

**KILMAR HOUSE CARE HOME**

**Higher Lux Street, Liskeard, PL14 3JU**

**Telephone 01579-343066**

**Email: Stephen@kilmarhouse.co.uk**

**Application Form**

Kilmar House Care Home provide services that are regulated under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Information requested within this application provides evidence to meet Regulation 19 of the Act. You are therefore required to complete all sections, giving as much detail as possible.

**If you require the information contained within this form in another format, please inform the Manager.**

**The Role**

|  |  |
| --- | --- |
| **Please state the position that you are applying for** |  |
| **Please state how you heard about this role** |  |
| **Please state how many hours are preferred** |  |

**Section One: Your Details**

|  |  |
| --- | --- |
| **Title** | **Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ]**  |
| **First Name(s)** |  | **Surname** |  |
| **Any Previous Names** |  |
| **Address** |  |
|  | **NI Number** |  |
|  | **Telephone Number** | **Mobile** |  |
| **Postcode** |  | **Home** |  |
| **E-mail** |  | **D.O.B (optional)** |  |
| **Nationality** |  | **When are you free to take up a position** |  |

**Section Two: Eligibility to work in the UK**

Kilmar House Care Home has to comply with the *Immigration, Asylum and Nationality Act 2006*, and will require all employees to provide documentary evidence of their legal right to work in the UK prior to commencing employment. Failure to provide this evidence will delay your employment start date.

From the list below, please choose which of these documents you can bring to interview as proof of your eligibility to work in the UK.

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| --- | --- | --- | --- |
| UK Passport | **[ ]**  | Current immigration Status Document from the Home Office plus an official document with name and permanent National Insurance number  | **[ ]**  |
| European Economic Area (EEA) or Swiss Passport | **[ ]**  | Full birth or adoption certificate naming at least one parent or adoptive parent plus an official document with name & permanent National Insurance number | **[ ]**  |
| Registration Certificate or document Certifying Permanent residence issued by the Home Office to a national of a EEA country or Switzerland  | **[ ]**  | Birth or adoption certificate issued in the Channel Islands, Isle of Man or Ireland plus an official document with name & National Insurance number | **[ ]**  |
| Permanent Residence Card issued by the Home Office to the family member of a national of a EEA country or Switzerland | **[ ]**  | Certificate of registration or naturalisation as a British Citizen plus an official document with name and permanent National Insurance number | **[ ]**  |
| Current Biometric Residence Permit issued by the Home office indicating the person is allowed to stay indefinitely in the UK | **[ ]**  | Current passport endorsed to show right to stay and work in UK; current Biometric Residence Permit; or current Residence Card  | **[ ]**  |
| Current passport endorsed to show exemption from immigration control; can stay indefinitely in the UK; has right of abode; or has no time limit to stay in UK | **[ ]**  | None of the documents listed. Please speak to HR. | **[ ]**  |

**Section Three: Education and Qualifications**

Please give details of ALL relevant qualifications and training.

**Secondary Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates From****(month/year)** | **To****(month/year)** | **School** | **Subjects Taken** | **Results** |
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**Further and Higher Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates From****(month/year)** | **To****(month/year)** | **University/College** | **Course** | **Results** |
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**Section Four: Employment History**

We require details of your FULL employment history. This should be from when you left school or college. Please start with your current or most recent employer. ALL gaps in your employment must be explained at the end of this section. Please continue on an additional sheet if necessary.

**Current / Most Recent Employer**

|  |  |
| --- | --- |
| **Name of Employer & Point of Contact** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Position Held and Responsibilities** |  |
| **Dates From** | **Month** | **Year** | **To** | **Month**  | **Year** |
| **Salary/Rate of Pay** |  | **Notice Period** |  |
| **Reason for leaving or wanting to leave** |  |
| **Number of sick days in the last twelve months** |  |

**Previous Employment History (most recent first)**

|  |  |
| --- | --- |
| **Name of employer**  |  |
| **Address** |  |
| **Position**  |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of employer**  |  |
| **Address** |  |
| **Position**  |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of employer**  |  |
| **Address** |  |
| **Position**  |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of employer**  |  |
| **Address** |  |
| **Position**  |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of employer**  |  |
| **Address** |  |
| **Position**  |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of employer**  |  |
| **Address** |  |
| **Position**  |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for Leaving** |  |

**Gaps in Employment History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for gap** |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for gap** |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for gap** |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for gap** |  |
| **Dates From** | **Month** | **Year** | **To** | **Month** | **Year** |
| **Reason for gap** |  |

**Section Five: Availability**

The roles within Kilmar House Care Home means that employees will need to be flexible and adaptable enough so that they can work their rostered shifts which will include evenings, nights and weekends; as well as being able to cover shifts at short notice.

