**TeeNissi Care Services Ltd. The Old Stables, Makespace, Stirling Close**



**Wantage OX12 7AU**

**APPLICATION FORM**

The completion of this application form is part one of a two-stage application process. A decision will be made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

|  |  |
| --- | --- |
| **Position** **applied** **for:** |  |
| **Approx.** **no.** **of** **hours** **you** **can** **work** |  |
| **Full** **or** **part-time**  (Please circle which you want to work) | **Days** **–** **Nights** **–** **Mornings** **–** **Afternoons** **–**  **Evenings** **-** **Weekends** **only**  (Please circle which you are able to work) |
| **Surname:** | **First** **name(s):** |
| Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc.): |  |
| **Current** **address:** |  |
| Post code: | Moved to this address on (date): |
| **Previous** **address** Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper. |  |
| Post code: | Moved to this address on (date): |
| **Telephone** **number** (Home): | **Telephone number** (Mobile): |
| Own Transport (Yes/No):  How long has your licence been held? | Clean current driving licence:  Endorsements: |

|  |  |
| --- | --- |
| **Details:** |  |

**EDUCATION**

|  |  |
| --- | --- |
| School/College/University | Examinations Passed/Qualifications gained |
|  | *(Please* *supply* *copies* *of* *certificates)* |

**TRAINING** **HISTORY/PROFESSIONAL** **STATUS**

|  |  |  |
| --- | --- | --- |
| Date of Graduation/Qualification | Location/Details | Notes |
|  | *(Please* *supply* *copies* *of* *certificates/membership* *details)* |  |

**SHORT** **COURSES** **ATTENDED**

|  |  |
| --- | --- |
| Subjects | Location |
|  |  |

**EMPLOYMENT** **HISTORY**

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

|  |  |
| --- | --- |
| **Name** **and** **address** **of** **your** **most** **recent/last** **employer:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name** **and** **address** **of** **Employer** **prior** **to** **the** **employer** **listed** **above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name** **and** **address** **of** **Employer** **prior** **to** **the** **employer** **listed** **above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Other roles:**  (including charity and  voluntary work if applicable) |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |
| --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?  Yes / No |
| If yes, please give details: |
| Any offer of employment may be made subject to a satisfactory medical report. |

|  |  |
| --- | --- |
| GP’s name: |  |
| Tel no: |  |
| Address: |  |
| **(Your** **GP** **will** **not** **be** **contacted** **without** **your** **permission)** | |

**NEXT** **OF** **KIN**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship: |  |
| Tel no: |  |
| Address: | |

**IDENTITY** **DETAILS**

|  |  |
| --- | --- |
| Photo Identity Document and number: |  |
| National Insurance Number: |  |

**CAPACITY** **TO** **WORK** **IN** **THE** **UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No *(delete* *as* *appropriate)* |
| If yes, please provide details. | |
|  | |

|  |  |
| --- | --- |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No *(delete* *as* *appropriate)* |

**Note:** **Minimum** **age** legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

**REFEREES**

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

**Current** **or** **most** **recent** **Employer**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Previous** **employer** **to** **the** **one** **above**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Character** **reference**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |

|  |  |
| --- | --- |
| Tel No: |  |
| Relationship to you: |  |

**CRIMINAL** **RECORD**

Workers of TeeNissi Care Services are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

|  |
| --- |
| **Please** **declare** **all** **criminal** **convictions,** **whether** **spent** **or** **not,** **charges,** **whether** **proceeded**  **with** **or** **not,** **and** **warnings** **and** **cautions** **in** **the** **space** **provided** **below.** |
|  |
| **SIGNATURE** **and** **DECLARATION** **–** **IMPORTANT** **–** **READ** **BEFORE** **SIGNING** |
| **I** **declare** **that** **to** **the** **best** **of** **my** **knowledge** **and** **belief** **the** **information** **given** **by** **me** **in** **this** **application** **is** **true,** **and** **I** **understand** **that** **the** **above** **information** **forms** **the** **basis** **of** **my** **contract** **of** **employment.** **I** **understand** **that** **if** **any** **of** **the** **information** **supplied** **by** **me** **is** **found** **to** **be** **falsely** **declared,** **my** **contract** **may** **have** **been** **fundamentally** **breached** **and** **my** **employment** **may** **be** **terminated** **immediately.**  **I** **understand** **that** **I** **cannot** **be** **offered** **a** **post** **until** **a** **satisfactory** **response** **has** **been** **received** **with** **respect** **to** **my** **DBS** **Register** **status,** **and** **that** **should** **I** **subsequently** **be** **offered** **a** **post,** **that** **offer** **will** **be** **subject** **to** **receipt** **of** **two** **satisfactory** **references,** **one** **of** **which** **must** **be** **from** **my** **previous** **employer,** **and** **that** **confirmation** **of** **the** **employment** **will** **be** **subject** **to** **a** **satisfactory** **criminal** **record** **check** **from** **the** **DBS.** **I** **understand** **that** **until** **a** **satisfactory** **response** **is** **received** **from** **the** **DBS,** **and** **my** **employment** **is** **confirmed,** **I** **will** **be** **supervised** **at**  **all times at work, and will not seek or have unsupervised access to vulnerable people.**  **By** **my** **signature,** **I** **authorise** **the** **organisation** **to** **request** **a** **DBS** **Register** **check** **and** **a** **criminal** **records** **check** **from** **the** **DBS,** **on** **initial** **employment** **and** **at** **any** **time** **during** **my** **employment** **thereafter.** **I** **undertake** **to** **inform** **my** **employer** **immediately** **if** **my** **DBS** **Register** **status** **or** **criminal** **status** **changes** **at** **any** **time** **during** **my** **employment,** **such** **as** **by** **being** **charged** **with** **an** **offence** **(other** **than** **motoring** **offences),** **the** **administering** **of** **a** **warning,** **criminal** **conviction,** **referral** **to** **any** **register** **of** **barred** **Care** **workers,** **or** **withdrawal** **of** **any** **registration** **required** **by** **my** **employment** **status.**  **Signed:**  **Date:** |