

Home Care Co-Ordinator

APPLICATION FORM



Kelly Park Limited

Policy Document: KP-0011

Version 3

Table of Contents

| | |
|---|----|
| Data Protection Act 1984..... | 5 |
| Ethnicity..... | 6 |
| Personal Details of Applicant | 7 |
| Do you require a permit to work in the UK? | 8 |
| Disability | 8 |
| Education Secondary | 9 |
| Education Higher..... | 10 |
| Present & Previous Employment..... | 11 |
| Employment Dates – Month & Year must be listed..... | 13 |
| Convictions / Cautions | 15 |
| Driving Licence | 17 |
| Referees..... | 18 |
| Personal Statement | 19 |



Kelly Park Limited

Home Care Co-Ordinator – Application Form

Signed: Mr Paul Sanders - DIRECTOR

Date: 21st January 2015

Policy review date: 21st January 2016

Please return this form to the address below

Human Resources Department

Kelly Park Limited

Head Office - Suite 32-33

Derwentside Business Centre

Consett Business Park

Consett

Co. Durham

DH8 6BP

Tel: 01207 580091

Fax: 01207 580092

Email: HR@kellypark.co.uk

Web: www.kellypark.co.uk



It is in your own interest to complete this application form as complete and accurately as possible.

N.B. ALL RELEVANT SECTIONS MUST BE COMPLETED FULLY.

The information you supply will help us determine your suitability for appointment.

Please remember to:-

Complete the form in your own handwriting.

Use **BLACK INK**.

Use **BLOCK CAPITALS** where requested.

Answer **ALL** questions by providing the required information. If any question or part of a question does not apply to write "N/A".

If you have any query in relation to the completion of the application form contact the office on the front of the application form.

PLEASE NOTE

Data Protection Act 1984

Personal data supplied on this form may be held or verified by computer during the process of your application.

The Rehabilitation of Offenders Act does not apply for appointments therefore YOU MUST DISCLOSE ALL CONVICTIONS AND CAUTIONS regardless of when they occurred.

The information requested in this section is required for security purposes only. This information is necessary and must be supplied before you can be appointed.

Please tick the appropriate box where you saw the advertisement for this post:

| | | | |
|---------------------------|--|----------------------|--|
| Jobcentre Plus | | Local Press | |
| Kelly Park Website | | Word of Mouth | |
| Other | | | |

Please specify below your working preference:

| | | | |
|------------------|--|------------------|--|
| Full Time | | Part Time | |
|------------------|--|------------------|--|

Thank you for your co-operation.

Kelly Park Limited is fully committed to working towards being equal opportunity employers and are determined to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, marital status, sexual orientation, colour, race, and nationality, ethnic or national origins. We also seek to ensure that employees are not subject to sexual or racial harassment.



Home Care Co-Ordinator – Application Form

Discrimination is not always intentional or overt, therefore practices and policies within the Companies will be constantly monitored to ensure that the equal opportunities policy is properly observed and where barriers to equal opportunity are identified, any necessary changes will be made.

To implement and monitor the effectiveness of our equal opportunity policy, Kelly Park Limited is, in accordance with the Codes of Practice issued by the Commission for Racial Equality and Equal Opportunities Commission, records the ethnic origin, sex and marital status of people who apply for appointment. Those involved in selection procedures will not use this information as it is for statistical purposes only. We would therefore be grateful if you would complete the table below. The provision of this information is entirely voluntary and completion or otherwise will no way prejudice your application.

Please tick the appropriate boxes.

I am:

| | |
|---------------|--|
| Male | |
| Female | |

| | |
|--------------------------|--|
| Single | |
| Married | |
| Civil Partnership | |
| Divorced | |
| Separated | |
| Widowed | |

Ethnicity

I would describe my ethnicity as:

| | |
|-------------------------------------|--|
| White | |
| Black Caribbean | |
| Black African | |
| Black Other (Please specify) | |

| | |
|-------------------------------|--|
| Indian | |
| Pakistani | |
| Bangladeshi | |
| Chinese | |
| Other (Please specify) | |



Personal Details of Applicant

(PLEASE TICK APPROPRIATE BOX)

| | | | |
|--------------|--|------------|--|
| Mr | | Mrs | |
| Miss | | Ms | |
| Other | | | |

(PLEASE USE BLOCK CAPITALS)

| | | | | | | | | | | |
|------------------------------------|--|--|---|--|--|---|--|--|--|--|
| Surname | | | | | | | | | | |
| Maiden name if applicable | | | | | | | | | | |
| Other Previously used names | | | | | | | | | | |
| Forename(s) | | | | | | | | | | |
| Address | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Post Code | | | | | | | | | | |
| National Insurance No | | | | | | | | | | |
| Telephone Number | | | | | | | | | | |
| Mobile Number | | | | | | | | | | |
| Date of Birth | | | - | | | - | | | | |
| Place of Birth | | | | | | | | | | |
| Nationality | | | | | | | | | | |
| Email Address | | | | | | | | | | |



Do you require a permit to work in the UK?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Disability

Applicants with disabilities will be invited for interview if the essential job criteria are met.

Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?

I.e. Do you consider yourself to be someone who has a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal, day to day activities?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

If you have any specific requirements to assist you with an interview please detail them and we will make the necessary arrangements.



Education Secondary

Secondary School Attended

| Name & Address of School | | | |
|--------------------------|-------------|------------------|-----------------------|
| | | | |
| Date Attended from | | Date Attended to | |
| Subject | Examination | Result / Grade | Date of Qualification |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Education Higher

Higher / Further Education

| Name & Address of Further Education Centre/College | | | | |
|--|-------------|------------------|-----------------------|--|
| | | | | |
| Date Attended From | | Date Attended to | | |
| Subject | Examination | Result / Grade | Date of Qualification | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Present & Previous Employment

WE REQUIRE A COMPREHENSIVE EMPLOYMENT HISTORY THIS MUST DETAIL ALL PREVIOUS EMPLOYMENT FROM LEAVING EDUCATION TO PRESENT.

If you are unsure of exact dates or details, they can be obtained from National Insurance Office. Telephone 0845 302 1479 and quote your national insurance number.

Have you worked continuously in employment since leaving school/college?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

| If NO please list ALL gaps and detailed reason(s) <u>THIS MUST INCLUDE MONTH & YEAR</u> | | |
|---|----|------------------------------|
| From | To | Reason for gap in employment |
| | | |
| From | To | Reason for gap in employment |
| | | |
| From | To | Reason for gap in employment |
| | | |



| If NO please list ALL gaps and detailed reason(s) <u>THIS MUST INCLUDE MONTH & YEAR</u> | | |
|---|----|------------------------------|
| From | To | Reason for gap in employment |
| | | |
| From | To | Reason for gap in employment |
| | | |
| From | To | Reason for gap in employment |
| | | |
| From | To | Reason for gap in employment |
| | | |



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Provide in date order (earliest first), details of any full, part-time or casual employment you have had. Please indicate month and year (**BLOCK CAPITALS**).

Employment Dates – Month & Year must be listed

| Employers Name & FULL Address | Position Held | Employed From | Employed To | Reason for Leaving |
|-------------------------------|---------------|-----------------|-----------------|--------------------|
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |



Home Care Co-Ordinator – Application Form

| Employers Name & FULL Address | Position Held | Employed From | Employed To | Reason for Leaving |
|-------------------------------|---------------|-----------------|-----------------|--------------------|
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |
| | | MONTH: YEAR: | MONTH: YEAR: | |

If you change your employment after completion of this form, you must notify the Company immediately giving details of your new employer.

NOTE: ARE YOU WILLING FOR ENQUIRIES TO BE MADE OF YOUR PRESENT EMPLOYER?

Tick appropriate box

| | | | |
|------------|--|-----------|--|
| Yes | | No | |
|------------|--|-----------|--|

You do not have to give permission at this time, we can obtain these references at a later date should your application be considered for recruitment.



Convictions / Cautions

PLEASE NOTE:

Successful applicants will require an enhanced Criminal Records Bureau Disclosure – This disclosure does show all cautions and conviction no matter how old they are.

Have you been convicted in any court of any offence?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, please specify giving details:-

| Date | Name of court/police station/unit which dealt with the matter | Offences | Result |
|------|---|----------|--------|
| | | | |



Enter details of any charge or summons at present outstanding against you:

| Date of alleged offence | Nature of alleged offence | Court/police station/unit dealing with the matter |
|-------------------------|---------------------------|---|
| | | |

Under the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, applicants are required to disclose information concerning convictions including those, which for other purposes are regarded as spent under the Act. If you take up an appointment with the Company and you have failed to disclose such information this could result in dismissal or disciplinary action. Any information divulged will be treated in strict confidence and will be considered only in relation to applicants for posts subject to the provision of the above order.

The Company reserves the right to request police clearance on all applications.



Driving Licence

Do you hold a full driving licence?

| | | | |
|------------|--------------------------|-----------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|

Do you have use of your own vehicle?

| | | | |
|------------|--------------------------|-----------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|

Please detail below any points/convictions for driving offences:

| Date driving test passed | Convictions | Date of Conviction |
|--------------------------|-------------|--------------------|
| | | |



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Referees

A Minimum of two references are required. One must be your present or last employer to the present date and one other employer who would be willing to provide reference. Please ensure you contact your referees before listing below.

AT LEAST TWO REFEREES MUST BE CURRENT/PREVIOUS EMPLOYERS.

| Full Name | Full Postal Address | Telephone Number | Period Known | Relationship to application |
|-----------|---------------------|------------------|--------------|-----------------------------|
| 1. | | | | |
| | | | | |
| 2. | | | | |
| | | | | |
| 3. | | | | |
| | | | | |

Please Note: To confirm with CQC (Care Quality Commission) regulations we will submit reference requests to your previous employers even if they are not listed as referees.



Personal Statement

In your own handwriting, outline any life experience, achievement, personal qualities or skills, which you consider relevant to your application.

DECLARATION

I declare that all the statements I have made in this application are true to the best of my knowledge and belief.

Signed: _____

Date: _____