



Application Form

Please complete all sections of this form in black.

Position Applied for	
Your Name	
Date of Application	
Do you require this application form in Welsh?	

Personal Details

Title		Surname		Maiden Name (if any)	
Forenames (including middle names)					
Previous Surnames (if any)					
Nationality					
Date of Birth	/	/	National Insurance Number		

Address					Post Code
Telephone	Mobile		Home / Other		
Email Address					
May we contact you at your current workplace?					
Next of Kin to be notified in case of emergency: Name					
Next of Kin Address					Post Code
Telephone	Mobile		Home / Other		
Next of Kin's Relationship to you					

Formal Education and Qualifications

Name and Location of School / College / University Attended	Dates of Attendance		Qualifications Gained		
	From Month/Year	To Month/Year	Course Studied	Qualification Level	Grade

Employment History

Please list details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for any gaps.

Name & Address of Employer	Dates of Employment		Position held and summary of duties and responsibilities	Reason for leaving Last salary or wage
	From Month/Year	To Month/Year		

General Information

Do you hold a valid and current British Driver's Licence?	
If Yes, what type? (E.g., Provisional, Full, LGV, PCV)	
Do you have any endorsements?	
If Yes, please give details	
Please state which languages you speak, including an indication of fluency	
How did you hear about us?	

Work Preference

Please specify which types of work you would prefer (i.e., Care Support Worker) and the number hours you can work. The service we give depends on accurate, up to date information. Please keep us informed of all developments in your career and work preferences.

Position

Hours Required

When will you be available to start work?

Payment Agreement

You are required to have an up to date DBS before starting employment, and the cost of the DBS must be met by the applicant. DBS is £61.80 and will be sent to your address and is the property of the applicant. The applicant will be required to pay £30 on application by cash or bank transfer, and Hapus are happy to deduct the remaining £31.80 from the applicant's first wage.

By signing this agreement, the applicant is agreeing to the above DBS process.

Applicant Signature of Agreement

Additional Information

Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by Hapus Home Care Ltd. and their relationship to you.

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References

Please give 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 the appointment.

Name			Name		
Address		Postcode	Address		Postcode
Email / Phone number			Email / Phone number		
Position			Position		
Relationship to you			Relationship to you		
May we contact the above person now?			May we contact the above person now?		

Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.
 In the course of your duties, you may have access to confidential information about your clients. On no account must information relating to identifiable clients be divulged to anyone other than the manager of Hapus Home Care Limited.
 You should not disclose ANY information to your family, friends or neighbours.
 If you are worried about any information, you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**
 Failure to observe these rules will be regarded as serious misconduct.
 I have read and I understand the above and I agree to abide by the contents therein.

Signed _____

Date __/__/____

Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However, this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a. any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b. any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.

Records will be checked via the Criminal Records Bureau procedures

I have no convictions	<input type="checkbox"/>	I have convictions (see Note below)	<input type="checkbox"/>	Please ✓ as appropriate
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Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested if you are successful in your application for employment.

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has a current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes No Please ✓ tick as appropriate

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience, and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes.
- I understand that any false or misleading information could result in my dismissal.

Signed

Date

Equal Opportunities Monitoring Form

Hapus Home Care Limited operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us do this we would be grateful if you could complete this short questionnaire. Your answers will be treated with the utmost confidence and in accordance with current data protection legislation.

Ethnicity:

Choose ONE section from A to E, and then ✓ tick the appropriate box to indicate your cultural background.

A. White

- British
 Irish

Any other White background, please write here _____

B. Mixed

- White and Black Caribbean
 White and Black African
 White and Asian

Any other Mixed background, please write here _____

C. Asian or Asian British

- Indian
 Pakistani
 Bangladeshi

Any other Asian background, please write here _____

D. Black or Black British

- Caribbean
 African

Any other Black background, please write here _____

E. Chinese or other ethnic group

- Chinese

Any other or prefer not to say, please state here _____

Sex: Female Male Prefer not to say

Disabilities:

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

- Yes No Prefer not to say

For Office Use Only		Initials
Date Application received		
Date Application acknowledged		
Initial Decision		
Date Applicant informed		
Date(s) of Interview		
Decision		
Notes		
		Initials

