APPLICATION FOR PLACEMENT: **GOLDEN HOPE CARE**

*The information provided on this application form will remain private and confidential and will be used for selection/recruitment.*

*The form is divided into three parts. Please complete all three parts. Please do not separate any part of the form. Where the application is successful Golden Hope Care may wish to process this information (as updated periodically) for personnel and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Act 1998.*

*Please also note that the Golden Hope Care may approach third parties to verify the information that you have given. By signing this form, you will be providing the Company with your consent to all these uses.*

PERSONAL INFORMATION

Please refer to the guidance when completing your application.

POSITION APPLIED FOR:

Personal Assistant

Support Worker

Nurse

Specialist Nurse

Business Support

Care Management

Care Coordination

Other:

DATE YOU CAN START WORK

PREPARED TO WORK:

Please tick all that apply

Full-time

Part-time

Shift work

Waking Nights

Live in

Short Calls

Countywide

Out of County

Flexible

With Children

With Adults

Complex

APPLICANT'S PERSONAL DETAILS

Title:

Mr

Ms

Mrs

Rev.

Dr.

Other

Applicant's First Name:

Applicant's Last Name:

Nationality

Passport number

Applicant's Full Address & Post code:

Applicant's Contact Number:

Tel. Work:

Mobile:

E-mail:\*

Tel. Home:

Next of Kin Contact details

Next of Kin Address (If this is similar to applicant, state so):

Next of Kin Full Names:

Nationality

Passport number

Relationship to you: (spouse, son, friend etc)

Next of Kin Contact Number & Email Where Applicable:

Please tick preferred contact method\*

Calls to business numbers will be made discreetly

E-mail:

Tel. Home:

Tel. Work:

Mobile:

ABOUT YOU

Why did you apply for this position, what will you bring to the role?

General Info

Have you a current driving licence for the UK

Yes

No

Are you willing to travel?

Yes

No

Are there any adjustments that may be required to be made should you be invited for interview?

Yes

No

Please indicate three people who can provide references from your present/most recent Job or education. One reference may be personal – but not from your own family.

CHARACTER Reference 1:

Nationality:

Passport number:

Address:

Name:

Company/Individual:

Position/Capacity:

Occupation/Relationship:

Length Known to You & in What Capacity:

Address:

Town/City:

Postal Code:

Tel:

Email Address

Reference 2:

Company/Individual:

Position/Capacity:

Occupation/Relationship:

Length Known to You & in What Capacity:

Address:

Town/City:

Postal Code

Tel:

Email Address

Reference 3:

Company/Individual:

Position/Capacity:

Occupation/Relationship:

Length Known to You & in What Capacity:

Address:

Town/City:

Postal Code

Tel:

Email Address

WORK HISTORY:

Please give details of all jobs held including part time and unpaid work, starting with your current or most recent Job.

Work History: 1 (Present/last place of work)

Name and full address & Nature of Business.

Job title(s); Key Responsibilities & Key Achievements

Reason for leaving

Date of Leaving

Start Date

Work History: 2 (Present/last place of work)

Name and full address & Nature of Business.

Job title(s); Key Responsibilities & Key Achievements

Reason for leaving

Date of Leaving

Start Date

Work History: 3 (Present/last place of work)

Name and full address & Nature of Business.

Job title(s); Key Responsibilities & Key Achievements

Reason for leaving

Date of Leaving

Start Date

Do you have further work history?

Yes

No

Top of Form

EDUCATIONAL, TECHNICAL AND PROFESSIONAL QUALIFICATIONS

Please name any awarding institute or professional body in full and include attainment level specifying relevant grades or grade of membership.

Further Education and Training

|  |  |  |
| --- | --- | --- |
| University(ies)/College(s) | Course/Subject | Qualification/class attained |
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Secondary Education

|  |  |  |
| --- | --- | --- |
| School name/address | Subjects | Examination/Results |
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Mandatory/Occupational/Professional Qualifications

|  |  |
| --- | --- |
| Company/College/Institute/Other | Qualification/Level |
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Voluntary or other activities

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### Personal Development

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Skills

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OTHER INFO

Do you have armed service/public duty commitments?

(e.g. are you a member of the TA/ a JP/ a councillor, other public office)

Yes

No

How/where did you hear about this vacancy?

Have you made an application to this organisation before?

Yes

No

Are you currently eligible to work in the UK?

Yes

No

Are you physically fit (exemption claimed under Equality Act 2010)

Yes

No

Have you ever been convicted of a criminal offence?

Yes

No

If offered this position, will you continue to work in any other capacity

Yes

No

BANK ACCOUNT DETAILS

I authorise Golden Hope Care Ltd to pay my wages using below Bank Account details and I will notify Golden Hope Care if any changes occur to my details.

Please tick to accept

Bank name:

Account name:

Sort Code:

Account number:

Golden Hope Care are fully compliant with the necessary UK tax legislation and with all current IR35 policies. You must also ensure that you remain tax compliant for the duration of the Contract.

DATA PROTECTION STATEMENT

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for placement. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up placement with us, the information will be used in the administration of your work with us and to provide you with information about us or a third party via your remittance slip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with any other information held by us. We may also use or pass to third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing this application form, we will be assuming that you agree to the processing of sensitive personal data (as described above), in accordance with our registration with the Information Commissioner.

DECLARATION

I declare to the best of my knowledge and belief, all I have given in all parts of this application form are complete and true.

I understand that any false declaration or misleading statement or a significant omission may disqualify me from a placement and render me liable to dismissal.

I understand that any job offer is subject to references, checks on relevant qualifications, work eligibility and criminal convictions, a probationary period and (if the organisation believes it appropriate) a medical report, all of which must be deemed by the organisation as satisfactory.

Full Name

Today’s Date

Signature