

PLEASE
ATTACH
TWO RECENT
PASSPORT
PHOTOS

APPLICATION FOR CAREWATCH EMPLOYMENT

Please use capital letters and complete all sections. If you have any difficulty completing this form please ask someone to help you. It may be completed at interview if you prefer.

This application form must be completed in the applicants own handwriting.

In accordance with the Data Protection Act 1998, the data gathered on this Application Form and the Applicant Profile Form is used by Carewatch to inform you of potential work opportunities by mail, telephone or email. We may also use this data to conduct market research and to keep you informed of the latest healthcare developments, legislation and policy changes and company initiatives. We may also contact you with offers of goods or services that we believe may be of interest to you from carefully selected third parties. If you do not wish to receive details of these offers by mail, telephone or email, please tick this box.

Any sensitive data such as racial or ethnic origin, religious beliefs, health and criminal records is for monitoring purposes only. Carewatch is an Equal Opportunities Employer; by signing this Application Form you are expressly permitting us to use this information in this way.

Applicants Name

PERSONAL DETAILS

Surname:	_____
Previous surnames (if any):	_____
Forename(s):	_____
Address:	_____ _____
Postcode:	_____
Home Tel No: (inc STD code)	_____
Date of Birth:	____/____/____
Mobile Tel No:	_____
Nationality:	_____
Car Driver:	_____
Qualification(s):	_____ _____ _____ _____
National Insurance Number:	_____
National Insurance Category:	Full/ Reduced/ Exempt (Office Use Only)
Name of Emergency Contact:	_____
Relationship to you:	_____
Home Tel No. (inc STD code):	_____
Work Tel No. (inc STD code):	_____

EDUCATION, TRAINING AND RELEVANT COURSES

Name & address of school/college/other	Courses & subjects taken & qualifications gained	From: Mth/Yr	To: Mth/Yr

LANGUAGES

Please list the languages in which you are fluent (include your Mother Tongue, Makaton and British Sign Language).

Languages Please tick if fluent in:	Speech	Reading	Writing

Applicants Name

FULL EMPLOYMENT HISTORY INCLUDING GAPS

Please start with most recent and include any voluntary work.

Employers name and address	Position held	From: Mth/Yr	To: Mth/Yr

Please continue on a separate sheet if required

Applicants Name

CRIMINAL RECORDS BUREAU DISCLOSURE

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bindovers or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bindovers or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.

Have you ever been convicted of a criminal offence or received a conditional discharge or bindover?

Yes No

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Records Bureau / Disclosure Scotland disclosure 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: _____

Applicants Name

REFERENCES

Please provide details of 2 referees who can provide information relating to your competence in a caring role, one of whom should be your present or most recent employer.

1. Name _____ Position _____
Address _____ Organisation _____
_____ Telephone No, (Inc STD code) _____
_____ May we approach the above prior to interview?
Post Code _____ Yes No

2. Name _____ Position _____
Address _____ Organisation _____
_____ Telephone No, (Inc STD code) _____
_____ May we approach the above prior to interview?
Post Code _____ Yes No

DECLARATION

I confirm that I am 18 years of age or over, and that I am eligible to work in the UK. I fully accept that I am applying for Employment within Carewatch in the full knowledge and understanding that should Carewatch offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through Carewatch, are provided as a self-employed person. As a self-employed person, I accept that Carewatch's duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that Carewatch nor its employees, hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.

I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Carewatch's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Signed: _____
Print Name: _____
Date: _____