



Kew Care Group Application Form

Personal Details

Title: _____

Forename: _____ Surname: _____

Date of birth: _____

Nationality: _____

NI Number: _____

Address: _____

Home tel: _____ Work tel: _____

Mobile: _____

Email address: _____

Driving license: Yes: No: Full: Clean: Provisional: Car Owner? Yes: No:

Position Required

Part time

Full time Hours required _____

Position required _____

Date available to start work: _____ Notice period _____

Education and Training

Complete EDUCATION AND TRAINING and EMPLOYMENT sections

School/College/Further Education	From	To	Subject/Qualification/Grade

Training record

Original records must be seen and copied for file.

First Aid	Attended (please tick)	Yes	No	Date	Certificate seen and on file
Manual Handling		Yes	No		
Food Hygiene		Yes	No		
Fire Safety		Yes	No		
Health and Safety		Yes	No		
Care NVQ Level 2		Yes	No		
Care NVQ Level 3		Yes	No		

Other (basic life support, breakaway training, induction training, etc.)

Current Employment

Please provide details of all previous employment and gaps in employment, if any, since leaving education.

Employer	<input type="text"/>	Nature of business	<input type="text"/>
Location you are based at	<input type="text"/>	Position held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Duties/ Responsibilities	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Previous Employment History

Employer 1	<input type="text"/>	Nature of business	<input type="text"/>
Location you are based at	<input type="text"/>	Position held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Duties/ Responsibilities	<input type="text"/>		
Reason for Leaving	<input type="text"/>		
Employer 2	<input type="text"/>	Nature of business	<input type="text"/>
Location you are based at	<input type="text"/>	Position held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Duties/ Responsibilities	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Previous Employment History continued

Employer 3	<input type="text"/>	Nature of business	<input type="text"/>
Location you are based at	<input type="text"/>	Position held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Duties/ Responsibilities	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Employer 4	<input type="text"/>	Nature of business	<input type="text"/>
Location you are based at	<input type="text"/>	Position held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Duties/ Responsibilities	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Employer 5	<input type="text"/>	Nature of business	<input type="text"/>
Location you are based at	<input type="text"/>	Position held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Duties/ Responsibilities	<input type="text"/>		
Reason for leaving	<input type="text"/>		

Voluntary experience

Please outline any voluntary experience you have had within the Social Care Sector

Company name /address and Tel no:
Dates worked
Duties

Company name /address and Tel no:
Dates worked
Duties

Company name /address and Tel no:
Dates worked
Duties

Company name /address and Tel no:
Dates worked
Duties

Work References

We will be taking references for a minimum of 3 years from your current and your most recent employers
College/University leavers should give details of lecturers or professors. Any gaps must be verified by means of official documentation. Please DO NOT give friends or relatives as referees.

Referee	<input type="text"/>	Referee job title	<input type="text"/>
Company name	<input type="text"/>	Position you held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Company address	<input type="text"/>		
Contact tel	<input type="text"/>	Contact email	<input type="text"/>
Date sent	<input type="text"/>	Date received	<input type="text"/>
		May we contact this referee immediately?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Referee	<input type="text"/>	Referee job title	<input type="text"/>
Company name	<input type="text"/>	Position you held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Company address	<input type="text"/>		
Contact tel	<input type="text"/>	Contact email	<input type="text"/>
Date sent	<input type="text"/>	Date received	<input type="text"/>
		May we contact this referee immediately?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Referee	<input type="text"/>	Referee job title	<input type="text"/>
Company name	<input type="text"/>	Position you held	<input type="text"/>
Dates worked	From: <input type="text"/> to: <input type="text"/>	Salary/Rate	<input type="text"/>
Company address	<input type="text"/>		
Contact tel	<input type="text"/>	Contact email	<input type="text"/>
Date sent	<input type="text"/>	Date received	<input type="text"/>
		May we contact this referee immediately?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

I AGREE THAT AT THE DISCRETION OF THE DESIGNATED SIGNATORY COPIES OF MY REFERENCES MAY BE SENT TO THIRD PARTIES IN ACCORDANCE WITH LEGISLATION.

SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
PRINT NAME	<input type="text"/>		

Dear Applicant

The post, which is exempt from the rehabilitation of offenders Act 1974, you are being interviewed for requires registration with the **Disclosure and Barring Service** and the **Commission for Social Care Inspection**. In order to ascertain suitability for this registration, please complete the following questionnaire.

If you require a more detailed explanation why Kew Care Group requires you to complete the questionnaire, please ask the recruiting officer who will arrange for a member of the senior staff to contact you.

Thank you very much for your co-operation.

Please indicate below whether you have ever been:

1. Charged, cautioned or convicted of any offence, or been subjected to an investigation by police.	Yes	No
2. Subject to any form of complaint, dismissal or disciplinary proceedings. (including disqualification for caring for children under the disqualification caring for children regulations 1991)	Yes	No
3. Employed by, or in any way associated with, an establishment/agency which been the subject of:	Yes	No
a. Police investigation	Yes	No
b. Inspection unit (DOH or CSCI) investigation	Yes	No
c. Child protection investigation	Yes	No
d. Adult protection investigation	Yes	No
e. Proceedings under the registered Homes Act 1984, The resident Care Home regulations 1989, Care Standards Act 2000.	Yes	No
f. Proceedings under the: Children Act 1989 The children's homes regulations 2001 or fostering or adoption regulations 2002.	Yes	No
g. Proceeding under the Nursing Homes and mental Nursing Home Regulations 1984.	Yes	No

If your answer is YES to any of the above, please give details including dates:

Should Kew Care Group not offer you a position within the organisation, this completed questionnaire will be confidentially destroyed within six months.

I hereby declare that the information detailed above is accurate to the best of my knowledge at this time. I understand that a false declaration may lead to refusal of this application. If, while I am working through Kew Care Group, any of the above changes, I agree to notify Kew Care Group in writing immediately.

SIGNATURE

DATE

PRINT NAME

Declaration

I affirm that the information set out in this application form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information or omit any material information, this may result in an offer of employment/ registration being withdrawn or, if I have already been employed/ registered, in my removal from the register. I agree the information given on this form may be used for registered purposes under data protection legislation.

SIGNATURE

DATE

PRINT NAME