**Attach Photograph**

***Please complete this form in black ink and complete all sections***

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| **SUPPORT WORKER/CARE ASSISTANT**  **JOB Application FORM** |

Total Care Options is committed to the safeguarding and promotion of the welfare of all service users their families, our staff, volunteers and careers. Everything we do promotes the safety and wellbeing of the service users we work with.

Some of the fields on the application form are mandatory, indicated by a \*. Failure to complete all mandatory fields will result in your application not being considered.

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| **JOB DETAILS** | |
| Position Applied For:\* |  |
| Please indicate preferred working arrangements\* | Full-time Part-time |
| Job Location\* |  |
| How did you hear about this vacancy\* Please state e.g. Indeed, Facebook etc. If referred by a Total Care Options employee please provide their name or other\* |  |

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| **PERSONAL DETAILS** | | | | | | | | |
| Surname \* |  | | First Name \* | |  | | Middle Name |  |
| Previous surnames(s) | | | Previous Surname(s) | | | |  | |
| Title \* Miss | | |  | | | Preferred Name |  | |
| Home Address \* | | | | | | | Home Tel. No.\* |  |
| Mobile Tel. No.\* |  |
| Post Code\* | |  | | Email Address\* | | |  | |
| Correspondence Address (if different from above) | | | |  | | | | |
| Please state your National Insurance Number (NI) \* | | | | | | | |  |

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| **Highest Education Attained** | | | | | |
| **From-To \*** | **School/College/University \*** | | **Subject/Course Title \*** | | **Qualification \*** |
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| **Professional Qualification/Training** | | | | | |
| **From – To \*** | **Training Provider \*** | | **Course Title \*** | | **Qualification \*** |
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| **Current studies** | | | | | |
| **Expected Date of Completion** | | **School /College/ University** | | **Course** | |
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| **Employment History** | | | | |
| List your present or most recent employer first including temporary and voluntary work since leaving school. If you held significantly different positions with the same employer, list them separately. Explain any gaps in employment in comments section below. Your employment history must go back at least for 10 years. All information **must** be completed. You may attach a resume, but not in place of completing the required information. | | | | |
| **current employment** | | | | |
| Dates Employed | | Employer Name \* | | Starting Salary |
| FROM\* | TO\* |
| Employer Address\*  Post Code\* | Employer Tel. No. \* |
| Employer **Email Address** \* | | Ending Salary |
| Job Title \* | | Notice Required \* | Reason for Leaving \* | |
| Summarize the nature of the work performed and job responsibilities \* | | | | |

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| **Previous employment** | | | | |
| Dates Employed | | Employer Name \* | | Starting Salary |
| FROM\* | TO\* |
| Employer Address\*  Post Code\* | Employer Tel. No. \* |
| Employer **Email Address** \* | | Ending Salary |
| Job Title \* | | | Reason for Leaving \* | |
| Summarize the nature of the work performed and job responsibilities \* | | | | |

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| **Previous employment** | | | | |
| Dates Employed | | Employer Name \* | | Starting Salary |
| FROM\* | TO\* |
| Employer Address\*  Post Code\* | Employer Tel. No. \* |
| Employer **Email Address** \* | | Ending Salary |
| Job Title \* | | | Reason for Leaving \* | |
| Summarize the nature of the work performed and job responsibilities \* | | | | |

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| **Previous employment** | | | | |
| Dates Employed | | Employer Name \* | | Starting Salary |
| FROM\* | TO\* |
| Employer Address\*  Post Code\* | Employer Tel. No. \* |
| Employer **Email Address** \* | | Ending Salary |
| Job Title \* | | | Reason for Leaving \* | |
| Summarize the nature of the work performed and job responsibilities \* | | | | |

**Continue on a separate sheet if necessary**

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| **Time Breaks/gaps in Employment** | | |
| Reasons should be given for any period in which you were not in either employment, education or training since leaving school. Please state this information in chronological order. Please continue on a separate sheet if necessary. | | |
| **From (exact dates)\*** | **To (Exact Dates) \*** | **Reason for break \*** |
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| **Proficiency In Languages** | | | | | | | | | |
| Native Languages \* | | | | | | | | | |
| Other Languages | Speak | | | Read | | | Write | | |
| High | Moderate | Low | High | Moderate | Low | High | Moderate | Low |
| English \* |  | ❑ | ❑ |  | ❑ | ❑ |  | ❑ | ❑ |
| Other: |  | ❑ | ❑ |  | ❑ | ❑ |  | ❑ | ❑ |

