**APPLICATION FORM**

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

1. **Application form**

|  |  |
| --- | --- |
| Position applied for |  |
| Date available to take up employment |  |

1. **Prepared for work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full time | YES / NO | Part time | YES / NO | Nights | YES / NO |

1. **Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name  |  | D.O.B. |  |
| Address |  |
| Telephone numbers | Home |  |
| Mobile |  |
| Email address |  |
| National insurance number |  |
| Passport number |  | Issue Date |  |
| Do you own a car? | YES / NO | Have a current licence? | YES / NO |
| If yes, licence type | Provisional / Full |
| Driving licence number |  |
| Do you have any current driving convictions | YES / NO | If yes, give details including dates |
|  |

1. **Secondary education**

|  |  |
| --- | --- |
| School name, address and date attended | Examinations (subject, result, etc.) |
|  |  |
|  |  |
|  |  |

1. **Further education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| University/College and date attended | Type of course | Subjects | Qualification or class of degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Occupational qualifications**

|  |  |
| --- | --- |
| College/Institute or other name and date attended | Qualification/Level |
|  |  |
|  |  |
|  |  |

1. **Membership of professional body**

|  |  |  |
| --- | --- | --- |
| Name | Level | Date |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Previous employment**

A full work history is required explaining any gaps in employment.

|  |  |
| --- | --- |
| Present/last employer |  |
| Address |  |
| Job title |  |
| Duties/responsibilities |  |
| Hourly Rate: £ |  |
| Start date |  | End date |  |
| Reason for leaving |  |
| Employers name & address | Job title | From | To | Reason for leaving |
| *(month & year)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **General**

|  |  |
| --- | --- |
| Interests/hobbies (give details of pastimes, sports, etc) |  |
| Offices held in social/sports clubs, etc |  |
| Public duties ( local councillor, etc) undertaken |  |
| If offered this position will you continue to work in any other capacity? | YES / NO |
| If yes, give details |

1. **Permission to work in the UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | YES / NO |
| If you are successful in your application would you require permission to work in the UK? | YES / NO |

1. **Community/volunteer experience**

|  |  |  |
| --- | --- | --- |
| Name and address of organisation | Position/title | Duties |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Next of kin**

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |

1. **Referees**

|  |
| --- |
| Work reference 1(most recent employer) – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work reference 2 – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work, personal or educational – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Stepping Stones Services adopts a simple and straightforward policy.

If you are unsuccessful on this application, we will shred all information relating to you and ensure we hold no personal information.

Please tick to show your agreement to this. [ ]

### Criminal Record Check

I have completed an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name……………………………………………………………………...

Signature…………………………………………………………………Date……………………………

**Working with Stepping Stones Services Ltd.**

It is Stepping Stones Services policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Stepping Stones Services to obtain references to support this application once an offer has been made and accepted and release Stepping Stones Servicesand referees from any liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name……………………………………………………………………...

Signature…………………………………………………………………Date……………………………

## Please complete the additional form: equal opportunities monitoring form

*You are under no obligation to complete the above mentioned additional form*

Thank you for completing the application form. Please return this document to:

Stepping Stones Services Ltd

Broadfield House

91 Manchester Rd

Rochdale

OL11 4JG

Alternatively you may email the completed application form to:

recruitment@steppingstonesservices.co.uk

If you need to discuss any questions within this application form please contact Stepping Stones Services on 01706 759 993

**APPLICANT PROFILE**

**AVAILABILITY AND WORK HISTORY**

Please complete this section to let us know when you are available to work. Also please advise us of any previous care experience you may have.

**Availability** – when will you be available to work?

|  |  |  |  |
| --- | --- | --- | --- |
| Full time | YES / NO | Part time | YES / NO |
|  |  | Nights | SLEEP IN / WAKING / BOTH / NONE |

**Days available to work regularly** -Please complete the chart below by ticking the boxes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Week | Morning*(7am–12noon)* | Afternoon*(12noon–5pm)* | Evening*(5pm–11pm)* | Waking*(10pm–8am)* | Sleep*(10pm-7am)* |
| Monday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| Tuesday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| Wednesday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| Thursday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| Friday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| Saturday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| Sunday | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| If you have selected live in, how many days / weeks would you prefer to work before a break? |
| 2 days | 1 week | 2 weeks | 3 weeks | 4 weeks | other |
| If other, please give details: |

**Preferred amount of hours per week**

|  |  |  |  |
| --- | --- | --- | --- |
| Minimum week 1 |  | Maximum week 1 |  |
| Minimum week 2 |  | Maximum week 2 |  |

|  |  |
| --- | --- |
| Are you willing to work in a customer’s home or environments where there are smokers? *(Please be aware that Stepping Stones Services operates a No Smoking policy)* | YES / NO |
| Are you willing to work where there are domestic pets? | YES / NO |

**WORKING EXPERIENCE CHECKLIST**

Have you had training and/or experince of: Please tick the relevant boxes:

