



Application Pack

Please complete all pages and return to the address below.
If you have any queries please do not hesitate to contact us.



Human Resources, Nayland Care Agency,
Unit 1A Manor Farm Business Centre • Manor Lane
Stutton • Ipswich • Suffolk • IP9 2TD
Tel: 01473 550481





APPLICATION FORM

Nayland Care Agency Ltd.
 Unit 1A Manor Farm Business Centre
 Manor Lane, Stutton, Ipswich
 Suffolk IP9 2TD
 Tel: 01473 550481

PLEASE COMPLETE FULLY AND IN CAPITALS.

| | |
|---|---|
| Position applied for: | |
| Approx. no. of hours wanted: | |
| Full-time / part-time (please circle which you want to work) | Days/Nights/Mornings/Afternoons/Evenings Weekends only (please circle which you are able to work) |
| Surname: | First name(s): |
| Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc). | |
| Surname at Birth Dates of any name changes | |
| Town of Birth | |
| Current address: | |
| Post code: | Moved to this address on (date) |
| Telephone number (home): | Telephone number (work) - will be used with discretion |
| Email address: | NI Number: |
| Own Transport (Yes/No): How long has your license been held? Details: | Clean current driving license: Endorsements: |



Previous address
 Note. For Criminal Record check purposes, addresses covering the five year up to the application date must be supplied/ If necessary, use another sheet of paper

| | | |
|------------|----------------------------------|--------------------------------------|
| Post Code: | Moved to this address on (date): | Moved out of this address on (date): |
|------------|----------------------------------|--------------------------------------|

Previous address:

| | | |
|------------|----------------------------------|--------------------------------------|
| Post Code: | Moved to this address on (date): | Moved out of this address on (date): |
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Previous address:

| | | |
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| Post Code: | Moved to this address on (date): | Moved out of this address on (date): |
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Previous address:

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| Post Code: | Moved to this address on (date): | Moved out of this address on (date): |
|------------|----------------------------------|--------------------------------------|



EDUCATION

| School/College/University | Examinations Passed/Qualifications Gained |
|---------------------------|---|
| | <i>(Please supply copies of certificates)</i> |

TRAINING HISTORY/PROFESSIONAL STATUS

| Date of Graduation/Qualification | Location/Details | Notes |
|----------------------------------|--|-------|
| | <i>(Please supply copies of certificates/membership details)</i> | |

ADDITIONAL COURSES ATTENDED

| Subjects | Location |
|----------|----------|
| | |



EMPLOYMENT HISTORY

- Current/most recent first. Information must cover the whole or your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

| | |
|---|--|
| Name and address of your most recent/last employer: | |
| Email address: | |
| Date employed: | |
| Nature of business: | |
| Position held and reason for leaving: | |
| Salary/rate: | |
| Name and address of employer prior to the employer listed above: | |
| Email address: | |
| Date employed: | |
| Nature of business: | |
| Position held and reason for leaving: | |
| Salary/rate: | |
| Name and address of employer prior to the employer listed above: | |
| Email address: | |
| Date employed: | |
| Nature of business: | |
| Position held and reason for leaving: | |
| Salary/rate: | |
| Other roles (use additional sheet if necessary): | |
| | |
| | |
| | |
| | |
| | |

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.



ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process?
For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

This information will not be used in reaching a decision on whether to offer employment.

Any offer of employment may be made subject to a satisfactory medical report.

| | |
|------------|--|
| GP's name: | |
| Tel No: | |
| Address: | |

(Your GP will never be contacted without your permission)



NEXT OF KIN

| | | |
|---------------|--|--|
| Full Name: | | |
| Relationship: | | |
| Tel No: | | |
| Address: | | |

IDENTITY DETAILS

| | |
|---|--|
| National Insurance Number: | (all applicants) |
| | |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No (<i>circle as appropriate</i>) |
| If yes, please provide details. | |
| | |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No (<i>circle as appropriate</i>) |

Note: Minimum age legislation dictates that Care workers in general must be 16 years old 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

| | |
|------------|----------------|
| Name: | |
| Address: | |
| Post code: | |
| Tel No: | Email Address: |
| Job title: | |

Previous employer to the one above

| | |
|------------|----------------|
| Name: | |
| Address: | |
| Post code: | |
| Tel No: | Email Address: |
| Job title: | |

Character reference

| | |
|----------------------|----------------|
| Name: | |
| Address: | |
| Post code: | |
| Tel No: | Email Address: |
| Relationship to you: | |



CRIMINAL RECORD

- Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.
- Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below. If none please state 'NONE' below.

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 may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response is received from the DBS, 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 Nayland Care Agency Ltd. to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS 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 or barred Care workers, or withdrawal of any registration by my employment status.

Signed: _____ **Date:** _____



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Care Quality Commission registered provider No:1-101653328