

Application Form

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The recruitment process within this organisation has a minimum of two stages. 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 AND IN CAPITALS**

<b>POSITION APPLIED FOR</b>	
<b>FULL NAME</b>	
<b>CURRENT ADDRESS</b>	
<b>POST CODE</b>	
<b>MOBILE NUMBER</b>	
<b>EMAIL ADDRESS</b>	
<b>OWN TRANSPORT YES/NO HOW LONG HAS LICENSE BEEN HELD FOR</b>	
<b>WHAT IS YOUR AVAILABILITY FOR WORK (HOURS /DAYS/EVENINGS ETC)</b>	
<b>HOW DID YOU HEAR ABOUT THE VACANCY?</b>	

## EDUCATION

SCHOOL   COLLEGE   UNIVERSITY EXAMINATIONS PASSED	GRADE/OUTCOME

## RELEVANT TRAINING ATTENDED (including short courses)

COURSE	DATE

## PLEASE NOTE

**You will be required to provide proof of ALL qualifications and training at interview**

## **EMPLOYMENT HISTORY**

Current/last first. Must cover your last 3 jobs to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

<b>NAME &amp; ADDRESS OF YOUR MOST RECENT EMPLOYER</b>	
<b>DATES EMPLOYED</b>	
<b>NATURE OF BUSINESS</b>	
<b>POSITION HELD &amp; REASON FOR LEAVING</b>	
<b>SALARY   RATE</b>	
<b>NAME &amp; ADDRESS OF YOUR MOST RECENT EMPLOYER PRIOR TO THE EMPLOYER LISTED ABOVE</b>	
<b>DATE EMPLOYED</b>	
<b>NATURE OF BUSINESS</b>	
<b>POSITION HELD &amp; REASON FOR LEAVING</b>	
<b>SALARY   RATE</b>	
<b>NAME &amp; ADDRESS OF YOUR MOST RECENT EMPLOYER PRIOR TO THE EMPLOYER LISTED ABOVE</b>	
<b>DATE EMPLOYED</b>	
<b>NATURE OF BUSINESS</b>	
<b>POSITION HELD &amp; REASON FOR LEAVING</b>	
<b>SALARY   RATE</b>	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. *Please use separate sheet if insufficient space is available*

## **IDENTITY DETAILS**

<b>NURSING &amp; MIDWIFERY COUNCIL PIN NUMBER (NURSES ONLY)</b>	
<b>NATIONAL INSURANCE NUMBER (ALL APLICANTS)</b>	

## **CAPACITY TO WORK IN THE UK**

<b>ARE THERE ANY RESTRICTIONS TO YOUR RESIDENCE IN THE UK WHICH MAY AFFECT YOUR RIGHT TO TAK EUP EMPLOYMENT IN THE UK?</b>	
<b>IF YOUR APPLICATION IS SUCCESSFUL, WOULD YOU REQUIRE A WORK PERMIT PRIOR TO TAKING UP EMPLOYMENT?</b>	

**Note: Minimum age; legislation dictates that care workers in general must be 18 years old or older, and Carers working with people with learning disabilities must be 21 or older. Please inform your interviewer immediately if you do not meet these specifications**

## **REFEREES**

**You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us**

### **Current or most recent Employer**

Full Name	
Address	
Email Address	
Telephone Number	
Job Title	

### **Previous employer to the one above**

Full Name	
Address	
Email Address	
Telephone Number	
Job Title	

### **Character Reference**

Full Name	
Address	
Email Address	
Telephone Number	
Relationship to you	

**NON OPTIONAL SECTION** – Applicants Declaration – Read and understand before signing 1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice

Signed \_\_\_\_\_ Date \_\_\_\_\_ Print name \_\_\_\_\_

### CRIMINAL RECORD

Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the Criminal Record Bureau. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and cautions. You will not be eligible for work in a care setting if you are on the ISA Register(s)

### SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately. I understand that I cannot be offered a post until a satisfactory response has been received in respect of my ISA Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of three satisfactory references, one of which must be from my current or previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the Criminal Records Bureau. I understand that until a satisfactory response is received from the Criminal Records Bureau, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers.

By my signature, I authorise JOY2CARE LTD to request, references from current /previous employers, an additional character reference , an ISA Register check and a criminal records check from the CRB on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Name:	Signature:	Date:
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