

Application Form

Head Office

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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

POSITION APPLIED FOR	
FULL NAME AND DATE OF BIRTH	
CURRENT ADDRESS	
POST CODE	
MOBILE NUMBER	
EMAIL ADDRESS	
OWN TRANSPORT YES/NO? If yes, please complete below:	
HOW LONG HAS LICENCE BEEN HELD FOR? DO YOU HAVE BUSINESS INSURANCE COVER? ARE YOU WILLING TO CARRY PASSENGERS – i.e. CLIENT OR COLLEAGUE?	
HOW DID YOU HEAR ABOUT THE VACANCY?	

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).

NAME & ADDRESS OF YOUR MOST RECENT EMPLOYER	
DATES 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	

If your application is successful, what is your availability in terms of days and hours?

DAYS	MIN/MAX HOURS	MORNINGS START/FINISH	EVENINGS START/FINISH	NIGHTS
MON				
TUES				
WEDS				
THURS				
FRI				
SAT				
SUN				

Please complete the above section fully : Joy2Care provides a seven day per week service to our clients

IDENTITY DETAILS

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

CAPACITY TO WORK IN THE UK

ARE THERE ANY RESTRICTIONS TO YOUR RESIDENCE IN THE UK WHICH MAY AFFECT YOUR RIGHT TO TAKE UP EMPLOYMENT IN THE UK?	
IF YOUR APPLICATION IS SUCCESSFUL, WOULD YOU REQUIRE A WORK PERMIT PRIOR TO TAKING UP EMPLOYMENT? *PLEASE NOTE WE ARE NOT A SPONSOR, WE WOULD NEED TO SEE A VALID VISA WITH EITHER LEAVE TO REMAIN OR REMAIN INDEFINATELY & HAS MORE THAN 1 YEAR REMAINING ON THE VISA	

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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