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| **Proficiency In Numeracy** | | | | | | | | | |
| Basic Numeracy | | | | | | | | | |
|  | Counting | | | Reading/Writing | | | Basic calculations | | |
| High | Moderate | Low | High | Moderate | Low | High | Moderate | Low |
|  |  | ❑ | ❑ |  | ❑ | ❑ |  | ❑ | ❑ |
| Other: |  | ❑ | ❑ |  | ❑ | ❑ |  | ❑ | ❑ |

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| **DRIVING** | |
| Do you hold a full current Driving Licence? \* | Yes No |
| Do you have a car?\* | Yes No |
| Do you have any current endorsements? \* | Yes No  √ |
| If **YES,** Please provide details: \* |  |

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| **Skills \*** *Communication, Ability to Work Under Pressure, Decision Making etc.* |
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| **Why are you applying for this job?** |
| **Statement in Support of Application** (continue on a separate sheet if required).  Please state why you believe you are a suitable candidate for this post by explaining how you meet these requirements and the experience which you have which is relevant. Please give examples of particular achievements. |

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| **References \*** | | | | |
| Please give below the names, addresses and contact details (incl. phone and email addresses) of two persons not related to you whom references may be sought, **at least one whom should be your recent employer.** If you do not have previous employment history, please provide a tutor or personal referee who can provide a character reference.  We require email addresses of all previous employers that involve working with vulnerable service users. | | | | |
| **First reference \*** | | | | |
| **Company Name \*** | **Company Address \*** | **Contact Name \*** | **Position \*** | **Tel. No. \*** |
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| **Email Address \*** |
| May we contact this referee prior to interview? (Select as applicable) | | | | Yes  No |

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| **Second reference\*** | | | | |
| **Company Name \*** | **Company Address \*** | **Contact Name \*** | **Position \*** | **Tel. No. \*** |
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| **Email Address \*** |
| May we contact this referee prior to interview? (Select as applicable) | | | | Yes  No |

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| **Personal referee or course tutor (if applicable) \*** | | | | |
| **Name \*** | **Address \*** | **Contact No. \*** | **Occupation \*** | **Email Address \*** |
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| May we contact this referee prior to interview? (Select as applicable) | | | | Yes  x  No |

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| **other information \*** | | |
| Earliest Date Available if Appointed \* |  |
| Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, Please give details | Yes  No |
| Have you applied for employment with this company before? | Yes  No |

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| **Warnings and disciplinary issues \*** | | |
| Have you ever been dismissed or resigned in the face of a dismissal or warning? \* | Yes  No |
| Have you ever been the subject of an allegation(s) in relation to the safety and welfare of service users either substantiated or unsubstantiated? \* | Yes  No |
| If you have answered yes to any of the above questions, you must supply details on a separate sheet of paper, place it in a sealed envelope marked confidential and attach it to your application form. | |

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| **REHABILITATION OF OFFENDERS ACT 1974** |
| The nature of the post for which you are applying means that it is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974. You are not, therefore, entitled to withhold information about cautions or convictions, which for other purposes are ‘spent’ under the provisions of the Act, unless covered by the Disclosure and Barring Service filtering rules which specify under what circumstances certain cautions or convictions are classed as ‘spent’.  Further information can be found at:<https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates>  Filtering rules do not apply to certain convictions, please refer to: <https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check>  If you are successful the information on the form will be considered and, if you have declared any previous criminal convictions, cautions or reprimands, these may be discussed with you prior to a decision being taken on your appointment. If you are appointed any failure to disclose cautions or convictions not expressly covered by the filtering rules may result in the offer of appointment being withdrawn or disciplinary action being taken and possibly the police and/or the Disclosure and Barring Service being notified. |

