**Staff Application Form**

Please can you ensure that you complete every section in black capitals using black ink

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| Full Name |  |
| Position Applied For: |  |
| Job Reference / Care Home Location |  |
| Date of application: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Preferred working Pattern  (Please tick) | Full Time |  | Part Time |  | Bank |  |

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| Please state where you learned of this vacancy |
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**Personal**

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| --- | --- | --- | --- | --- |
| Surname: |  | | First Name(s): |  |
| Title: |  | | Preferred Name: |  |
| Are you now, have you ever been, or were you at birth known be a different name? if so [lease can you date when your name changed? Please give details below: | | | | |
| Name: | | Used From:  Used to: | | |
| Name: | | Used From:  Used to: | | |

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| Address: | |  | | | |
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|  | | | | | |
| Postcode: |  | | | | |
| Please provide the last 5 years of address including dates with months and years  (Please attached separate sheet of required) | Address: | | | Address: | |
| Date From ( Month/ Year: | | Date From ( Month/ Year: | Date From ( Month/ Year: | Date From ( Month/ Year: |
| Address: | | | Address: | |
| Date From ( Month/ Year: | | Date From ( Month/ Year: | Date From ( Month/ Year: | Date From ( Month/ Year: |

|  |  |
| --- | --- |
| Home Tel. No: |  |
| Mobile Contact no: |  |
| Email : |  |
| Date of Birth: |  |
| Place of Birth: |  |
| Nationality: |  |
| National Insurance Number: |  |

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| --- | --- | --- | --- |
| Full Driving Licence: | YES/NO | Endorsements: | \*YES/NO |
| If YES, please give further details including dates. |  | | |
| Date Passed: |  | | |

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| Have you ever been dismissed from any previous employment on the grounds of misconduct or incapability | \*YES/NO |
| If yes, please give details of dates and reasons: | |
| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? | YES/NO |
| If YES, please give full details. | |
| Are you subject to any restrictions or covenants which might restrict your working activities? | YES/NO |
| If YES, please give full details | |
| Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company’s CRB Code of Practice is available on request.) | YES/NO |
| If YES, please give full details and complete the attached rehabilitation of offenders act form | |
| If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment? | YES/NO |
| Have you ever worked for this business before? | YES/NO |
| If YES, please give full details | |
| Have you applied for employment with this business before? | YES/NO |
| Do you need a work permit to take up employment in the U.K.? | YES/NO |
| How much notice are you required to give to your current employer? |  |

**PRESENT OR LAST EMPLOYER**

Are you currently employed? YES/NO

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| --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | |  | | | |
|  | |  | | | |
| Address: | |  | | | |
|  | | | | | |
|  | | | | | |
|  | | | | Postcode: |  |
|  | | | | | |
| Telephone No: | |  | | | |
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| Nature of business: | |  | | | |
|  | |  | | | |
| Job title and a brief description of your duties: | |  | | | |
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|  | | | | | |
| Reason for Leaving: | |  | | | |
| Length of Service: | From: | | To: | | |

**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Please leave no gaps and account for every year since leaving education**.**

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| --- | --- | --- | --- |
| Name and address of employer | Dates (month/year) | Position held & main duties | Reason for leaving |
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**Education**

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| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations & results |
|  |  |  |  |
| College or university | From | To | Courses and results |
|  |  |  |  |
| Further Formal training | From | To | Diploma / Qualification |
|  |  |  |  |
| Job related training courses | Name of organisation | | Subject |
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**Voluntary Work**

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| --- | --- | --- |
| Date | Organisation | Nature of work |
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**References**

Please give the names and addresses and telephone number of two contactable referees. The first must be your present or most recent employer. We will also request references from all care providers to have worked/ volunteered for since leaving school. In the absence of previous employment experience, a referee from your last place of full-time education will be a suitable alternative. The second referee should be a previous care provider you have worked for or somebody who has known you for 3 years or more, but should not be somebody from your current place of employment. By completing this section you are consenting to personal information being disclosure by your referees to New Horizons (NW) Ltd

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| --- | --- | --- |
| Name of present or last employer: |  | |
| Address: |  | |
|  | | |
|  | | |
| Postcode: |  | |
| Telephone Number: |  | |
| Position of Referee: |  | |
| Email address: |  | |
| How long has the referee known you? |  | |
| Can this reference be taken up immediately? | | Yes / No |

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| --- | --- | --- |
| Name of second reference: |  | |
| Address: |  | |
|  | | |
|  | | |
| Postcode: |  | |
| Telephone Number: |  | |
| Position of Referee: |  | |
| Email address: |  | |
| How long has the referee known you? |  | |
| Can this reference be taken up immediately? | | Yes / No |

Please tick here if you do not wish your present employer to be contacted prior to interview

