



THE WOODLANDS CARE HOME



Application Form

Application Form for Employment

Title:	First Name(s):	Surname:
Address:		Home Telephone Number:
		Mobile:
Email Address:		

Do you have a full valid UK driving licence?	Yes / No
Do you have access to your own private vehicle for work purposes?	Yes / No

Present / Most Recent Employment

Name and Address of Present/Last Employer:		Summary of Main Duties and Responsibilities:
Telephone Number:		
Position Held:		Reason for Leaving:
Start Date:	End Date:	Required Notice Period:

Previous Employment History

Please give a full employment history including details of any unemployment. Please continue on a separate sheet if necessary.

Date From	Date To	Name and Address of Employer

Education/Training

Please give details of all relevant training, starting with your most recent. If appointed you will be required to produce evidence of the courses undertaken. Please continue on a separate sheet if necessary.

Subject/Course	Date Obtained	Certificate Available?

References

An offer of employment with The Woodlands Residential Home is subject to two written references. At least one must be from your current or previous employer or school / college / voluntary organisation. We reserve the right to contact any of your previous employers for a reference, unless you state otherwise.

First Referee

Name:
Position Held:
Organisation Name and Address:
Telephone Number:
Email Address:
In what capacity do you know this person?

Second Referee

Name:
Position Held:
Organisation Name and Address:
Telephone Number:
Email Address:
In what capacity do you know this person?

Disability

The Woodlands is committed as an employer towards the recruitment and employment of applicants with a disability. The questions below are asked in accordance with the Equality Act 2012 and any subsequent updates.

Do you consider yourself to have a disability?	Yes / No
Would the provision of any aids or adaptations assist you in carrying out the duties of your post?	Yes / No

If YES, please give details:

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Is there anything we need to know about your disability in order for you to have a fair interview?
Please give details.

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Right to Work

In accordance with the Immigration and Asylum Act 1999, we require all new employees to produce documented evidence of their right to work in the UK.

Are you a UK resident?	Yes / No
If NO, do you hold a work permit?	Yes / No
Expiry Date of Work Permit:	

Convictions

Due to the nature of our work, you will be subject to a check by the Disclosure and Barring Service (DBS). As part of this you are required to give details of all convictions and cautions. However, under the 2013 Amendments to the Exception Order 1975 of the Rehabilitation of Offenders Act 1974, certain spent convictions and cautions are “protected” and are not subject to disclosure to employers.

Please note that a conviction will not necessarily prevent you from obtaining employment as The Woodlands Residential Home will always consider the relevance and timescale of the conviction in relation to the role in question.

Do you have any convictions, cautions, reprimands or final warnings that are not “protected”?

Yes / No

If YES, please give details:

Are there any criminal proceedings pending against you?

Yes / No

If YES, please give details:

Experience, Skills and Abilities – Supporting Statement

Please explain why you would like this job and what special qualities you have to offer - include skills, life experiences which you feel may be relevant, interests outside of work and things you enjoy doing . Please continue on a separate sheet if necessary.

How did you hear about this job?

Google ☐ Other search engine ☐ Company website ☐ Job centre ☐

Leaflet ☐ Word of mouth ☐ Indeed ☐ Refer a friend ☐

Other (please specify)

Language

English ☐ Other (please specify)

Job Availability

Full time ☐

Part time ☐

DISCLOSURE & BARRING SERVICE FORM [DBS CHECK]

SECTION 8

Title:	Full Name:
Country of Birth:	Birth Town:
Birth County:	Nationality at birth:

Have you changed your Nationality?	Yes / No
If you have changed your Nationality please state current Nationality:	

Have you changed your birth surname?	Yes / No
If you have changed your surname please state: <i>(Even if same as birth surname)</i>	
YEAR you changed surname:	

Please provide your address history covering LAST 5 YEARS INCLUDING OUTSIDE OF UK

Current Address:	Post Code:
City:	Country:
From Month AND Year:	To Month AND Year:

Previous Address [1]

Building Number & Street Name:	Post Code:
City:	Country:
From Month AND Year:	To Month AND Year:

Previous Address [2]

Building Number & Street Name:	Post Code:
City:	Country:
From Month AND Year:	To Month AND Year:

Disclosure & Barring Service Payment Authorisation

_____ hereby agree to pay the deposit amount of £52.98 for my Disclosure and Barring Service (DBS check)

In consideration of the DBS check which I will be receiving from The Woodlands, I agree to remain employed by The Woodlands for a minimum period of six month after commencement of employment. After six month of working with us we will refund £52.98 deposit back into your account.

