

JOB APPLICATION FORM

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY, IN CAPITALS AND/OR CIRCLE YOUR ANSWER

Office Use Only

		Office Oac Offig
		,
Days / Nights / Mor	nings / Afternoons /	
Evenings / Weekend	s	
YES	NO	
YES	NO	
YES	NO	
YES	NO	
Please supply o	opies of certificates	/ membership details
	YES YES YES YES	YES NO



School / College / University

4. Training History		Please supp	ly copies of certification	ates / mer	mbership details
Qualification					
Qualification					
Qualification					
5. Employment History Current/most recent first. Infthe reasons for any breaks in that sheet(s).			•	_	
Current / Last Employer					
Address					
Nature of Business					
Dates of Employment					
Position					
Reason for Leaving					
Salary / Rate					
Previous employment starting	with m	ost recent emp	lover		
Employer Name and Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Job Title	Dates (from – to) Reas	son for leaving
6. References You must provide references f please inform the referees of	the fact	that you have u	sed their name. If y		
the required references, pleas	e discus	s the matter wi	th us.		
Name		Nam			
Position of referee		Posit	tion of referee		
Organisation/Company		Orga	anisation/Company		
Company Address		Com	pany Address		
Telephone		Tele	ohone		
Email		Emai	I		
7. Declaration I declare that the information given on this form is correct to the best of my knowledge and that I am eligible to work in the UK. I understand that withholding, falsifying or omitting relevant information could lead to disciplinary action including dismissal.					
Print Name			Date		



8. Criminal Record

Have you ever been dismissed from a job or had a disciplinary action taken against you; or is such action currently pending against you? (Yes / No):

The post for which you are applying is a post which will involve access to vulnerable adults and, as a consequence, is exempt from the Rehabilitation of Offenders Act 1974, which means that you are required to notify us of any convictions/cautions that you may have received, including those which may be regarded as "spent", but you do not have to disclose those that are regarded as "protected". Guidance on what constitutes a "protected" conviction/caution can be found on the Disclosure and Barring Service (DBS) website. Before you start work for FeelCare you will be required to produce your current DBS certificate at the level appropriate to the role that you are applying for. You will also be required to provide your permission for FeelCare to access the DBS update service to enable on-line checks of any changes to your DBS certificate. FeelCare are committed to the DBS Code of Practice, a copy of which is available on request. Information obtained will only be taken into account if it is directly relevant to the job you are applying for. A failure to disclose any conviction, caution, reprimand or final warning which is not "protected" may result in your immediate dismissal or the withdrawal of an offer of employment. You are also required to notify FeelCare of any convictions/cautions received during your employment by submitting the details in writing to the Human Resources Department. Failure to notify of such convictions/cautions may also result in your dismissal. Please complete the schedule below with details of any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 2013 1198) If you have no convictions/cautions to declare, you should write "no convictions/cautions" in the right hand column below and sign.

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below:				
Print Name		Date		
and I understand t	hat withholding, falsify	nis form is correct to the ling or omitting relevant in l. Please only tick the bo	nformation could lead	

This information will be treated as confidential and will be separated from your application on receipt and before short-listing of candidates takes place. This form may be held and processed in accordance with the Data Protection Act (1988). It will be treated in a secure and confidential manner.



9. Carer Standards

In order to guide the application process, we would like you to indicate your personal philosophy of care by completing the following statements:

I believe that the purpose of Care from a Care service is:	
If I were a Service User in The Agency I would like:	
I believe that the Service User's family and relatives would like from The Agency:	
I believe that I can support a Service User in The Agency be- cause:	
As a member of The Agency Care team I feel valued when:	
I believe that a good relationship between me and the Service User depends on:	
I believe that I learn best when:	
I believe that a good working team is made by:	
I believe that my role in relation to the Service User is:	
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