

Flexible Community Care cic

CARE WORK APPLICATION FORM

Position Applied For: <i>(Please Tick Your Choice)</i>	Care Worker <input type="checkbox"/>		
	Volunteer Carer <input type="checkbox"/>		
Availability Declaration: (Please tell us which days of the week, and time of the day you are available) Tick all your preferences.			
Mornings only:	<input type="checkbox"/>	All week days:	<input type="checkbox"/>
Afternoons only:	<input type="checkbox"/>	Weekends only:	<input type="checkbox"/>
Evenings only:	<input type="checkbox"/>	I am flexible:	<input type="checkbox"/>
Nights only:	<input type="checkbox"/>	Approx. No. of Hours Wanted:	
First Name: Surname: Other Names: National Insurance Number:	Home Address: Postcode: Home Number: Mobile Number:		
I am new to care	Yes		<input type="checkbox"/>
	No		<input type="checkbox"/>
Referees: Please give details of two people to whom we may contact for references (one of which should be your last or current employer).			
Address: Telephone: Email:	Address: Telephone: Email:		
Are there any restrictions to your residence in the UK which might affect your right to take up employment or volunteer in the UK?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Please note: You will be required to provide proof of identity, proof of address and a Disclosure Baring Service (DBS) for Flexible Community Care to proceed with your application. <i>We only accept originals of any one of the following for proof of identity: Passport, birth certificate or UK photo card driver's licence. For proof of address: recent utility bill or council tax bill or bank /credit card statement.</i></p>			

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EMPLOYMENT HISTORY

Please tell us about your employment history starting with the current or most recent employer including length of time at that employment.

	Employer	From	To
1			
2			
3			
4			
5			

Please use additional pages if necessary

Education	<i>Please Tick</i>	From	To
University:			
College:			
Secondary School			
Other Training			
<i>Please indicate training provider and certificate or qualification attained</i>			

Please Use additional pages if necessary

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IDENTITY CHECK:

Identity is established by clearly ticking one item from sections 1 and 2.

Original documents only- no photocopies	I confirm that I have seen the original documents, signed to confirm the identity of the applicant.	Date
1. PHOTOGRAPHIC		
Passport		
UK Driving license		
OR		
Birth Certificate		
2. PROOF OF ADDRESS (Under 3 months)		
Utility Bill		
Council Tax Bill		
Bank Statement		
Credit Card Statement		
DECLARATION		
<p>It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and / or termination from the employer's service if I am employed / from the volunteering role if I am a volunteer.</p> <p>I give the Agency the right to request a DBS Register check on and at any time during my employment / volunteering thereafter; and to secure additional information about me, if related to my job or volunteering role.</p> <p>I undertake to inform the Agency immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction or referral to any register of barred persons under the Health and Social Care Act 2008.</p> <p>I hereby release from liability Flexible Community Care <small>cic</small> and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.</p> <p>I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous immediate employer, and that confirmation of the employment / volunteering will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people.</p> <p>Applicant's Signature:</p> <p>Date:</p>		