

Please Return to:

Email: hr@safscare.org

Care Worker Job Application Form

Please complete all sections on the form. If any section does not apply to you; please enter not applicable (N/A).

It is important that you refer to the **job description and person specification** when completing this form.

We will require a completed application form and up to date CV to progress with your application. Application forms not fully completed may be refused.

1. Vacancy Details

| | |
|--------------------------------------|--|
| Job Title & Reference if applicable: | |
|--------------------------------------|--|

2. Personal Details

| | |
|---------------------------------|--|
| First name(s): | |
| Last name: | |
| Title: (Miss/Mr/Mrs/Ms/Dr) | |
| Address: | |
| Post code: | |
| Mobile number: | |
| Other phone number if required: | |
| Email address: | |

How did you hear about this job? _____

If you were told about this job by someone that already works for us, please tell us their name: _____

Do you have the right to work in the UK? Yes ☐ No ☐

Please note original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act 2006

Are you a car owner? Yes ☐ No ☐

Valid Driving Licence (if this is a requirement of the role) Yes ☐ No ☐

| | |
|---|--|
| If yes, type of licence and no. of years: | |
| Details of current endorsements: | |
| Do you have business cover (class 1) ? | |

Have you ever been disqualified from driving or insurance refused? Yes ☐ No ☐

| |
|------------------------------|
| If yes, please give details: |
|------------------------------|

3. Your Availability

We need to get an idea of the times and days that you may or may not be available to work. Please note this availability will form the basis of any offer of employment, and if you accept, forms a commitment on your part. Please tick the boxes below as appropriate.

| Availability form | | | |
|-------------------|-------------------|------------|-------------------|
| Weekdays | | Weekends | |
| 6:15am-3pm | Tick if available | 8am – 3pm | Tick if available |
| 3pm -10pm | Tick if available | 3pm – 10pm | Tick if available |

4. General Information

Are you related to or friends with any staff member, board member or service user of SAFS?

Yes ☐ No ☐

If Yes, please provide details

Name _____

Position _____

Relationship _____

5. Reasonable adjustments

If you have a disability, please tell us if there are any reasonable adjustments, we can make to help you in your application or with our recruitment process.

6. Education/Qualifications (Including overseas) Please start with secondary education (Please continue on a separate sheet if necessary)

| From Month | Year | To Month | Year | Secondary School/College/University etc | Qualification achieved or to be taken | Results / Grades | Date Gained |
|---------------|------|-------------|------|---|---------------------------------------|---------------------|-------------|
| | | | | | | | |
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7. Training Please list any course(s) which you have undertaken which are **relevant** to the job and/or specified on the person specification (Please continue on a separate sheet if necessary)

| Year | Organising Body | Course Title | Length |
|------|-----------------|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Caring Family Support

8. Past Employment & Experience include voluntary or other relevant experience. Please state reasons if you have gaps in employment.

[illegible]

Please continue on a separate sheet if necessary.

9. Present or Most Recent Employment (If any)

| | |
|--|------------|
| Job Title: | Employer: |
| Salary: | Date left: |
| Date Started: | Postcode: |
| Address: | |
| Reason(s) for leaving (If applicable): | |
| Notice period: | |

10. References

We ask for two references (one from your most recent/current employer). If your references do not cover the last 5 years of previous employment and/or training/education, we will require additional referee details.

Please note we ask that you do not put down family members as personal referees. Personal referees need to be professional associations such as a previous colleague or someone in a position of responsibility who can comment on your competence, experience, and suitability for the post.

Please put a cross in the appropriate box(es) below if you do not wish us to take up a reference without your consent.

| | |
|---|--------------------------|
| Name: | <input type="checkbox"/> |
| Address: | Postcode : |
| Tel No: | Email : |
| Company and Job Title: | Relationship to you: |
| If this referee knows you by another name please give that name | |
| Name: | <input type="checkbox"/> |
| Address: | Postcode : |
| Tel No: | Email : |
| Company and Job Title: | Relationship to you: |
| If this referee knows you by another name please give that name: | |

Name: ☐

Postcode :

Email :

Relationship to you:

If this referee knows you by another name
please give that name:

11. Additional information – About you

Please give any additional information you consider important, particularly reasons for applying for this job, any relevant courses you have attended and any special interest or activities which demonstrate how you meet the requirements as set out in the person specification.

You may also continue on a separate sheet(s) if you wish. You must ensure that any additional sheets are attached securely and include your name and the job you are applying for.

It is important that you complete this section to the best of your ability. Please refer to the job description when completing this section.

[illegible]

12. Criminal Convictions and DBS Consent

Due to the nature of the work, you have applied for, this post is exempt from the `Rehabilitation of offenders Act 1974`.

Applicants must not withhold any information about criminal convictions. Failure to disclose any criminal convictions will result in immediate dismissal. Enhanced DBS checks will be carried out for all applicants.

Have you ever been convicted of a criminal offence by a court of law or given a caution, reprimand or warning? Yes ☐ No ☐

If yes, please give details: _____

Have you had a DBS check in respect of any recent application for employment or registration involving access to children or vulnerable adults? Yes ☐ No ☐

If yes, please give details: _____

Are you on the DBS update service? Yes ☐ No ☐

If yes, please give details: _____

I consent to SAFS undertaking an Enhanced DBS check in respect of my application if I am appointed.

Name (Print) _____

Signature: _____

Date: _____

13. Privacy Notice

We process personal data relating to those who apply for job vacancies with us or who send speculative job applications to us. We do this for employment purposes, to assist us in the selection of candidates for employment, and to assist in the running of the business. The personal data may include identifiers such as name, date of birth, personal characteristics such as gender, qualifications, and previous employment history.

We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained for a period of at least six months or, if required by law, for as long as is required.

This privacy notice does not form part of an employment offer or contract between us. If we make an employment offer to you, we will provide further information about our handling of your personal information in an employment context separately.

If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please email us with the Subject "Data Protection Request".

14. Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct. I understand that by providing deliberately false information or omitting information, could result in my application being rejected or if I have already been appointed, could result in a dismissal.

I understand that the appointment is subject to satisfactory references, DBS and the completion of a 6-month probationary period.

I have read the privacy policy and understand how my data will be processed by SAFS.

Name (Print)_____

Signature:_____

Date:_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

15. Equality and Diversity monitoring form

SAFS wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact HR@safscare.org.

Please return the completed form to HR@safscare.org along with your job application form.

Sex and gender identity

What is your sex?

Female ☐ Male ☐ Prefer not to say ☐

Is the gender you identify with the same as your sex registered at birth?

Yes ☐ No ☐ Prefer not to say ☐

If the gender you identify with is not the same as your sex registered at birth, please write in:

Age 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐
55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

Any other Asian background, please write in:

Black, African, Caribbean or Black British

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black, African or Caribbean background, please write in:

Mixed or Multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
Prefer not to say ☐ Any other Mixed or Multiple ethnic background, please write in:

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐

British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other White background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Asexual ☐

Pansexual ☐ Undecided ☐ Prefer not to say ☐

If you prefer to use your own identity, please write in:

What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐

Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:

What is your working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐
Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐
Homeworking ☐ Prefer not to say ☐ If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None ☐
Primary carer of a child/children (under 18) ☐
Primary carer of disabled child/children ☐
Primary carer of disabled adult (18 and over) ☐
Primary carer of older person ☐
Secondary carer (another person carries out the main caring role) ☐
Prefer not to say ☐