



## APPLICATION FORM

- HOME SUPPORT WORKER
- NIGHT CARER
- MOBILE RESPONSE CARER

## PERSONAL DETAILS

Surname or Family Name: \_\_\_\_\_ Ms/Miss/Mrs/Mr/Other: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: Home: \_\_\_\_\_ Tel: Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## VEHICLE

Do you have a car at your disposal? Yes No

Do you possess a current UK/EU driving license? Yes No

Do you have valid motor vehicle insurance? Yes No

## ELIGIBILITY TO WORK IN UK

Do you possess a current document\* entitling you to work in the UK? Yes No

Type of Document: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\* Valid documents include UK/EU passport, visa, work permit

## HEALTH

Is there anything we need to know about your general state of health in order to offer you a fair selection, or which you think might affect your ability to carry out the duties of the post? \_\_\_\_\_

Please state how many days off work due to sickness you have had during the last 12 months: \_\_\_\_\_

NB: All candidates must complete a medical questionnaire and may need to attend a medical examination.

## AREAS OF WORK

Please tick the area you would prefer to work in, ie. City or South:

**City**

This includes: Abingdon Road, Botley, Cowley, Cumnor, Headington, Littlemore, Marston and North Oxford

**South**

This includes: Abingdon, Bampton, Didcot, Faringdon, Kennington, Swindon, Wallingford and Wantage

## AVAILABILITY

Are you available to work full time or part time hours

Full Time

Part Time

## EDUCATION, TRAINING AND NON-VOCATIONAL EXPERIENCE

Secondary Schools, Colleges and/or Universities Attended	Dates: From To	Qualifications gained or pending (Please state subject and level)	Grade

Do you have any non-vocational experience/skills which may be relevant to your application eg family duties, voluntary work, leisure activities?

Yes

No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ATTENDANCE ON TRAINING COURSES

Course and Duration	Organising Body	Date

**PRESENT OR MOST RECENT EMPLOYMENT**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Commenced: \_\_\_\_\_ Notice Period: \_\_\_\_\_

Grade and/or Wage/Salary: \_\_\_\_\_

Reason for wishing to leave: \_\_\_\_\_

Please list below key duties and responsibilities of present or most recent job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and Address of Employer	Period of Employment (give precise dates)	Title of Post and Salary/Wage	Reason for Leaving

Please include any gaps in employment, continuing on another sheet if necessary, as we need a full history since leaving full time education.

**SOCIAL CARE**

Date you first entered employment in the Social Care Sector \_\_\_\_\_

**DISCIPLINARY ACTION**

Have you ever had disciplinary action against you in previous employment?                      Yes                      No

**HOLIDAYS**

Do you have any currently booked upcoming holidays?                      Yes                      No

If Yes please state dates: \_\_\_\_\_



**EQUAL OPPORTUNITY POLICY**

Oxford Private Care Ltd is an Equal Opportunity employer. The company has a policy whose aim is to ensure that unfair discrimination does not take place in recruitment. In order to help the company monitor the effectiveness of this policy (and for no other reason); you are asked to provide the information requested below.

This information is confidential and does not form part of your application. This slip will be detached from your application from when it is received and the information will not be taken into account when making the appointment.

Surname \_\_\_\_\_ Initials \_\_\_\_\_

Date of Birth

Gender: Male  Female

Disability: Do you have a disability Yes  No

Employment: Are you currently employed by Oxford County Council? Yes  No

Ethnicity: Please indicate which of these groups you consider you belong (tick one only)

- Bangladeshi
- Black – African
- Black – British
- Black – Caribbean
- Chinese
- Indian
- Pakistani
- White – British
- White – European
- White – Irish
- Black – Other (please specify): \_\_\_\_\_
- White – Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**REHABILITATION OF OFFENDERS ACT 1974**

Disclosure of convictions may not necessarily be a bar to a successful application. If your application is in respect of a position which involves the supervision of, or otherwise connected with, those occupations which are exempt from the Rehabilitation of Offenders Act 1974(amended) you are required to declare any convictions for criminal offences. You may provide details here or submit them on a separate sheet in a sealed envelope, marked 'Confidential'. For other jobs, only those convictions, which are deemed 'unspent' need to be disclosed. Please note, if you have accepted a Caution, Warning or Reprimand from a police office, then you have admitted your part in an offence.

Do you have any current or past convictions:    Yes             No

If Yes please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**DECLARATION**

I declare that all the foregoing details given in this application are true to the best of my knowledge. I understand that if I have knowingly provided false or withheld material information, I may be dismissed from any post gained as a result,

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

PRE EMPLOYMENT MEDICAL QUESTIONNAIRE

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

We will not contact your doctor without your prior written consent.

How many days absence have you had from work in the last three years?	Days
Are you currently on medication (excluding contraceptives)	Yes / No
Have you spent time in hospital in the last three years? If Yes please give further details.	Yes / No
Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If Yes please give further details.	Yes / No
Do you consider yourself to have a disability? If Yes please give further details.	Yes / No

Data Protection Notice:

The Business requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustment may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

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