Employee Signature: _____

Employee Name: _____ Date: _____

FOR OFFICE USE ONLY

DBS Fee Received?	Yes/No	DBS Applied date:
DBS Applied by:		Booked for Training & Induction:

Bank Details for your Wages

Name of your Bank:
Your Name on the Bank Account:

Sort Code:

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Account Number:

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Declaration

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE IS CORRECT AND I UNDERSTOOD MY WAGES WILL BE TRANSFERRED TO THE ABOVE MENTIONED BANK ACCOUNT AND ANY ERROR IN THE INFORMATION PROVIDED WILL RESULT IN LOSS OF PAY AND THE COMPANY WILL NOT HOLD ANY RESPONSIBILITY

Applicant Signature: _____ Date: _____

HR Signature: _____ Date: _____

Equal Opportunity Monitoring Form

SECTION 9

Please tick the appropriate option

Gender: Male ☐ Female ☐ Prefer Not To Say ☐

Marital Status : Married ☐ Single ☐ Prefer Not To Say ☐

Sexual Orientation: Bisexual ☐ Gay ☐ Lesbian ☐

Heterosexual ☐ Other ☐ Prefer Not To Say ☐

If other (please specify)

Religion:

Buddhist ☐ Christian ☐ Church of Scotland ☐

Hindu ☐ Jewish ☐ Roman Catholic ☐ Atheist ☐ Agnostic ☐

Muslim ☐ Sikh ☐ Prefer Not To Say ☐ Other ☐

If other (please specify)

Ethnic Origin:

ASIAN

Indian ☐ Pakistani ☐ Bangladeshi ☐

Chinese ☐ Other ☐ Prefer Not To Say ☐

If other (please specify)

BLACK African ☐ Caribbean ☐ Other ☐ Prefer Not To Say ☐

If other (please specify)

WHITE Scottish ☐ Irish ☐ English ☐ Welsh ☐ Prefer Not To Say ☐

If other (please specify)

OTHER

If other (please specify)

DISABILITY: Yes ☐ Not ☐ Prefer Not To Say ☐

If other (please specify)

Health Monitoring Form

A. Do you have any physical or mental health conditions that may affect your performance for the position applied?

Yes ☐

Not ☐

If yes, Please explain:

B. Have you been refused or dismissed from any employment because of health reasons?

Yes ☐

Not ☐

If yes, Please explain:

C. Have you ever left employment for health reasons?

Yes ☐

Not ☐

If yes, Please explain:

D. Have you previously or currently undertaken any medical or therapeutic treatment?

Yes ☐

Not ☐

If yes, Please explain:

E. Are you allergic to any chemicals or other substances?
(You may have to use cleaning chemicals at work)

Yes ☐

Not ☐

If yes, Please explain:

F. Are you pregnant?

Yes ☐

Not ☐

If yes, how many weeks:

G. Do you have any contagious infection/disease?

Yes ☐

Not ☐

If yes, Please explain:

H. Any stress related disorders?

Yes ☐

Not ☐

If yes, Please explain:

I. Have you been admitted/attended hospital at any time?

Yes ☐

Not ☐

If yes, Please explain:

J. Do you wish to inform us of any other health/physical/mental problems you had or still have?

Yes ☐

Not ☐

If yes, Please explain:

K. Do you wish to discuss any issues regarding your health related to the applied post which you think is a risk to carry out the job on your own or you may be a risk to vulnerable service users?