*(Please only tick the trained box if you can provide certificates and / or evidence of this)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal care** | **No experience** | **Experience** | **Trained** |
| Dressing/undressing |  |  |  |
| Washing |  |  |  |
| Bathing |  |  |  |
| Bed baths |  |  |  |
| Bath aids |  |  |  |
| Use of bedpans/commodes |  |  |  |
| Hair care |  |  |  |
| **Specialist care** |  |  |  |
| Eye care |  |  |  |
| Pressure area care |  |  |  |
| Continence |  |  |  |
| Catheter bags |  |  |  |
| Mouth care |  |  |  |
| Colostomy care |  |  |  |
| **Mobility** |  |  |  |
| Moving and handling |  |  |  |
| Use of hoists  |  |  |  |
| Walking aids |  |  |  |
| **Nutrition** |  |  |  |
| Meal preparation |  |  |  |
| Feeding |  |  |  |
| PEG feeding |  |  |  |
| **Practical** |  |  |  |
| Housework |  |  |  |
| Laundry / Washing |  |  |  |
| Bed making |  |  |  |
| Shopping |  |  |  |
| **Specialist** |  |  |  |
| Palliative care |  |  |  |
| Dementia care |  |  |  |
| Learning disabilities |  |  |  |
| Physical disabilities |  |  |  |
| Child care |  |  |  |
| Mental health |  |  |  |
| Autism |  |  |  |
| Epilepsy  |  |  |  |
| **Other** - Please specify |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Candidate Name:…………………………………………………………

Signed:…………………………………………………………….............Date:…………………………

Employer Name:…………………………………………………………

Signed:…………………………………………………………….............Date:…………………………

# Equality and diversity monitoring form

**Stepping Stones Services wants** to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

The information you provide will stay confidential and be stored securely and limited to only some staff in the organisation’s Human Resources section.

**Gender** Man 🗆 Woman🗆Non-binary🗆Prefer not to say 🗆If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes🗆 No🗆Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English🗆 Welsh🗆Scottish 🗆Northern Irish 🗆Irish🗆

British 🗆Gypsy or Irish Traveller🗆Prefer not to say 🗆

Any otherwhite background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African🗆White and Asian🗆 Prefer not to say 🗆Any other mixed background, please write in:

***Asian/Asian British***

Indian🗆 Pakistani🗆Bangladeshi🗆 Chinese🗆Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African🗆 Caribbean 🗆Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian🗆Gay man🗆 Bisexual🗆

Prefer not to say🗆 If you prefer to use your own term, please specify here……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist🗆 Christian🗆Hindu🗆Jewish 🗆

Muslim🗆 Sikh 🗆Prefer not to say🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time🗆 Part-time🗆Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexi-time🗆 Staggered hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Home working🗆 Prefer not to say🗆 If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18)🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over)🗆Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

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**APPLICANT PROFILE – HEALTH DECLARATION FORM**

 If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If Stepping Stones Services has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.

**Please note: you must inform the office immediately if your health changes significantly.**

|  |  |  |
| --- | --- | --- |
| **Have you ever had:** | **YES / NO** | **Additional information** |
| Tuberculosis, Asthma, Bronchitis or chest complaints?  |  |  |
| Chest pain, heart condition or raised blood pressure?  |  |  |
| Blackouts, fits or attacks of giddiness? |  |  |
| Depression, Mental Health needs/problems? |  |  |
| Rheumatism or Arthritis?  |  |  |
| Back problems? |  |  |
| Typhoid, Paratyphoid or Dysentery? |  |  |
| Digestive or bowel disorder? |  |  |
| Diabetes, Thyroid or other gland trouble? |  |  |
| Bladder or Kidney problems?  |  |  |
| Dermatitis or skin problems?  |  |  |
| Varicose veins? |  |  |
| Any other accident, operation or illness?  |  |  |
| **Other** | **YES / NO** | **Additional information** |
| Have you any reason to believe you may be infected by any communicable disease? |  |  |
| Any other current or recent medical condition or treatment that may affect your attendance or performance at work? |  |  |
| Do you intend to work night duties on a regular basis?  |  |  |
| Any illness or medical condition that prevented you from attending work or your normal duties or activities for more than one week during the past year? |  |  |
| Any physical disabilities including defect of sight or hearing? |  |  |
| Do you have any life-threatening allergies i.e. bee stings?  |  |  |
| **Have you received vaccination for any of the following:** |
| Tuberculosis BCG |  |  |
| Rubella (German Measles)  |  |  |
| Tetanus |  |  |
| Flu |  |  |
| Hepatitis B (with certificate of vaccination) |  |  |

It may be a requirement of any assignment that you have a Hepatitis B vaccination. Restrictions may apply if you do not have a current certificate of vaccination.

**I certify that I am fit for work in the care industry**

Print Name:………………………………………………………… Signed:……………………………………………………….Date:……………………

**I certify that I am satisfied to the best of my knowledge that this employee is fit to undertake work in the care industry**

Manager/Interviewer:

Print Name:………………………………………………………… Signed:……………………………………………………….Date:……………………

|  |  |  |  |
| --- | --- | --- | --- |
| Dates: | Reason for employment break  | Benefits claimed  | Signature |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |

The information provided is for audit reasons and I can confirm that this information is a true statement of my unemployment history.

I can confirm that I have not been restricted of any work due to imprisonment within the UK : **YES/NO**

**Name:**

**Date:**

**Signature:**

I can confirm I have discussed the above information