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| Have you ever been convicted of any offence in a Court of Law or  received any bind-overs or cautions from the police? \* (Any  caution or conviction covered by the Disclosure and Barring Service filtering rules need not be disclosed). | | Yes/No |
| Have you ever been included on any Disclosure and Barring/Criminal Records Bureau list which disqualified you from working with children or vulnerable adults? \* | | Yes/No |
| Are there any alleged offences outstanding against you? \* | | Yes/No |
| If you have answered yes to any of the above questions, you must supply details on a separate sheet of paper, place it in a sealed envelope marked confidential and attach it to your application form. | | |
| Have you ever interviewed/employed with the Company or its affiliates before? Yes ☐ / No ☐ | If yes, list job title and location applied for | |

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| **Immigration, Asylum and Nationality Act 2006** | |
| Do you have the right to take up employment in the UK, either as a UK National, or because you hold a valid work permit? \* | Yes ☐ / No ☐ |

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| **Disclosure** |  |

Total Care Options are required by regulations to carry out a Barred List check and Enhanced DBS through the Disclosure and Barring Service (DBS Check)

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| **Please select one of the following options** | YES | NO |
| **a)** I have submitted a copy of my DBS Check to Total Care Options which is no more than **12 months** old whilst my new DBS Check is being processed/updated. I enclose my completed DBS Application Form. |  |  |
| **b)** I do not hold a current DBS Check; please send me an activation email to enable me to complete an online Application. I understand that I will be required to produce original documentation to complete this process **(Please ensure you complete section 3 of the Application Form if you tick this option)** |  |  |

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| **Please confirm:** | YES |
| A DBS Check is required under legislation, it is personal to you and applicants are required to pay for the DBS check. You will be prompted, via email, to make payment once your Application has been verified. Prompt payment will avoid any delays to your start date or cancellation and/delay of your appointment. |  |
|  |  |
| I consent to Total Care Options passing a DBS check relating to me onto interested third parties for work finding purposes (e.g. service users or governing bodies)  Please note that the DBS Update Service lets applicants keep their DBS certificates up to date. You can register online as soon as you have your application form reference number or you can wait and register within 19 days of your certificate being issued. We recommend that you use the update service and register as soon as possible. Registration lasts for 1 year and costs £13 per year (payable by debit or credit card only). For more information and to register see [www.gov.uk/dbs-update-service](http://www.gov.uk/dbs-update-service) |  |

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| **DECLARATION \*** | |  | |
| I declare that the information given on this application form is true and correct. I understand that any false or misleading information, or omissions of information concerning criminal convictions etc. may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination. Should my application be successful, I give my consent for Total Care to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.  I hereby acknowledge that I have read and agree to the above statements | | | | |
| Signed: \* | |  | | |
| Date: \* | |  | | |
| Print name: \* | |  | | |
| If form has been completed electronicallyplease place an ‘x’ in this box to indicate your consent🡪 | | | | **☐** |
| DPA logo  **The General Data Protection Regulation (GDPR)**  As part of any recruitment process, the organisation collects and processes personal data relating to job applicants. The organisation is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations. Total Care Options will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for purposes relating to your employment. Completed application forms and supplementary information provided by you in support of your application will be retained by the HR Department in a secure place for a period of 6 months, after which time the information will be destroyed, excepting for persons who subsequently take up employment with the organisation. This is to enable the organisation to fulfil its legal obligations in the event of a legal claim being brought against the organisation in relation to the recruitment and selection process. **Equality of Opportunity Statement** The Agency’s Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background. | | | | |

**Reasonable adjustments**

If you require any reasonable adjustments to the recruitment process, including completion of this application form and interview, please provide details on a separate sheet of paper**.** Alternatively, please contact a member of the HR Department on 01452930322 to discuss further.

**How to Return Your Application Form**

Please email your completed application formto[info@totalcareoptions.co.uk](mailto:info@totalcareoptions.co.uk). Alternatively, completed forms can be sent to Total Care Options Ltd, 133 Crabtree, Paston, PE4 7EJ, PETERBOROUGH, CAMBRIDGESHIRE

Thank you for your application

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| **For Official Use Only** | | |
| **Date Application received** |  |  |
| **Date Application acknowledged** |  |  |
| **Initial Decision** |  |  |
| **Date Applicant informed** |  |  |
| **Date(s) of Interview** |  |  |
| **Decision** |  |  |
| Notes | | |
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| **For Official Use Only** | | | | |
| Date of Commence | Designation | Department | Grade | Starting Pay |
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| Interviewed By |  | Recruitment Sources: | | |
| Date |  | Source Name: | | |