



Independent Care Solution 270 Killburn Highroad
Registration Number: 2285224 Tel: 02076240956

APPLICATION FORM

Personal details

Title (Mr/Mrs/Miss/Other):
First name(s):
Surname:
Previous surname:

National Insurance no:

Present address:
Post code:
Telephone (home):
Telephone (daytime):
Mobile telephone:
e-mail add:

General details

Do you hold a full driving licence? (If applicable) Yes No

Do you have the use of a car at all times? (If applicable) Yes No

Are you a close relative of any member of the Association's staff,
its Board of Management, Regional Committees or tenants/clients? Yes No

If YES, please state relationship and location:

Current of most recent employment

Name and address of current or most recent employer:
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Please list the five main duties and responsibilities of this post.
1.
2.
3.
4.
5.

Present or most recent Job Title:

Date employment commenced:

If offered this job, will it be your main

Yes No

Previous employment

Including any relevant voluntary work. (Most recent first explaining any gaps in employment – required under National Minimum Care Standards). Please continue on a separate sheet if necessary.

From	To	Employer's name and address	Post held and brief details

Details of any professional qualifications, relevant courses and/or other information (for positions in Home Care please include any care/nursing experience not shown above)

(Please continue on a separate sheet if necessary)

Supporting information

Please refer to the guidance notes and person specification. You are required to evidence how you meet the criteria of this vacancy. **Please show how you meet each of the requirements using the headings shown in person specification (qualifications/experience, skills/abilities, knowledge).**

(Please continue on a separate sheet if necessary)

References

Please give details of **two** referees – one should be your current or most recent employer. Where possible both referees should be current or past employers. An offer of employment will be subject to receipt of two references satisfactory to the Association and we reserve the right to contact any former employers before an unconditional offer of employment is confirmed.

References cannot be accepted from personal friends or relatives.

1. Name: Position: Address: Telephone:
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2. Name: Position: Address: Telephone:
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May we contact this referee prior to interview? May we contact this referee prior to interview?

Yes

No

Yes

No

Under the Asylum and Immigration Act 1996 it is a criminal offence to employ someone who does not have permission to work in the UK. Any offer of employment will be subject to production of appropriate identity documentation. All documents need to be originals.

Criminal convictions

Please check the disclosure information sheet and if the post for you are applying is on it please complete section A) below. If your post is not on the list please complete B) below.

A) Post requiring disclosure checks

Aims to protect the service users and has certain posts which satisfy the criteria set out in the Rehabilitation of Offenders Act 1974 (Exception Order 1975) which require applicants for these posts to declare both spent and unspent convictions. As a registered body, we also have access to criminal records through the CRB and the successful applicant will undergo the enhance check.

Have you ever been convicted of a criminal offence, received a caution, reprimand, final warning or do you have any pending criminal charges?

Yes No

If yes, please provide details below. You should include details of the offence, if convicted, cautioned, reprimanded or given a final warning and the sentence (if applicable)

B) Post not requiring disclosure checks

If the post you are applying for is not the disclosure information sheet you must tell us whether you have any unspent convictions.

Do you have unspent convictions? Yes No

If yes, please provide details below.

Do you have any specific requirements to help you attend an interview? Yes No

If yes please give details.

Signature

I confirm that the information I have given is, to the best of my knowledge, true and complete and can be treated as a part of my subsequent contract of employment. I agree that the information given on this form may be used for registered purposes under the Data Protection Act 1998.

Signature:

Date:

Equal Opportunities in Employment

Confidentiality

Equal Opportunities Monitoring Questionnaire

Independent Care Solution is committed to continuing to develop its Equal Opportunities policy in order to ensure its employees reflect the diverse communities we serve. We are committed to selecting people on the basis of their ability to do the job irrespective of their gender, age, ethnic origin, sexual orientation, disability, religion or belief. We are monitoring these categories to ensure our policies and procedures comply with legislation.

Department/Region:

Date of Birth:

Gender

Male

Female

I would describe my race or ethnic origin as: (These categories are in line with those used by National Statistic in the 2001 Census)

White	British or Black British
<input type="checkbox"/> British	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> African
<input type="checkbox"/> Other	<input type="checkbox"/> Other
Asian or Asian British	Mixed
<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Filipino	
<input type="checkbox"/> Chinese or other ethnic group	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to answer	

Age

under 20 50-59

20 – 29 50 – 69

30– 49 70 and over

40 – 49

Sexual Orientation

Bisexual

Gay/Lesbian

Heterosexual

Prefer not to answer

Religion or Belief

- Buddhist Jewish
 Christian Muslim
 Hindu Sikh
 No Religion/Belief

Other Religion (please specify):

Belief (please specify)

Prefer not to answer

Disability

Do you have a disability as defined by the Disability Discrimination Act 1995 (i.e. do you have 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

Where did you see the job advertised?

Newspaper/Publication

Please state name: _____

Internet

Please state source: _____

Internal bulletin _____

Other

Please provide details: _____