Please tick all those which you are available to work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **9am-12noon** | **12noon-6pm** | **6pm-12midnight** | **Sleep In** | **Waking Nights** |
| **Monday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Tuesday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Wednesday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Thursday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Friday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Saturday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Sunday** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Do you have any future Holidays booked?** | [ ]  Yes [ ]  No |
| **If “Yes” please provide dates** |  |

**Section Six: Driving Licence**

|  |  |
| --- | --- |
|  **Do you hold a Full UK Driving Licence?**  | [ ]  Yes [ ]  No |
| **Do you have access to your own car for work?** | [ ]  Yes [ ]  No |
| **Would you be willing to transport clients in your car?**  | [ ]  Yes [ ]  No |
| **Would you be willing to obtain Business Insurance?** | [ ]  Yes [ ]  No |
| **Do you have any endorsements on your licence**  | [ ]  Yes [ ]  No |
| **Do you have any endorsements on your driving licence (e.g. penalty points or disqualifications)?** **If “Yes” please give details below** | [ ]  Yes [ ]  No |
| Details: |

**Section Seven: Your Skills and Experience**

Please provide a brief summary of why you feel you would be suited to the job that you have applied. Continue on an additional sheet if necessary.

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**Section Eight: Employment Checks**

**References**

Please give the details of two referees, who should be your current/most recent employers. If you are not currently employed in a health and social care capacity, but have been in the past, we will need to obtain references from your last Health and Social Care employer.

Employment references should be given by the manager of the company or the HR department and not a colleague.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Capacity in which referee is known to you**  |  |
| **Address** |  |
| **Telephone Number** |  |
| **E-mail** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Capacity in which referee is known to you**  |  |
| **Address** |  |
| **Telephone Number** |  |
| **E-mail** |  |

|  |  |  |
| --- | --- | --- |
| **Have you ever been dismissed from a job?** If “Yes” please provide details below. | [ ]  Yes | [ ]  No |
| Details: |

|  |  |  |
| --- | --- | --- |
| **Can we contact your referees without you being consulted further?**  | [ ]  Yes | [ ]  No |

**Disclosure and Barring Service Checks**

Due to the nature of the work for which you are applying and in order to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, confirmation of ALL offers of employment will be subject to the receipt of a satisfactory Disclosure and Barring Service (DBS) check. The DBS produce a Code of Conduct that is available to all applicants upon request.

**Criminal Convictions**

The post isexempt from the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This means that you are required to declare any prosecutions, convictions, cautions or bind-overs you have, even if they would otherwise be regarded as “spent” under this Act.

Please note a criminal record will not necessarily bar you from employment. However, failure to declare a conviction, caution or bind-over may disqualify you from appointment, or may result in summary dismissal if the discrepancy comes to light.

|  |  |
| --- | --- |
|  **Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?**If “Yes” please give details below  | [ ]  Yes |
| [ ]  No |
| **Date** | **Court** | **Offence Details** | **Conviction** |
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**Section Nine: Declaration**

I declare that the information given on this form is true. I acknowledge that any misleading statements or deliberate omissions may result in disqualification from appointment or may result in summary dismissal if the discrepancy comes to light after employment has commenced.

I understand that if my application is successful and I am invited for an interview, that I need to inform the administrator, if I need assistance.

I acknowledge that any offer of employment will be subject to a satisfactory work health assessment, references and a satisfactory check with the Disclosure and Barring Service.

I can confirm that I have read and understand the job description of the role for which I am applying.

I understand that I will be required to complete the Care Certificate (where applicable). The Care Certificate forms part of the induction process and provides the knowledge and skills required for working in care.

I confirm that I give permission for Kilmar House Care Home to process and retain information in accordance with the Data Protection Act 2018.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Please send the completed form to Kilmar House Care Home either by:

Post: Kilmar House Care Home, Higher Lux Street, Liskeard. Cornwall PL14 3JU

Email: administrator@kilmarhouse.co.uk

Please note that incomplete forms will NOT be considered.

**Equality and Diversity Monitoring Form**

**Kilmar House Care Home** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return separately from the application form

**Gender** Man  Woman  Intersex  Non-binary  Prefer not to say  If

you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes  No  Prefer not to say 

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual 

Prefer not to say  If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say 

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say  If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 