

**APPLICATION FORM FOR THE POST OF A CARER**

Please ensure that you complete every section of the application form, as we do not accept CVs. Please use black ink to write or type in BLOCK CAPITALS. All information will be treated confidentially. Please note that the Organisation is committed to equal opportunities and will not unfairly discriminate against applicants because of age, disability, ethnicity, gender, race, religion or belief, political beliefs, relationship status, sexual orientation, or trade union membership or activity. During the application stage of recruitment, we will not require you to give information about the characteristics listed above. However, the only exception is where confirmation of gender is a genuine requirement for the role.

If you need any reasonable adjustments or support to complete the application form (for example, because of a disability or language need), Please contact the Registered Manager on 0141 2660 628.

Position Applied For:								Location:							
Work Preference:				Full	Part Time		Bank		Hours Requested:						
				Time											
I understand this role may include: Shift work, Unsociable Hours, Lone working (Please circle your availability below)										Yes		No			
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday			
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		

Personal Details

First Names:		Address:	
Surname:			
Maiden Name:			
Previous Names:			
Telephone number:		Postcode:	



Mobile Number:			NI Number:			
Gender*			Email Address:			
Are you a Driver:	Y	N	Own Transport	Yes	No	N/A
How long have you had a licence?			Any Endorsements:	Yes	No	N/A

Are you a United Kingdom (UK) National	Yes	No*
*If no, please detail your current immigration status and the relevant visa currently held (including Visa number)		
Are you related to any of our current members of staff or Service users?	Yes	No

<p>Equality Act 2010 Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” & “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010</p>			
<p>For the purposes of this application & interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?</p>			<p>Prefer not to say</p>
<p>Education *(All qualifications will be subject to a satisfactory check).</p>			
School / College / University	Date From:	Date To:	Examinations, Qualifications*



Training Courses attended or completing (evidence of attending courses is required)

Subject	Location	Date	Details
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Professional Memberships / Registrations

Name of Organisation	Registration Number	Renewal Date	Details
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Employment History

Please record below the details of your full employment history beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

Current / Most recent employer

Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		



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Glasgow

G53 6SG

Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:		Contact Name:			
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		

Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:		Contact Name:			
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		



Explanation of Gaps: Use this section to detail any gaps in employment and why

References

Please provide names, addresses and telephone numbers for referees below who we may approach for a reference. In line with Care Inspectorate requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time-limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their names. If you are unable to provide the required references, please discuss the matter with us.

	Referee one	Referee Two
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		



Email:		
Capacity in which known:		

	Referee Three	Referee Four
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known:		

Please use additional paper if required.

Adult Support and Protection / Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.



Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	Yes*	No
Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?	Yes*	No
Have you ever been dismissed from a position of employment, do you have any outstanding disciplinary investigations?	Yes*	No

Supporting Statement

Please add your reasons for applying. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.



Privacy Statement

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss.

Declaration

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. Where applicable, I consent to seek clarification regarding professional registration details.

Print Full Name:

Signature:

Date: