**T.** 01775 712270

**M.** 07735815099

**E.** info@procare-domiciliary.com

**W.** [www.procare-domiciliary.com](http://www.procare-domiciliary.com)

**JOB APPLICATION FORM**

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

*At ProCare Domiciliary Services, we are passionate at what we do. We are dedicated and driven with simple desire to deliver and provide a kind of personalised quality care and maintain high standards.*

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| --- |
| Post Applied for: |
| Location of Post: |
| How did you learn of the vacancy? |

**PERSONAL DETAILS**

|  |
| --- |
| Title: |
| Last Name: | First Name:  |
| Date of Birth: | Nationality: |
| Address: |
| Postcode: | Contact number: |
| Email address: | National Insurance number: |

**EDUCATION & PROFESSIONAL QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject/Professional Qualification | Place of Study | Grade/Result | Year Obtained |
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**RELEVANT TRAINING COURSES ATTENDED**

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| --- | --- | --- | --- |
| Courses Title | Training Provider | Duration | Year Completed |
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**EMPLOYMENT HISTORY**

**Please record below the details of your full employment history beginning with your current or most recent first over the last 5 years including the month and year.**

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| Current/most recent employer |
| Employer Name: |
| Employer Address: |
| Reporting to (Job title): |
| Contact number: | Email address: |
| Job Title/Role: |
| Start Date: | End Date: |
| Salary: |

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| --- |
| Employer |
| Employer Name: |
| Employer Address: |
| Reporting to (Job title): |
| Contact number: | Email address: |
| Job Title/Role: |
| Start Date: | End Date: |
| Salary: |

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| --- |
| Employer |
| Employer Name: |
| Employer Address: |
| Reporting to (Job title): |
| Contact number: | Email address: |
| Job Title/Role: |
| Start Date: | End Date: |
| Salary: |

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| --- |
| Employer |
| Employer Name: |
| Employer Address: |
| Reporting to (Job title): |
| Contact number: | Email address: |
| Job Title/Role: |
| Start Date: | End Date: |
| Salary: |

**REFERENCES**

**Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.**

**Reference 1**

|  |  |
| --- | --- |
| Type of reference: | Title: |
| Last Name: | First Name:  |
| Relationship: | Employer name: |
| Job title: | Email address: |
| Address: |
| Postcode: | Contact number: |

**Reference 2**

|  |  |
| --- | --- |
| Type of reference: | Title: |
| Last Name: | First Name:  |
| Relationship: | Employer name: |
| Job title: | Email address: |
| Address: |
| Postcode: | Contact number: |

**DECLARATION**

**Safeguarding/Professional registration restrictions:**

1. Are you currently subject to a fitness to practice investigation and or proceedings of any nature by regulatory or licensing body in the United Kingdom or any other country?

**YES NO**

If yes, please provide the reasons given for the investigation and where if applicable, details of any warning, conditions or sanctions (including suspension, limitations or other restrictions) that apply to your professional registration and name of the regulatory or licensing body.

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**Safeguarding Vulnerable Groups Act (2006)**

ProCare Domiciliary Services are obliged by law to operate a checking procedure for employees who have substantial access to vulnerable adults.

**I confirm that I am not barred by the Disclosure & Barring Service from working with or applying to work with vulnerable adults** [ ]

2. In your current employee /organization or previous employment, have you had restrictions placed on your role? **YES NO**

If yes, please provide details of any restrictions you may have.

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**REHABILITATION OF OFFENDERS ACT 1974**

Do you have any conviction that are unspent under the rehabilitation offender act 1974

**Yes No**

If yes , please give details

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| **Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) Order 1975 (as amended 2013)**Posts which involve substantial access to vulnerable adults are exempt from provisions contained within this Act under which the job applicants are entitled to withhold information about any previous criminal background which is either unspent or would otherwise be considered ‘spent’ under the terms of the Act. However, changes to the legislation in 2013 mean that spent convictions may be protected and do not have to be disclosed to prospective employers. Employers cannot take protected offences into account when making employment decisions. If the job for which you have applied involves substantial access to vulnerable adults and you have been shortlisted for the post, you will be provided with a form on which you will be asked to disclose any relevant previous criminal background. We will provide more information on protected offences at that stage.If you are the successful applicant, you will be required to have an Enhanced Disclosure & Barring Service disclosure. Failure to complete this form will result in your application not proceeding any further. The possession of a criminal record will not automatically debar you from consideration for the post for which you have applied. Any information given will be treated as confidential and will only be used in relation to the post for which you have applied.**I agree that the appropriate enquiry may be made to the Disclosure & Barring Service** [ ]  |
| **The General Data Protection Regulation** The information contained in this application form may be held securely by ProCare Domiciliary Services Ltd.The General Data Protection Regulation is a directive in EU law on data protection and privacy so that individuals have the right of information and access to personal data concerning them. **I hereby give my consent for the information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 2018.** [ ]  |

I DECLARE THAT ALL THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I NOTE THAT THE WITHHOLDING, FALSIFICATION OR OMISSION OF RELEVANT INFORMATION BY A SUCCESSFUL CANDIDATE ARE GROUNDS FOR DISCIPLINARY ACTION WHICH MAY LEAD TO DIMISSAL.

|  |  |
| --- | --- |
| Signed: | Date: |

BY SUBMITTING THIS FORM BY EMAIL, I AGREE THAT THIS IS EQUIVALENT TO ME SIGNING THE DECLARATION.

This part is left blank intentionally and can be use for additional information.

|  |  |
| --- | --- |
| **Date of birth:**  | **Your Gender:** 🞎 Male 🞎 Female 🞎 I do not wish to disclose |

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| --- |
| **Please indicate the option which best describes your marital status** |
| 🞎 Married🞎 Single🞎 Civil partnership🞎 Legally separated | 🞎 Divorced🞎 Widowed🞎 I do not wish to disclose this |

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| **Please indicate the option which best describes your sexual orientation** |
| 🞎 Lesbian🞎 Gay🞎 Bisexual | 🞎 Heterosexual🞎 Other🞎 I do not wish to disclose this |

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| **Please indicate your religion or belief**  |
| 🞎 Atheism🞎 Buddhist 🞎 Christian 🞎 Hindu  | 🞎 Muslim🞎 Jainism🞎 Jewish🞎 Sikh | 🞎 Other 🞎 No religion 🞎 I do not wish to disclose this |

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| --- |
| **Please indicate your ethnic origin** |
| WhiteBritishEnglish Scottish WelshIrishNorthern IrishAny other white background, please write in:…………………………………………………MixedWhite and black Caribbean White and black African White and AsianAny other mixed background, please write in:…………………………………………………Black, Black British, Black English, Black Scottish, Black WelshCaribbean AfricanAny other black background, please write in:………………………………………………… | Asian, Asian British, Asian English, Asian Scottish, Asian WelshIndian Pakistani BangladeshiAny other Asian background, please write in:…………………………………………………Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese WelshChineseAny other Chinese background, please write in:………………………………………………Any other background, please write in:…………………………………………………I do not wish to disclose this [ ]   |