

Please attach two photographs here

APPLICATION FORM

For Care Worker Position

Guidance for Completion:

Please familiarise yourself with the Role Description and Person Specification before you start to complete the application form.

Please complete all sections in black ink pen and print all details clearly. Your information will be securely held, used for selection purposes and may be used to form the basis of your personnel file. Any sensitive data requested will be used for equal opportunity purposes only.

Do you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview? If so please contact Valor Care Services Ltd to give details..

Thank you for taking the time to complete the application form. Valor Care Services Ltd complies fully with the data protection act 1998, retaining applications for the required period of time (up to 6 months).

Please note that each applicant will be notified if they are successful or unsuccessful.

Confidential

Please use black ink and write clearly or type.

Please fill in all sections of this application Form

Reference Number:

Position Applied for:

Grade:

You should return your completed application to:

Email: Info@

1. Personal & Confidential Information:

Title: Mr/ Mrs/ms/Miss

Other:

Surname/ family name:

Forename

Middle name:

Other names:

National Insurance Number:

Address including Postcode:

Daytime telephone:

Mobile:

Equality & Diversity Monitoring:

Date of birth(dd /mm/yyyy)-

Gender:

Equality Act 2010:

I would describe my ethnic origin as follow:

Please indicate which term best describe your sexual orientation:

Please indicate your religion or belief:

2. Current or most recent job:

Job Title:

Name of last Employer

Address of Last Employer:

Telephone Number:

Department of section:

Current salary:

Reason for leaving:

How much notice are you required to give your current employer:-

Please circle the answer:

May we contact you at work?

Yes

No

Are you entitled work work in the united Kingdom?

3. Conviction:

Please read the monitoring form attached to this application before completing this section.

Do you have any criminal convictions?

Yes

No

Please list any criminal convictions you have which are excluded from the Rehabilitation of Offenders Act 1974. (Give dates, convictions, and sentences).

4. QUALIFICATION

All qualifications disclosed will be subjected to a satisfactory check.

Subjects	Place of study	Grade/ result	Year obtained

TRAINING COURSES ATTENDED

Course Title	Training Provider	Duration	Year Obtained

6. EMPLOYMENT HISTORY

Please give details of all previous employment, including periods of non-employment, unpaid and voluntary work and study (**insert most recent first**).

You must explain gaps which manager will check prior to your interview.

[illegible]

7. REFERENCES:

Referee 1

Title:	
Surname:	
First name:	
Job title:	
Address	
Relationship:	
Post Code:	Fax:
Telephone :	Email

Referee 2

Title:	
Surname:	
First name:	
Job title:	
Address	
Relationship:	
Post Code:	Fax:

Telephone :	Email
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Referee 3

Title:
Surname:
First name:
Job title:
Address
Relationship:
Post Code:
Fax:
Telephone :
Email

Please note that referees will be approached prior to interviews.

SUBMIT& DECLARATIONS:**Declaration**

<p>The information presented in this application is true and complete to my knowledge. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal of employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional conduct from previous employers.</p> <p>I agree with the above declaration: Sign_____ -</p> <p>Date:</p>
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CRB (CRIMINAL RECORD BUREAU)

1. Have you had a recent CRB check done by an employer?

Yes/ No

Name of authority that carried out the CRB check	Date / reference number of CRB check	Outcome:

2. Have you every been investigated by a previous employer?

Yes/ No

3. Have you ever been involved in activities involving contact children or vulnerable adults outside the work environment(for example, sports coach, scout leader or voluntary work in a day centre)?

Please sign below to confirm that you agree (if you are appointed) to let us carry out a CRB check on you. If you refuse, this decision may impact the outcome of your application.

I agree that if I am selected , you will carry out a CRB check for any records of convictions or cautions against me. I am aware that information for this standard and enhanced disclosure will be made available if appropriate.

I confirm that the information I have given is correct.

Signature: _____ Date: _____

Name(Please print): _____