

PR10 - Recruitment Pack -
Individual Application Pack

APPLICATION FORM

Westwood Homecare Northwest Ltd
Sedgeborough House
47 Sedgeborough Road
Whalley Range
Manchester
Lancashire
Manchester
M16 7EU
0161-232-7535

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

The completion of this application form is part of stage 1. This application will be reviewed and a decision made as to whether to proceed to stage 2, 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 etc)	
Current Address:	
Postcode:	Moved to 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 (will be used with decretion)
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
	(Please supply copies of certificates)

Training history/professional status

Date of Graduation/Qualification	Location/Details (Please supply copies of certificates)	Notes

Short courses attended

Subjects	Location

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Employment History

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	
Other roles (use additional sheet)	

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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:

Any offer of employment may be made subject to a satisfactory medical report.

G.P's name:

Tel no:

Address:

(Your GP will not be contacted without your permission)

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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 (delete as appropriate)
If yes, please provide details:	
If you are successful in the application, would you require a work permit prior to taking employment?	Yes/No (delete as appropriate)

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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. You will 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 terminated immediately. 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 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 the organisation 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 workers, or withdrawal of any registration required by my employment status.

Signed.....

Date.....