

**Hallifax Care**

297a Ditchling Road, Brighton, BN1 6JJ

01273 542200

info@hallifaxcare.co.uk

**APPLICATION FORM FOR CARE WORKER**

**Block capitals please**

Full Name ..................................................................................................................................................... Title ...…….........

Maiden name / previous names used ..................................................................... Date names changed…………………………

Home Address.........................................................................................................................................................................

............................................................................................................................................ Post Code...........................

Date of Birth......................................................................................... Place of Birth ………………………………………………………

Telephone No (Home).................................................................... Mobile ………………………………………………………………………….

Email Address………………………………………………………………………………………………… Nat Ins No......................................................

How long have you lived at the above address? .......................................................................................................................

**If less than 5 years please give details of all addresses (month and year) of each address – use a separate sheet if necessary**

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Next of kin

Name………………………………….................................................. Telephone no……………............................................................

Address……………………………………………………..…………………………………………………………………………………………………………………………

…………………………………………................................................................................... Postcode………………………………………………….

Relationship …………………………………………………………………………………………………………………………………………………………………………

**Declaration (**See note below)\*  **Police vetting will be carried out**

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges? Yes/No

 (N.B. The disclosure of an offence may be no bar to your appointment).

 Nature of offence

 Date of Offence

 Signed............................................................................................................................

 Date................................................................................................................................

 \* Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4 (ii) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions ) Order 1975, and you are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act and, in the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work as a care worker with Hallifax Care

For Disclosures and Barring service checks please bring the following information into the office when you come in for your interview. We need 3 pieces of ID. Either 1 from List 1 and 2 from list 2, or 2 from list 1 or 1 from list 2.

**List 1 List 2**

Passport Car Insurance

Driving Licence – photo card/full licence Utility Bill dated within the past 3 months showing you current address

British Birth certificate Bank or building society statement (dated within past 3 months with

Biometric Residence permit (UK) your current address)

Council tax / benefits letter from Local Authority ( Dated within the past 3 months)

**Do you need a work permit to work in the UK Yes ( ) No ( ) Do you have a work permit Yes ( ) No ( )**

**Applicants are advised that employment checks will be made through the Border and Immigration Agency**

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

 Post and

 Name and Address of Employer From To description of duties Reason for leaving

**Job flexibility**

**Prepared to work: Full-time ( ) Part-time ( ) Weekdays ( ) Weekends ( ) Evenings ( )**

**If part-time, please indicate preferred hours ……………………………….....................**

**AVAILABLE TO TAKE UP EMPLOYMENT FROM: ………………………………......................**

**Driving Record**

**Do you have a current clean ‘FULL’ driving licence? Yes ( ) No ( )**

**We will require a photocopy of your insurance certificate**

**Will you agree to a medical examination should it be required Yes ( ) No ( )**

**Doctor's Name Telephone No**

**Why do you think you would make a good carer?**

**References -** Names, designation and addresses of two persons who may be approached on your behalf, one of whom should be a former employer.

Name................................................................................ Name...................................................................................

Position........................................................................... Position.................................................................................

Address........................................................................... Address.................................................................................

....................................................................................... ..............................................................................................

Email……………………………………………………………………….. Email………………………………………………………………………………….

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Employment will be subject to satisfactory DBS certificates and references

**Ethnic Origin:**

White Asian or British Asian Mixed Race Black or British Black

 Any other ethnicity Prefer not to state

**I certify that the information given is correct.**

**Signature........................................................................................... Date............................................................**

 Please return this form to:  **Johanne Stanley, Hallifax Care, 297a Ditchling Road, Brighton, BN1 6JJ info@hallifaxcare.co.uk**

Shared Docs/recruitment/application form, Nov 2012