

JOY2CARE LTD

Application Form

Head Office

JOY2CARE LTD
FAIRDALE HOUSE
47 STATION ROAD
CARLTON
NOTTINGHAM
NG4 3AR
T: 01159871263
E: enquiries@joy2care.co.uk
W: www.joy2care.co.uk

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

POSITION APPLIED FOR	
APPROX NUMBER OF HOURS WANTED	
FULL NAME	
PREVIOUS SURNAMES IF NOT THE SAME WITHIN 5 YEARS	
CURRENT ADDRESS	
POST CODE	
PREVIOUS ADDRESS Note: For Criminal Record check purposes, addresses covering the ten years up to the application date must be supplied.	
MOBILE NUMBER	
OWN TRANSPORT YES/NO HOW LONG HAS LICENSE BEEN HELD FOR	
Email Address	
DATE OF BIRTH	

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EDUCATION

SCHOOL COLLEGE UNIVERSITY EXAMINATIONS PASSED	
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TRAINING HISTORY | PROFESSIONAL STATUS

DATE OF GRADUATION QUALIFICATION LOCATION & DETAILS PLEASE SUPPLY COPY OF CERTIFICATES	
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SHORT COURSES ATTENDED

SUBJECTS & LOCATION	
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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).

NAME & ADDRESS OF YOUR MOST RECENT EMPLOYER	
DATE EMPLOYED	
NATURE OF BUSINESS	
POSITION HELD & REASON FOR LEAVING	
SALARY RATE	
NAME & ADDRESS OF YOUR MOST RECENT EMPLOYER PRIOR TO THE EMPLOYER LISTED ABOVE	
DATE EMPLOYED	
NATURE OF BUSINESS	
POSITION HELD & REASON FOR LEAVING	
SALARY RATE	
NAME & ADDRESS OF YOUR MOST RECENT EMPLOYER PRIOR TO THE EMPLOYER LISTED ABOVE	
DATE EMPLOYED	
NATURE OF BUSINESS	
POSITION HELD & REASON FOR LEAVING	
SALARY RATE	

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

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HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes / No IF YES PLEASE GIVE DETAILS	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of all absences from work in the last 12 months, except holidays	
Please give details of any illnesses/accidents/injuries in the last 2 years	
Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes / No	
GP details and address Your GP will not be contacted without your permission	

NEXT OF KIN DETAILS

FULL NAME	
RELATIONSHIP	
TELEPHONE NUMBER	
ADDRESS	

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IDENTITY DETAILS

NURSING & MIDWIFERY COUNCIL PIN NUMBER (NURSES ONLY)	
NATIONAL INSURANCE NUMBER (ALL APLICANTS)	

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	
If you are successful in the application, would you require a work permit prior to taking up employment?	

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

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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	

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Medical Questionnaire

This questionnaire is intended to assess your fitness for work. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working, you will be offered a free full health assessment. Do you suffer from any of the following conditions;

Diabetes, requiring insulin injections to a strict timetable? YES NO	
A heart or circulatory disorder which affects your physical stamina? YES NO	
Stomach or intestinal disorder, such as ulcers? YES NO	
Any other condition which makes the timing of meals of particular importance? YES NO	
A medical condition affecting sleep? YES NO	
A chronic chest condition? YES NO	
Any medical condition requiring medication to a strict timetable? YES NO	
Any other medical condition in which the symptoms get worse at night? YES NO	

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 2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above 3. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work 4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)

Signed _____ Date _____ Print name _____

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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)

Notice period with existing employer	
Please indicate where you found out about the vacancy	

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 two satisfactory references, one of which must be from my 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 a 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.

Signed:

Date: _____