Yes

☐

Not

☐

If yes, Please explain:

L. The care assistant job may consist of hoist and manual handling service users. Would you be able to do this after appropriate training without any health risks?

Yes

☐

Not

☐

If yes, Please explain:

M. Are your immunisations up to date? (if not, please contact your GP and receive them)

Yes

☐

Not

☐

If yes, Please explain:

N. Number of days sickness absence in the last 12 years: _____

GP Surgery Name : _____

Telephone Number : _____

Applicant Signature : _____

Date : _____

This is for office use only

Application form assessed by:

Name:

Position:

On the basis of the completed application form, is the applicant suitable to progress to a selection interview?

Yes

☐

Not

☐

If NO, please explain why

Data Protection Act 2018

I give my consent for The Woodlands Residential Home to hold and process the data contained in this application form. Strict confidentiality will be observed and disclosures only made for personnel administration and payroll purposes.

Please tick to confirm that you have read and agree to the statement above: ☐

DBS Consent

I give permission to the Woodlands for a DBS to be applied for on my behalf. At the time of my application I am aware/unaware (Delete as applicable) of any convictions on my application.

Please tick to confirm that you have read and agree to the statement above: ☐

Reference Consent

I give permission for the Woodlands to request personal information regarding myself. The information given is solely for the purpose of my application for a position within the business.

Please tick to confirm that you have read and agree to the statement above: ☐

Covid Consent

Any potential employee that wishes to be employed by The Woodlands must be double vaccinated. This follows Government Guidelines as of November 2021. Any staff that wishes to be employed must have had both vaccines, and any boosters that are offered by the Government, evidence of proof will be required.

Testing as of December 2021 is one P.C.R. test weekly (Monday, unless bank holiday or changes required to fit around the needs of the home) and three lateral flow tests (Monday, Wednesday and Friday) these must be completed or disciplinary action will be taken.

Please tick to confirm that you have read and agree to the statement above: ☐

Date of first vaccination	Evidenced by
Date of second vaccination	Evidenced by
Date of booster vaccinations	Evidenced by

Declaration

I declare that the information given on this application form is accurate and true. I accept that any false statement or material omissions may affect my application and/or employment which may result in disciplinary action against me, including dismissal.

Print Name : _____

Signature : _____

Date : _____

Please tell us where you heard about this vacancy _____

OFFICE USE ONLY	
First Reference Verified:	
Second Reference Verified:	
Right to Work Checked:	

Section one To be completed by the employee

Your employer will need this information if you don't have a form P45 from your previous employer. Your employer may ask you to complete this form or provide the same information in another format. If you later receive your P45, hand it to your present employer. Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

Title – enter MR, MRS, MISS, MS or other title

Surname

First name(s)

Gender. Enter 'X' in the appropriate box

Male ☐ Female ☐

Date of birth DD MM YYYY

Address

House or flat number

Rest of address including house name or flat name

Postcode

Your present circumstances

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A – This is my first job since last 6 April and

I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or Occupational pension. ☐

OR

B – This is now my only job, but since last 6

April **I have** had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or Taxable Incapacity Benefit. I do not receive a state or occupational pension. ☐

OR

C – I have another job or receive a state or Occupational pension. ☐

Student Loans (advanced in the UK)

If you left a course of UK Higher Education before last 6 April and received your first UK Student Loan installment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (**Do not** enter 'X' in box D if you are repaying your UK

Student Loan by agreement with the UK Student Loans Company to make monthly payments through your bank or building society account.) ☐

Signature and date

I confirm that this information is correct

Signature

Date DD MM YYYY

Almost all employers must file employee starter information online at **www.hmrc.gov.uk/online**
Guidance for employers who must file online can be found at **www.businesslink.gov.uk/payingnewemployees**
Employers exempt from filing online should send this form to their HM Revenue & Customs office on the first payday.
Guidance can be found in the E13 *Employer Help book Day to day payroll*.

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THE WOODLANDS CARE HOME | 15