	<input type="checkbox"/>	Efficient	<input type="checkbox"/>
Honest	<input type="checkbox"/>	Consistent	<input type="checkbox"/>	Open-minded	<input type="checkbox"/>	Committed	<input type="checkbox"/>	Loyal	<input type="checkbox"/>

(please continue on separate sheet if necessary)

IMPORTANT INFORMATION

Criminal Convictions (Rehabilitation of Offenders Act)

Due to vulnerable nature of our elderly client group, it is mandatory that both "spent" and "unspent" offences are disclosed by all applicants for all positions. It is mandatory for all applicants to complete an Enhanced DBS and DBS First Request at their own cost which will be completed on their behalf so applicants are encouraged to make this disclosure in separately in writing prior to interview stage. This disclosure should then be passed to the interviewee at the beginning of the interview. This information will be kept confidential and will be risk assessed to ensure that applicants are treated equitably. Our organisation is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

You are required to disclose any convictions that are current (not 'spent' under the Rehabilitation of Offenders Act 1974). As you will be working with vulnerable adults, you are required to disclose all convictions that are 'spent'.

Have you ever been convicted of a criminal offence or received a Police caution, reprimand or warning? Yes No

If yes, please give full details in a separate document and pass to the interviewee during the interview.

Disability Discrimination Act 1995 and 2005

Luxurycare.co.uk wishes to encourage disabled people to apply for jobs – all information will be treated in confidence. The Luxurycare.co.uk operates a "Guaranteed Interview Scheme" for disabled people who demonstrate on their job application form that they meet the specified selection criteria for the job.

Do you have a disability as outlined in the Disability Discrimination Act 1995 and 2005? (see General Information section within the job pack for detailed definition) Yes No

If yes, please state the type of disability you have:

In relation to any disability, do you have any particular requirements in order to attend an interview? Yes No

If yes, please give details :

Declaration

I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent offer or contract of employment with the Company will be made on the basis of the information I have provided. I understand that a false declaration which results in my appointment to the Company's service will render me liable to disciplinary procedures.

I give explicit consent that the information which I give on this form may be processed in accordance with the Company's registration under the Data Protection Act 1998. I have not canvassed either directly or indirectly any officer or member of the company in connection with this appointment. I confirm that I am not, nor have been for twelve months prior to this application a serving elected member of this Company.

I understand that should my employment be terminated in the first 6 months, I will be charged for example the following by way of employment and training costs: Induction (£90), Dementia Awareness (£40), Moving Handling and Hoisting (£60), Manual Handling (£40), Food Hygiene (£40), S.O.V.A (£80), Infection Control (£40), Health and Safety (£40), Person Centre Care (£40), First Aid (£40), Fire Awareness (£40); and the DBS (£44) and DBS First Request (£6) as well any name badges, placement fees, uniforms etc. A full list of training & costs is provided at your First Induction to employment in Luxurycare Ltd.

I understand that if my employment is terminated after 6 months my employment costs will be deducted (at for example costs mentioned above) under the Charging for Training Policy & the contract of employment with Luxurycare Ltd. In the event of you leaving employment for any reason you agree to reimburse the company monies spent on you, the employee, by Luxurycare Ltd on training, name badges, placement fees, uniforms or such items.

The training courses cost conditions are mentioned in the "Charging for Training Policy" & the "contract of employment" with Luxurycare Ltd also to confirm that if you (the prospective employee) provide, and work an eight week notice period, no employment or training costs will be deducted.

I agree to the company carrying out any pre-employment screening, relevant to my application.

Mark box to agree and sign below.

Signature:

Date:

(dd/mm/yyyy)

This page is blank to allow the confidential Recruitment Monitoring Form to be separated from your application form prior to shortlisting

RECRUITMENT MONITORING FORM

Strictly Confidential

This sheet will be separated from your application form upon receipt and does not form part of the selection process.

Application for the post of: Care Giver (Health Care Assistant) / Night Care Giver (Health Care Assistant) /

Care Team Leader (Senior HCA) / Domestic Assistant / Kitchen Assistant / Chef / Registered General Nurse (RGN) /

Deputy Manager / Care Home Manager / Other:

Please indicate by circling your desired position

Luxurycare.co.uk is committed to the principle of equal opportunities in employment. We aim to ensure that all employees are recruited, trained and promoted solely on the basis of their skills and attributes. We are committed to best practice decisions to assess whether equality of opportunity is being achieved. For this purpose, we ask you to choose one option from each of the sections listed below and then tick or place an X in the appropriate box. The information you provide will not be made available to those involved in the recruitment process. It will be used solely for the purposes of equal opportunity monitoring.

1. Your Age

- 16 – 24 25-34 35-44 45-54 55-64 65+

2. Your ethnic group. (These are based on the Census 2001 categories).

- Asian Asian British Asian English Asian Scottish Asian Welsh
 Bangladeshi Indian Pakistani

Any other Asian background:

- Black Black British Black English Black Scottish Black Welsh
 African Caribbean

Any other Black background:

- Chinese Chinese British Chinese English Chinese Scottish Chinese Welsh

Any other Chinese background:

- Mixed: White and Black African Mixed: White and Black Caribbean
 Mixed: White and Chinese Any other Mixed background:

- White British White English White Irish White Scottish White Welsh

Any other White background:

3. Your Gender

- Female Male Prefer not to say
-

4. Your Religion or Belief

- No religion Baha'i Buddhist Christian Hindu Jain
- Jewish Muslim Sikh Prefer not to say
- Any other religion not stated:
-

5. Disability – Do you have a disability? Please tick one box.

- | | | | |
|--|--------------------------|--|--------------------------|
| 00 - None. | <input type="checkbox"/> | 06 - You have mental health difficulties. | <input type="checkbox"/> |
| 01 - You have a specific learning difficulty (for example dyslexia). | <input type="checkbox"/> | 07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. | <input type="checkbox"/> |
| 02 - You are blind or partially sighted. | <input type="checkbox"/> | 08 - You have two or more of the above. | <input type="checkbox"/> |
| 03 - You are deaf or hard of hearing. | <input type="checkbox"/> | 09 - You have a disability, special need or medical condition that is not listed above. | <input type="checkbox"/> |
| 04 - You use a wheelchair or have mobility difficulties. | <input type="checkbox"/> | 10 - I do not wish to provide this information. | <input type="checkbox"/> |
| 05 - You have Autistic Spectrum Disorder or Asperger Syndrome. | <input type="checkbox"/> | | |
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6. Present Status

- Internal Applicant External Applicant

Media

Please state where you saw this post advertised:

- Word of Mouth
- Luxurycare website
- Other website, please state:
- National newspaper, please state:
- Local newspaper, please state:
- Professional/trade journal, please state:
- Other, please state: