



Job Application Form

Post applied for: _____

Full Time: Yes No Part-time: Yes No

Are you allowed to work in the United Kingdom? Yes No

Do you require a work permit? Yes No

If Yes, what is your Work Permit Number? _____

PERSONAL DETAILS

Surname: _____
First Name: _____
Home Address: _____
D.O. B: _____

Home Tel: _____
Mobile No: _____
Work Tel: _____

Email:	_____
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National Insurance No:	_____
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* Do you have a full Driving Licence that allows you to drive in the UK? Yes No

* Do you have access to a car that you can use for work? Yes No

* Have you ever been banned from driving, or do you have any current endorsements on your licence? Yes No

REFERENCES:

Please provide us with two references, one of whom should be your present or most recent employer

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Tel Number: _____

Dates from / to: _____

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Tel Number: _____

Dates from / to: _____

What was your role? (e.g. Line Manager)
 Can we contact this reference prior to your interview?

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EDUCATIONAL QUALIFICATIONS/TRAINING

Please give information about qualifications achieved over the years and relating to the role you are applying for – please continue on a separate sheet if need be:

EDUCATIONAL QUALIFICATIONS		
Qualifications	Date	Grade

TRAINING

(If you have undertaken any relevant training to this post please give details)

Course details	Date	Training provider

EMPLOYMENT BACKGROUND

(Please continue on a separate sheet if necessary)

CURRENT / MOST RECENT JOB			
Name of Employer		Salary	
Job Title		Notice required	
Reason for leaving			
Brief Description of Duties:		Dates (month & year)	
		From	To

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PREVIOUS JOBS (PAID AND/OR VOLUNTARY)

Please detail the most recent first. Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. **Continue on a separate sheet if necessary**

Name of Employer		Reason for leaving	
Job Title			
Brief Description of Duties:		Dates (month & year)	
		From	To

Name of Employer		Reason for leaving	
Job Title			
Brief Description of Duties:		Dates (month & year)	
		From	To

Name of Employer		Reason for leaving	
Job Title			
Brief Description of Duties:		Dates (month & year)	
		From	To

SHORT LISTING INFORMATION

Skills and Abilities/Knowledge & Experience/Qualities

(This is an important part of the application)

Tell us why you are applying for this role. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

The Data Protection Act 1998 requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Ceeda Care Services adopts a simple and straight forward policy that is, so far as is possible, easy to understand and unambiguous in its application.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this.

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind overs or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bind-overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.

**Have you ever been convicted of a criminal offence or received a Police?
Conditional discharge, bind-over, caution, warning or reprimand?** Yes No

**Have you ever been issued with a Penalty?
Notice for Disorder?** Yes No

If so, what was the offence?

Date:

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name:

Signature:

Date:

DECLARATION

I confirm that I am eligible to work in the UK. I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge. Please note that if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

Print Name:

Signed:

Date:

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Ceeda Ltd. Where applicable, I consent that Ceeda Ltd can seek clarification regarding professional registration details.

Skills –

Please Indicate the Services you would be happy to Provide

General Home Help & Companionship

- General Home Help
- Companionship
- Sharing in hobbies
- Light housekeeping & laundry
- Medication prompting
- Accompanying at appointments
- Accompanying on walks

Personal Care & Hygiene

- Washing bathing or showering
- Dressing and grooming
- Toileting
- Support with eating and drinking

Moving & Handling

Other (please specify)

Paperwork & Administration

Paperwork and personal administration

Arranging appointments

Support in using a computer

Help with reading or writing

Food Preparation & Shopping

Cooking

Shopping

Doing Errands (Without Car)

Dementia

Support for those living with dementia

Live-in

Live-in Care

Garden & House Maintenance

Basic House Maintenance

DIY around the house

Small and simple gardening tasks

Advance gardening

Transportation & Errands

Transportation by car

Driving Licence

Overnight Care

Overnight Care

Thank you for completing the form, click the back arrow or the link below to go back to our website: <https://www.ceedacare.co.uk>