**Please supply any other names and contact details for all roles you have had working in a care setting or where you have worked with vulnerable adults or children.**

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| **Name, Address, and contact details of Employer** | **Position Held** |
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**Health**

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| --- | --- | --- |
| Do you consider yourself to have a disability ? | | Yes / No |
| If yes please provide details of the nature of your disability? | | |
| |  |  |  |  | | --- | --- | --- | --- | | Physical Impairment |  | Visual Impairment/Blind |  | | Learning Disability |  | Mental Health/Mental Distress |  | | Hearing Impairment/Deaf |  | Long Term Limiting Illness |  | | Other (Please Specify) |  | | | | | |
| How many days absence have you had in the last 12 months? | How many occasions of absence have you had over the last 12 months? | |

**Additional Information**

Please give any additional information in support of your application for the post showing how you meet the requirements of the person specification. Please continue on additional sheets if required

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**Safeguarding Children**

Have you ever been disqualified from working with children?

YES 🞏 NO 🞏

Has your conduct in relation to children ever been a cause for concern or investigation?

YES 🞏 NO 🞏

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| If yes to either question please provide details |

**Protection of children**

Because of the nature of the work for which you are applying, this post is exempt from the Provisions of Section 4(2) of the rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. this means that applicants or volunteers are not **are not entitled to withhold** information about any previous convictions or cautions which, for other purposes, are spent under the terms of the Act.

You are therefore requested to give details as required below, listing all convictions and cautions, no matter how long ago they occurred.

Applicants for certain posts will be subject to a satisfactory police check prior to confirmation of appointment.

In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the company. Any information given will be completely confidential, and will be considered only in relation to an application for positions to which the Order applies.

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| --- | --- |
| Do you have any convictions / Cautions? | Yes / No |
| Are you currently the subject of any criminal proceedings or police investigations? | Yes / No |
| If so please provide details | |

**DBS Check**

**Please complete if you have registered with the DBS update service**

I have registered with DBS Update Service in the last 12 months and consent to New Horizons carrying out a status check

**Name**………………………………………… **DBS Certificate Number** ………………

**Signed**……………………………………….. **Date**………………………………………

**Have you ever worked or lived outside the UK for a period of more than six months? (Please list countries, reason for stay and dates below)**

YES 🞏 NO 🞏

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Reason for Stay** | **from MM/YY** | **to MM/YY** |
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**N.B. All disabled applicants who meet the essential criteria in the person specification will be interviewed and given the opportunity to outline any reasonable adjustment t**

**Declaration**

I confirm that, to the best of my knowledge, the information I have provided in this application is correct

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applications should be addressed to:-

Responsible Individual

New Horizons (NW) Ltd

Unit 12

Riversway Business Village  
Navigation Way

Ashton-On-Ribble

Preston

PR2 2YP

**REFERENCE REQUEST CONSENT FORM**

New Horizons NW Ltd’s policy on obtaining references for potential new employees is set out below:

All offers of appointment are made on condition on the receipt of written references that are satisfactory to New Horizons NW Ltd.

A minimum of two references will be sought for each successful candidate once a conditional offer has been made. References will be sought for each Care Provider/ volunteer work from leaving education.

In all cases, a suitable referee from the candidate’s current or most recent employer must be provided as one of the referees unless there is a valid reason why this is not possible. Where there is little or no employment history, the company may seek to obtain a character reference and/or educational reference.

The company is not able to accept references via the candidate, all references must be applied for direct to the previous employer, and responses must be received in writing.

On receipt of a written reference, the details will be verified verbally with the individual who completed the form. Any sections not answered will be queried and recorded on the reference response.

Should a reference response be regarded as ambiguous or unsatisfactory, we will discuss the reference with the referee who supplied it and with the candidate before confirming or withdrawing the offer of employment.

New Horizons (NW) Ltd reserves the right to reject a nominated referee on the grounds of unsuitability. The company’s decision on whether a referee is suitable for the purposes of providing a reference will be final. The candidate may be asked to provide an alternative referee or the offer may be withdrawn.

New Horizons (NW) Ltd reserves the right to withdraw an offer of employment where it received credible information which, if true, would cause the company to consider that the preferred candidate is unsuitable for the position. The company will act reasonably when reaching decisions about whether or not to withdraw an offer of employment.

**Declaration:**

I consent to New Horizons (NW) Ltd contacting all referees in accordance with its normal policy if I am the successful candidate following the selection process. I understand that my referees will not be contacted before a conditional offer of appointment is made except where I have provided written consent to do so on my application form.

**Signed: Date:**

**Print name:**

Please return this completed form to our Admin Team, New Horizons (NW) Ltd, Unit 12, Riversway Business Village, Navigation Way, Ashton-on-Ribble, Preston PR2 2YP, or email it to admin@newhorizonsnw.co.uk