

REAGLE HOME CARE SERVICES APPLICATION FORM

Post Applied for:

THE INFORMATION SUPPLIED ON THIS FORM WILL BE TREATED WITH STRICT CONFIDENTIALITY								
	Please ensure that you complete the application form in full, as we cannot accept CVs. Kindly fill out in blac nk and block capital letters. This form will be kept in confidence.							
account of age, cul	tural, religiou	vill be unfairly discriminated against, including discrimination based on us, political beliefs, disability, ethnicity, gender, race, relationship status, de Union membership or stewardship.						
If you require any s contact the Regist		ort to complete this form (e.g. need larger print or additional time), pleaseer.						
• •		ation and interview stage only, is there anything you would like us to be reasonable adjustments during the process? If yes, please state below:						
Yes N	No 🔲							
You must provide application rejecte	_	g at interview. Applicants without this documentation may have their						
1. Proof of id	entification (preferably passport or driving licence)						
2. Two currer	nt (within 3 n	nonths) documents as proof of address: (Phone Bill/ Bank Statement etc).						
3. Proof of 'R	ight to Work	in the UK' (if you do not hold a British passport)						
		Section 1: Personal Details						
Title:	Last Name:							
First Names:								
Address:								
Postcode:								
Home Telephone	Number:							
Mobile Telephone	Number:							



E-mail Address:									
Passport Number:									
Nationality:									
Driving License Number:									
National Insurance Number:									$\overline{\Box}$
From 6 April 2022, individuals using the UK Online Right to V	Vork Checking Sent Permit The Card The mit The longer accept	ervice: physic	al card	s for r	ight to	work	checks	3 ,	
including those with later expi and a share code which is gen You can refer to our Right to V	erated by the UK	Online	Right	to Wo	rk Che	cking	Servic	Э.	
(RHC) for full advice. Please refer to www.ukba.hom aspects of eligibility to work.	<u>eoffice.gov.uk</u> fo	r curre	ent info	rmatio	n and	suppo	rt with	all	
Are you eligible to work in the	UK?			Yes [No [
If you do not have a British Pasimmigration status and the rele									
If you are not a British citizen, use the UK online Right to Wor			on to						
If yes, please provide your date	e of birth and shar	e code							



Do you hold a fully valid UK driving license?	Yes	No	
Do you have any points or convictions on your driving license? If yes	s, please provi	de details belov	v:
Do you have a current DBS?	res	No	
Is your current DBS registered online?	res	No	
Section 2: Rehabilitation of Offer	nders Act		
Safeguarding / Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment strictest confidence.	nt process and	will be treated wi	th the
The Rehabilitation of Offenders Act 1974 aims to promote equality of opport all applicants fairly regardless of ethnicity, disability, age, gender or gender r sexual orientation, pregnancy or maternity and marriage or civil partnership. undertakes not to discriminate unfairly against applicants on the basis of a c information declared. Answering 'yes' to the question below will not necessarily prevent your employ of the information you provide in respect to the position applied for and the p	re-assignment, Reagle Home (criminal convicti oyment. This wi	religion or belief, Care (RHC) ion or other Il depend on the r	
Have you ever been convicted of a criminal offence?		Yes	No
Do you have any prosecutions pending?		Yes	No
Are you currently bound over, or do you have any current UNSPENT co have been issued by a Court or Court-Martial in the United Kingdom or country?		Yes	No
Do you have any current UNSPENT police cautions, reprimands, or fina United Kingdom or in any other country?	l warnings in t	he Yes	No
If yes, please give details of the dates of offences(s) and sentence:		•	•
(This information will be disclosed by the Disclosure and Barring Service c Please note a criminal record will not necessarily be a bar to employment)		equired if succes	sful.



Section 3: Health					
Number of days absent in the last 2 years:					
Please state number of times in the last 2 years you were absent from work due to sickness:					
Are you registered disabled? Yes No					
If yes, please provide your disability number and details:					
Section 4: Education					

Name of Institution	Qualifications Gained (Specify Grades)

Section 5: Training History				
Name of Training Institution Title of Certificate Obtained Date				



		Section 6	: Employment History		
Please stat	e current Sal		benefits and holidays below:		
		istory for a minimum o	f 10 years, in chronological order	, starting with	current or m
Start Date	eyer: End Date	Name of Employer	Job Title and Responsibilities	Salary/Rate	Reason for Leaving



Section 7: Personal Attributes

Please state any personal attributes that are relevant to the position applied for below:					
Section 8: Supporting Statement					
Please provide a supporting statement for the position applied for below:					



Section 9: References

Please provide names, addresses and telephone numbers for two professional referees (your two most recent employers) and one character reference below whom we may approach for a reference.

In line with CQC 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 your employment came to an end. 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. Please inform the referees of the fact that you have used their name, and they will be contacted. If you are unable to provide the required references, please discuss the matter with the Registered Manager.

Can we contact yo	our current em	YES	NO				
Reference 1				Reference 2			
Name			Name				
Organisation			Organisation				
Their Job Title			Their Job Title				
Work			Work				
Relationship			Relationship				
Dates Employed	From:	То:	Dates Employed	From:	То:		
Phone Number			Phone Number				
E-Mail Address			E-Mail Address				
		Reference 3 (C	Character Reference)				
Name							
Relationship							
Phone Number							
E-Mail Address							



Section 10: Availability

The availability provided below will form the basis of any employment offer and commitment on your part if application is successful.

It is not a requirement for Care Workers to work split shifts in more than one period per day, however you do have the option to do so. You are free to commit to as many hours depending on your availability. Hours are not guaranteed, and shift patterns are for reference only.

Availability	Weekdays	Weekends
	Tick if available	Tick if available
7am to 2pm		
2pm to 4pm		
4pm to 10.30pm		
Other		
Total number of hours per week		
you are seeking;		
Additional Availability Information: available to work)	(Please provide clear and specific details a	about days and times you are

Please state where you	saw this post advertised:	
riease state where you	saw iiiis bosi auveriiseu.	



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 us 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

I confirm that the information provided in this application (and within my Curriculum Vitae if applicable) is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signature:	Date:

Reagle Home Care Services undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

Retaining your application form

In the event that this application is unsuccessful, Reagle Home Care Services would like to retain your application form so that you may be considered for employment should another opportunity arise in the near future. We ensure that your data will be kept secure for a period of 12 months after which it will be deleted in line with our policies and procedures. Please indicate if you are happy for us to add to your you to our bank of candidates? (In saying yes, you are confirming that you are happy for Reagle to contact you in relation to new opportunities)

YES	NO