**Job Application Form** – **Please note that we do not accept CVs**

**Thank you for considering working for us.**

**Please note – we are required by our regulators (Care Quality Commission) to be very thorough in gathering information on the people that we recruit.**

***It is therefore very important that you fill in ALL the sections in this application form giving us as much information as you can and explaining any gaps.***

***Failure to complete the application form completely, will mean that you will not be shortlisted for interview.***

**If you need assistance with filling the form in or have any questions – please contact the manager who has sent it to you and they will be happy to help where they can.**

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| **APPLICANT INFORMATION (Please complete in type or black ink using block capitals)** |
| Job Applied For:  |
| Availability:  **Mornings Afternoons Evenings Waking Nights** **Weekends Sleep Over Full Time Part Time** Please circle **all** those that apply |
| Surname: | First Name(s): |
| Address: |
|  | Post Code |  |
| Contact Phone Number: | E-mail: |
| Nationality:  | Do you have right to work & reside in the UK? **Yes/No** |
| If you have a visa, when does it expire?  |
| Do you have a full UK Driving Licence? **Yes/No** Please list any endorsements on your Driving Licence: |
| Are you prepared to drive a company vehicle? **Yes/No** |
| Do you have any pre-booked holidays? **Yes/No**If Yes, please supply dates: |

| **WORK AND VOLUNTEER HISTORY SINCE LEAVING FULL TIME EDUCATION** |
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| **For all dates show month & year with all gaps fully explained, (use separate sheet if required)**  |
| **Current Employer Name:** | Hourly Rate or Salary:  |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving: |
| Job Title: | Name of Line Manager: |
| What is your notice period? |  |
| **Employer Name:** |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |
| **Employer Name** |
| Employer Address |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |
| **Employer Name** |
| Employer Address |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |

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| **Employer Name:** |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |
| **Employer Name:** |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |
| **Employer Name:** |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |
| **Employer Name:** |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |
| **Employer Name:** |
| Employer Address: |
|  | Post Code |  |
| From |  | To |  | Reason for Leaving |
| Job Title | Name of Line Manager |

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| **EDUCATIONAL, PROFESSIONAL AND VOCATIONAL QUALIFICATIONS**. **For all dates show month & year with all gaps fully explained, (use separate sheet if required)**  |
| Educational Establishment or Awarding Body | Start Date | EndDate | Qualification(s) Title | Award orLevelGained |
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| **REFERENCES (\*\*PLEASE READ INSTRUCTIONS CAREFULLY\*\*)** |
| All applicants are required to provide **at least two references** covering the five years prior to the date of their application. References must be from different people – you **must not** use people from the same company/organisation for all of your references.Your current or most recent employer **must** be a referee.  **References must be provided for ALL jobs that involve work with vulnerable adults, young people or children.** (Please continue on a separate piece of paper)**Your Line Manager, HR Department or Lecturer are the only people who can provide a reference** (use separate sheet if required) |
| Referee Name | Referee Job Title |
| Organisation Name |
| Address   |
|  |
|  | Post Code |  |
| Phone | Email |

|  |  |
| --- | --- |
| Referee Name | Referee Job Title |
| Organisation Name |
| Address   |
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|  | Post Code |  |
| Phone | Email |

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| Referee Name | Referee Job Title |
| Organisation Name |
| Address   |
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| Phone | Email |

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| **Please tell us how you heard about this post :** |
| Job Postcard  |  |
| From a friend |  |
| Our Website  |  |
| Online Job site (please state which one) |  |
| Advert in the press (please sate which paper) |  |
| Other (Please specify) |  |

**Disclosure and Barring Update Service**

Successful applicants who are not yet registered with the DBS update service will be required to register and apply for an Enhanced Criminal Records Check. Fountain Care Ltd/ Loving Care Ltd fully complies with the Disclosure and Barring Update Service Code of Practice which can be viewed at [*www.gov.uk/dbs*](http://www.gov.uk/dbs)

**Disabilities**

Fountain Care Ltd/Loving Care Ltd has a policy of guaranteeing an interview to all applicants with disabilities, as defined in the Equalities Act 2010, who meet the essential requirements of the job.

Do you consider yourself to have a disability?

**YES/NO (Please circle)**

Please advise us if you require any adjustments as part of the interview process

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**Job Application Form Declaration**

I declare the information provided on this application form is true, complete and accurate. I understand that if I have given any misleading or false information or made any omissions, this will be sufficient grounds for terminating my employment.

I provide my consent for Fountain Care Ltd/Loving Care Ltd to contact my references and to retain and process the information contained on the Job Application and the Diversity Monitoring Form for recruitment administration and equality monitoring purposes.

|  |  |
| --- | --- |
| Applicant Signature |  |
| Applicant Printed Name |  |
| Date |  |

Please ensure you have enclosed the following forms to this application form:

|  |  |
| --- | --- |
| **FORM NAME**  | **√** |
| Diversity Monitoring Form  |  |
| GDPR Form |  |

You can return this application form to:

**Becky Dinnage – Recruitment, 9 Upper Mulgrave Road, Cheam, Surrey, SM2 7AY**

Or email to becky@fountainlovingcare.co.uk

**Fountain Care Ltd/Loving Care Ltd retain the application forms from unsuccessful applicants for a period of 12 months from the date of application, after which time they are destroyed.**