

**Holistic Care Provision Westwood
Application for Employment Form**

Job applied for: For Office Use:

Please return form to Yvonne Clark, Westwood Residential Home. 21, Doncaster road, Selby.
YO89BT

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

Please tell us about yourself

Surname: First name:

Other previous names: Date of birth:

Home address:

.....

..... Postcode:

Home tel. no: Work tel. no:

Mobile no: Marital Status:

Current driving licence: YES / NO National Insurance No:

May we ring you at work? YES / NO Are you related to any present or former employees of the home? YES /NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
.....
Postcode.....	Postcode.....
Tel No:	Tel No:
Tel other:	Tel other:
Is this your current employer? YES/NO	Is this your current employer? YES/NO
Are they related to you? YES/NO	Are they related to you? YES/NO

Application for Employment Form (contd)

Please tell us about your education and training

Please tell us about your education. List any qualifications gained:

School /College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects please give details below:

Please tell us about jobs you have had

Please detail your FULL EMPLOYMENT HISTORY starting with your present or most recent job first. If there are gaps in employment please provide written details of any gaps in your employment history e.g. unemployment, bringing up family etc.

Present/most recent employer	Job Title	Wages / rate of pay	From	To

Previous employer	Job Title	Wages / rate of pay	From	To

Application for Employment Form (contd.)

Further Information

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have

In case of Emergency(Notify)

Name and Address of Doctor:

Hours/Days - Required/Available

Mon	Tue	Wed	Thur	Fri	Sat	Sun

Declarations of Convictions / Disclosure of Information

Successful applicants will be asked to provide disclosure information as required under section 113 of the Police Act 1997.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining the position applied for.

No offer of employment will be withdrawn without discussion with the applicant.

.....

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Signed Date

Data Protection Information

The information that you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.

The information will also be used for equality monitoring and statistical purposes. By signing this application you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal

BANK DETAILS FORM

COMPANY -

Before inclusion on our automated payroll system the following details are required.

Job Title

Employee Name

Miss/Mrs/Mr/Ms

Name preferred to be know

Employee Address

.....

.....

Date of Birth

Status (circle): Single / Married / Divorced / Widowed / Civil Partnership / Other

National Insurance No.

Start Date.

Contracted Hours

Bank or Building Society

Bank Account Name

Sort Code

Account No.

P45 Enclosed: Yes No

If you do not have a P45 please complete a P46

P46 Completed Yes No

Only To be completed once a position has been offered

Westwood Care home Equal Opportunities Monitoring Form

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the home properly monitors and conforms with its policies relating to the equality of opportunity.

Information will be used for monitoring and no other purpose.

Our committed aim is to allow staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the home to limit their opportunities.

Please place a tick in the relevant box or boxes:

Would you describe your ethnic origin as:							
White	European	Asian		English			
African	Caribbean	Chinese		Pakistani			
Indian	Hispanic	Mixed					
Other, Please specify							
Prefer not to say							
Are you:		MALE		FEMALE			
Please indicate your age in the ranges below:							
16-21	22-25	26-30	31-35	36-40	41-50	51-60	61-65
Do you consider that you have a disability?				YES/NO			
If YES, please indicate the nature of the disability:							

HOLISTIC CARE PROVISION WESTWOOD

REHABILITATION OF OFFENDERS DECLARATION FORM

The post for which you have applied involves working with older people who are considered to be vulnerable and, as such, the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. This exemption requires that you must declare ALL CONVICTIONS regardless of time passed including those convictions, which would otherwise be regarded as 'spent'.

No application for employment will be processed unless this declaration has been completed.

A criminal record will not necessarily be a bar to any applicant obtaining the position for which they have applied.

Declaration:

Have you ever been convicted of any offence? YES / NO

If YES, please give details. You MUST include all offences, even those which would otherwise be considered as 'spent':

.....
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.....
.....

I declare that the information that I have given is correct and that there are no convictions that have not been included.

I understand that if I am offered the post and it is subsequently found that the information given is incorrect, this will be treated as gross 'misconduct' and I will be liable to be dismissed without notice.

Signed:

Full name:

Date:

Dear Applicant

PROTECTION OF VULNERABLE ADULTS SCHEME

As you may be aware anyone who works in the Care Sector is required to hold a Criminal Records Bureau check before they can commence any employment involving vulnerable adults.

These checks can take two to three weeks to be completed.

Therefore if you are invited for interview may we ask that you bring with you the following items:-

Birth Certificate

Driving Licence & Valid Insurance Certificate – if held

Marriage certificate – if applicable

Valid Passport

Recent Bank Statement

Utility bill – (must have your name and address on)

Recent P60

This will enable swift completion of the C.R.B. check, should you be successful and you accept the position.

TO ALL NEW EMPLOYEES

Please note that training is unpaid if you leave the company before completing the 2-month probationary period.

Any training that you have been paid for will be deducted from your last wage should you leave within this qualifying period.

CRB checks are also paid by the employee and are deducted from the first wage.

Signature of employee to acknowledge and agree the above terms

.....

Date.....

Witness signature.....