



Application Form for Care Worker

Full Name (Surname First)

Address

Telephone Numbers

Email Address

Education / Qualifications

Details of last employers

Name of Employer

Date Employment Stated (DD/MM/YYYY)

Date Employment Finished (DD/MM/YYYY)

Short Job Description

Work Experience

Other Skills

Driving License Status

Hobbies or Special Interests



Application Form for Care Worker

Details of any criminal convictions or endorsements

Do you understand that any offer of employment is subject to a DBS check YES / NO

Are you willing to share and discuss the result of your DBS as part of the recruitment process YES / NO

When will you be available for work and how long are you available?
(For example - 07:00 to 14:00, 14:00 to 21:00 Monday to Sunday) Please be as specific as possible

Smoking
Do you smoke? YES / NO

Are you aware you may be in contact with clients or clients' family that smoke?
Please confirm if you are OK with this.

Do you have independent means of transport that could be used to transport service user? YES / NO

Are you willing and able to work around domestic animals? YES / NO

The job will involve moving and handling and other physical work. Do you have any disabilities or health conditions that may affect your ability to undertake the work? Yes / NO. Please give details

Where did you see the job advertised?

Name, address and telephone numbers of two referees
At least one professional / work



Application Form for Care Worker

Any additional information relevant to the application

Are you able to provide evidence of your entitlement to work as a personal / care assistant in the UK?
Evidence includes UK passport, work visas etc) YES / NO

Declarations:

The particulars entered above are to the best of my knowledge a true and completed record

Signature & Date

Please return your application through the email admin@hopecaresupport.co.uk or
contact us on Tel: 03330144271

Applicants are not entitled to withhold information about convictions, because of the nature of the work for which you are applying; this position is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975.



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EQUAL OPPORTUNITIES MONITORING FORM

Hope Care Support Limited is committed to promoting equal opportunities for all its employees and all prospective employees.

To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a 'tick' in the appropriate box. This will allow the organisation to monitor its policies.

PLEASE NOTE

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.
Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

GENDER

What is your gender (please tick)?

Male	
Female	
Prefer not to say	

Do you identify as transgender?

For the purpose of this question, 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to that which they were assigned at birth.

Yes		No		Prefer not to say	
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ETHNIC GROUP

A White:	B Mixed race:	C Asian or Asian British:
British - English, Scottish or Welsh	White and Black Caribbean	Indian
Irish	White and Black African	Pakistani
Other White background	White and Asian	Bangladeshi
	Other Mixed background	Other Asian background



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D		E			
Black or Black British:		Chinese and other groups:			
Caribbean		Chinese		Prefer not to say	
African		Other ethnic group			
Other Black background					

AGE

What is your age (please tick)?

16–17		18–21		22–30		31–40		41–50	
51–60		61–65		66–70		71+		Prefer not to say	

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

Heterosexual/Straight		Bisexual		Prefer not to say	
Gay Man		Gay Woman/Lesbian			

DISABILITY

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long- term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes		No	
Used to have a disability but not anymore		Don't know	
Prefer not to say			