

PR10 - Recruitment Pack – Individual Applicant Pack

APPLICATION FORM

Visto Help Hands Care Limited

**Kendray Business Centre
 Thornton Road
 Barnsley
 United Kingdom
 S70 3NA**

07977885844, 01226249894

The recruitment process within this organisation has a minimum of two stages.

- 1 The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for:	
Approx. no. of hours wanted:	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only (please circle which you are able to work)
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number (home):	Telephone number (work - <i>will be used with discretion</i>):
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
Details:	

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EDUCATION

School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

ADDITIONAL COURSES ATTENDED

Subjects	Location

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EMPLOYMENT HISTORY

- i Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Other roles (use additional sheet if necessary):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.



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ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?	
Yes / No	
If yes, please give details:	
This information will not be used in reaching a decision on whether to offer employment.	
Any offer of employment may be made subject to a satisfactory medical report.	
GP's name:	
Tel no:	
Address:	
<i>(Your GP will never be contacted without your permission)</i>	

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NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (<i>circle as appropriate</i>)
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>circle as appropriate</i>)

Note: Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

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REFEREES

- You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent employer

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	

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CRIMINAL RECORD

- Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.
- Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not 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 employer, and that confirmation of the employment 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. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Visto Help Hands Care Limited to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer 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, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed: _____ **Date:** _____

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EMPLOYMENT CONTINUITY CHECK

- | It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.
- | Use the “timeline” below to place in order all stated instances of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory.
- | The period considered must be the whole working life of the applicant, to date.

Example:			
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IDENTITY CHECK - Identity is established by clearly ticking one item from sections 1 or 2, and one from section 3.

Original documents only – no photocopies	I confirm that I have seen the original documents, signed for to confirm the identity of the applicant (signed by interviewer)	Date
1. Photographic		
1.a. Passport		
1.b. New Style Driving Licence		
OR		
2. Birth Certificate		
2.b. With the correct name		
2.c. Or in another name, with evidence of change of name		
AND		
3. Proof of Address		
3.a. Utility bill, correct name and address, and < 3 months old, and paid, or		
3.b. Credit card statement, correct name and address, and < 3 months old, or		
3.c. Bank statement, correct name and address, and < 3 months old, or		
3.d. Council tax bill, correct name and address, and < 3 months old		
3.e. Other (specify)		
IMPORTANT: PERMANENTLY ATTACH A PHOTOCOPY OF THE ID EVIDENCE PRODUCED TO THE APPLICANTS FILE, AND ONE OF THE RECENT HEAD AND SHOULDER PHOTOGRAPHS PROVIDED. THE OTHER PHOTOGRAPH WILL BE USED FOR THE DBS APPLICATION.		

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INTERVIEW PREPARATION

- Interviewer – Use this form to prepare specific points for the interview and to record that you have responsibly reviewed the information provided by the applicant. This process is essential to reduce the risk of discrimination.

Telephone Screening	
Carer Standards	
Application Form	
Educational/Qualifications (check and note dates)	
Completeness of work history	
Specific experience/skills	
Identity	
Ability to work in the UK	
Criminal, etc checks	
Applicability of references - Carry out risk assessment if references do not meet specifications.	

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STANDARD QUESTIONS / INTERVIEW LOG

- Use questions from this list as applicable. Space is provided on the next page for your own questions.

NOTES: (1) Your notes of the answers to these questions, and other notes made by you in respect of the candidate are legally available to the candidate on request. Therefore, ensure that your comments and notes reflect the organisation's standards for equality of opportunity, fairness, openness and honesty. (2) Two persons should conduct the interview, one of which should be the immediate supervisor/manager for the post on offer. If the second person is not, for reasons of resource restrictions, present during the interview, an acceptable substitute practice is for a second person to read the application, show the applicant around the premises while the interviewer prepares the interview questions, informally chat to the applicant, and feed back their impressions of/concerns about the applicant to the interviewer before the interview begins. (3) This process is essential to reduce the risk of discrimination.

Putting yourself in the position of a Service User, what do you think would be the most difficult thing about receiving personal support?

How can you, as a Care worker in a team, ensure that there is continuity of Care provided?

Working as a support worker places you potentially in a position of power and influence over a Service User. How do you ensure that you do not infringe that person's human rights?

What is the most enjoyable part of Care work?

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STANDARD QUESTIONS / INTERVIEW LOG – PART 2

What has been most difficult?
How do you enable someone with substantial disabilities gain control over their own lives?
What do you understand about confidentiality? How does it apply?
Have you had experience and how do you support someone who has substantial difficulties in making himself/herself understood?
Do you understand the requirements of the post on offer and based on that understanding do you consider that you are capable, with training, of carrying out the required functions?
Own/supplementary question

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STANDARD QUESTIONS / INTERVIEW LOG – PART 3

Own/supplementary question:	
Own/supplementary question:	
The information detailed below must be given to all applicants	Sign when completed
State that all Carers will contract to achieve QCF Diploma Level 2 within 2 years of employment start, with exceptions being agreed by the Manager only in exceptional circumstances, and that all Registered Nurses and supervisors will be expected to achieve a supervisory management qualification within 2 years of start of employment.	
State that all new employees will contract to undertake the organisation's own induction course, and those employees without equivalent qualifications will undertake a suitable training programme.	
State that an offer of employment cannot be made until the DBS check is made and received back and is satisfactory, and if an offer is then made, it will be subject to two satisfactory references, including one from the previous employer, and a satisfactory DBS check, and that further checks with the DBS may be undertaken at any time during employment.	
Ask that the candidate anonymously completes the equal opportunities monitoring form, and give them a stamped addressed envelope to return it.	
State that it is normal policy to retain this application pack on file if the applicant is generally suitable for the post, but is unsuccessful this time around because a more qualified candidate is offered the post, so that they can be contacted if another suitable vacancy occurs in the future. Ask if this is acceptable. If the candidates say no, the interviewer must find the appropriate letter at the back of this pack and delete the sentence which refers to retaining the file.	

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APPLICANT RISK ASSESSMENT

- Use this form if there are any deficits in the information and/or documentation supplied to you. In certain areas, the Manager has the authority to make a decision based on the balance of information available, but the reason must be explicitly recorded and retained, and the decision must have been responsibly reached with due reference to the aim of protecting vulnerable people.

References:

No reference from last employer: (state given reasons, investigations made, conclusions, if any, reached).

Inadequate range of references: (state given reasons, investigations made, conclusions, if any, reached).

Poor reference(s): (state given reasons, investigations made, conclusions, if any, reached).

Gap in employment: (state given reasons, investigations made, conclusions, if any, reached).

Disclosure: (For use if Disclosure process reveals convictions or warnings, which it has been decided to discount for recruitment purposes. IMPORTANT – do not record the offences here, that is a breach of data storage provisions – only state your reasons for discounting the Disclosures as a reason for not employing the applicant)

Signed (Registered Manager): _____ Date: _____