



EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

Surname		Date of Birth <i>(if under 25)</i>	
Forename(s)		Title	
Maiden name <i>(if applicable)</i>	Are you entitled to work in the UK? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]		
National Insurance Number or Work Permit Details			
Home Address			
Postcode			
Home Telephone Number			
Mobile Phone Number			
Personal email Address			

DRIVING ON BEHALF OF ASHWELL HOME CARE SERVICES

Do you have a full and current full Driving Licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have regular access to your own vehicle?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is your vehicle properly insured, and is the insurance renewed annually?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
NOTE: <i>You must have appropriate insurance cover for driving on our behalf, visiting our service users' homes, and potentially taking service users' out in your vehicle. This is easily set up by contacting your insurance company. You must provide us with a copy of your insurance policy if you are offered employment with us.</i>				
Have you ever been disqualified from driving, or been refused insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have any current penalty points on your Driving Licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If you have answered yes to either of the last two questions, please provide details

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EDUCATION

Name(s) of senior school(s) attended	From > To	Qualifications achieved

Name(s) of Colleges(s) / University attended	From > To	Qualifications achieved

<p>Please list any other relevant qualifications achieved and / or accredited training undertaken <i>(include dates where possible)</i></p>

CURRENT or MOST RECENT EMPLOYMENT

Employer			
Address			
Job Role			
Dates Employed (<i>from > to</i>)			
Description of Duties			
Reason for leaving			
Contact Name for Reference		Position	
Email address (<i>if known</i>)			



PREVIOUS EMPLOYMENT

Except for your current or most recent employment (*see previous page*), please list all other previous employment from finishing in education. Continue on a separate sheet if necessary.

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		



PREVIOUS EMPLOYMENT (continued)

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		



Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

Employer		
Address		
Job Role		
Dates Employed (<i>from > to</i>)		
Description of Duties		
Reason for leaving		

CONTINUE ON BLANK SHEET(S) IF NECESSARY



WORKING TIME

Our services are provided 7 days a week throughout the year. This includes early mornings, evenings and weekends and to fulfil your role you will need to be able to work regularly at some of these times. Please indicate below your availability in relation to working time.

If offered employment, how many hours and days per week would you ideally want to work?
Would you be available to work at short notice if required (<i>e.g. to cover other employee absences</i>)?
If offered employment, when do you expect to be available to start?
How much notice do you need to give your current employer?
Do you currently have any holidays booked, or time off that you are already committed to?

DISCLOSURE AND BARRING SERVICE (DBS – formerly CRB) CHECK

In the absence of an existing and current enhanced disclosure, your employment with Ashwell Home Care Services would be subject to satisfactory clearance following a Disclosure and Barring Service (DBS) search in respect of criminal convictions.

All potential new employees must agree to the submission of a DBS application. The fee is paid by us on your behalf, although it is an express condition of your employment that we have the right to recover the fee directly from your final remuneration, if your employment is terminated (for any reason and whether by you or us), either during, or following the conclusion of, your probation period. An unfavourable response to a DBS application may result in the withdrawal of any offer of employment, or termination of employment if already commenced.

If at any point during your ongoing employment with us, you become the subject of a criminal investigation; or you are cautioned or convicted of an offence, you are obliged to inform us of the details of the investigation, caution or conviction immediately. Furthermore, repeat disclosure searches in relation to all employees may be undertaken from time to time (usually annually).

Please list below any convictions, cautions, reprimands, or warnings, including any previous convictions that are normally considered as 'spent'.

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REFERENCES

All offers of employment are subject to the receipt of satisfactory references.

If you have previously worked in domiciliary, nursing, or residential care before, you must include that employer in your list of Referees.

If you are able to provide more than two references, we may be able to process your application more quickly.

- **Referee 1:** Your present or most recent employer.
- **Referee 2:** Ideally from a previous employer. If this is not possible, then from professional member of the community (*e.g. former colleague, tutor or teacher, GP, Solicitor or Accountant*) who can comment on your ability and suitability to undertake the role of domiciliary carer. The reference cannot be a 'friend' or family relative. If you have worked in care before, but that care employer is not listed as Referee 1, you must list your most recent care employer as Referee 2.
- **Referee 3:** A character reference that can be from another person described in Referee 2, or alternatively a long-term family friend who is able to comment on your ability and suitability to undertake the role of domiciliary carer.
- **Referee 4:** As Referee 3.

Note: Referees 3 and 4 will only be contacted if we cannot secure a reference from Referees 1 and 2.

To process your application quickly, may we contact your referees immediately? YES [] NO []

We will use the details you have provided on Page 2 of this application form to contact Referee 1

REFEREE 2: PREVIOUS EMPLOYER

Employer			
Address			
Job Role			
Dates Employed (from > to)			
Contact Name (if known)		Position	
Email address (if known)			



REFEREE 3: CHARACTER REFERENCE

Name		
Address		
Profession		
Contact phone number (<i>if known</i>)		
Contact email address (<i>if known</i>)		
Relationship to you		

REFEREE 4: CHARACTER REFERENCE

Name		
Address		
Profession		
Contact phone number (<i>if known</i>)		
Contact email address (<i>if known</i>)		
Relationship to you		

Now complete the Declaration Statement on the final page of this application form



AND FINALLY

Thank you for taking the time to complete your application. Please check the details you have provided, then sign and date the application below.

You can send or deliver your completed application form to:

Ashwell Home Care Services Ltd
Troyte House, Sandy's Road
Malvern,
Worcestershire, WR14 1JJ

Alternatively, you may send the form as a scanned email attachment to phil@ashwellcare.co.uk

DECLARATION

I confirm that the information I have provided within this application is correct to the best of my knowledge.

I have not withheld any information that could influence my application.

I believe that I can effectively, diligently, and professionally fulfil the role and duties of a domiciliary carer.

I give my permission for Ashwell Home Care Services to contact my Referees, as listed in this application, and to make further enquiries as deemed necessary.

PrintName: _____

Signature: _____

Date: _____

THANK YOU AGAIN FOR YOUR APPLICATION

WE WILL BE IN TOUCH AS SOON AS POSSIBLE

