



People in **Action**

CARE & ADVICE • HELP & SUPPORT

Application Pack

www.people-in-action.com

People in **Action** – St David's Way, Bermuda Park, Nuneaton, CV10 7SD

T: 024 7664 3776 **F:** 02476 640146 **E:** admin@people-in-action.co.uk

1. Post Applied for _____

2. How many hours per week do you require?

(If applicable)

- 16
- 24
- 30
- 35
- Any of the above

3. Do you have a full current driving license?

- Yes
- No

4. Do you have your own transport?

- Yes
- No

5. Are you happy to drive company or mobility vehicles?

- Yes
- No

6. Preferred area (tick all that apply if applicable):

- Nuneaton & Bedworth
- Leamington & Warwick
- Stratford & Alcester
- Worcestershire
- Kenilworth
- Gaydon
- Snitterfield

PERSONAL INFORMATION

Title: Mr/Mrs/Miss/Ms

Forename(s): _____

Surname(s): _____

Date of Birth: _____

Nationality: _____

Ethnicity: _____

National Insurance Number: _____

Current Address

Line 1 (Street Address): _____

Line 2 (Town/City): _____

Line 3 (County): _____

Postcode: _____

DBS

Do you have a current DBS dated within the past 3 years? Yes No

Are you on update service? (if yes please provide the number): _____

CONTACT INFORMATION

Telephone: _____

Mobile: _____

Email: _____

TRAINING AND EDUCATION

Do you have any relevant training or education? *(If yes, please state below)*

Educator/Organisation:	Course Title and Date achieved:

WORK HISTORY

Please state below your work history (please attach CV here if applicable):

Date From - To:	Position:	Organisation / Employer:	Brief description of job role and responsibilities:

PRE-INTERVIEW QUESTIONS

The application provides us with useful information but we find that is also helpful to give candidates with an opportunity to provide additional information, so that we can accurately assess your 'fit' with this job and the organisation. Please answer the following:

- 1. Please describe your experience in a similar position within a care or support role:**

- 2. Please tell us about the knowledge you have that would be relevant to this role:**

- 3. Please tell us about the skills set you hold that would be relevant to perform in this role:**

4. Please you tell us your understanding of safeguarding in a care support setting:

5. What experience do you have of dealing with confidential information:

6. What is your understanding of equality, diversity and inclusion:

REFERENCES

Please give below the names and addresses of two referees that we can contact for references.

Your first reference must be your current or most recent employer and your second reference should also be a previous employer within the last 2 years. If there are gaps between employment, please provide professional character references (see paragraph below).

If you have been employed by your current organisation for longer than 2 years, please give details of a professional character (e.g. a teacher, doctor, manager, supervisor etc.). Please note that family members and long term friends do not count as a professional character referee.

If you are a student, please give details of your teacher/tutor and one professional character reference.

Reference No. 1	Reference No. 2
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____ Postcode: _____	_____ Postcode: _____
Email (preferred): _____	Email (preferred): _____
Telephone: _____	Telephone: _____
4. Dates known from and to	1. Dates known from and to
_____	_____
5. Relationship to the Referee?	2. Relationship to the Referee?
_____	_____
6. Can we approach Referee before interviewing?	3. Can we approach Referee before interviewing?
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

Are you related to any Trustees or members of staff within the company?

- Yes
 No

If yes, please state below:

DECLARATION

I confirm that the information I have given on this form is correct and complete and that any misleading statements may be sufficient for cancelling any agreements made. In the event of being shortlisted for interview, I will be required to complete a declaration of criminal record. Due to the sensitive nature of the duties the post holder will be expected to undertake, I understand that this declaration will include details of any criminal convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) and any other information that may have a bearing on my suitability for the post. I understand that an Enhanced Disclosure will be sought from the Disclosure and Barring Service in the event of a successful application. If you have subscribed to the DBS Update Service, you will be required to give us permission to check the status of your DBS Certificate. In order for us to check this information, you should provide us with your full name and recent DBS Certificate Number. The DBS must be an Enhanced Certificate and the category should be for the "Child and Adult Workforce". If this is not the case, you will be required to complete another DBS Application form with us.

Print Name: _____

Signature: _____ Date: _____

WORK PERMIT FORM

1. Under the Asylum and Immigration Act 1996, are you eligible to work in the UK?

Yes

No

2. Do you need a Work Permit?

Yes

No

If yes, please state Work Permit Number: _____

What is the expiry date? _____

Print Name: _____

Signature: _____ Date: _____

HEALTH DECLARATION

I declare that I am physically and mentally fit to carry out the duties indicated in the job description provided by People in Action (found on our website under the Work For Us Section). I agree to notify People in Action if my health changes in a way that affects my ability to carry out the duties indicated in the job description. In the event of my declaring a condition which may adversely affect my ability to carry out the job, I give permission for People in Action to approach my GP. If you have a disability or health condition that could impact on your ability to do the job, please give details below. This is to enable People in Action to consider if there are any reasonable adjustments that need to be made.

Details:

Print Name: _____

Signature: _____ Date: _____

CONSENT

Under the new GDPR People in Action are required to gain your consent to process your personal data. By signing this form you are giving People in Action explicit consent to process and validate your personal information in relation to your pre-employment checks. For the avoidance of doubt this consent covers the processing of your application form, reference information and DBS check. Any information collected will be stored on your personnel file for as long as necessary. Should your application not be successful at any time during the recruitment and pre-employment stages, your information will be destroyed accordingly.

I agree to the above information:

Print Name: _____

Signature: _____ Date: _____

DECLARATION OF CRIMINAL RECORD

As stated on the application form because of the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of any criminal record.

1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) or, are you aware of any police enquiries undertaken following allegations made against you which may have a bearing on your suitability for this post?

- Yes
- No

If YES, please give details of offences, penalties and dates:

If you have declared a criminal record and we believe this to have a bearing on the requirements of the post, we will discuss the matter with you at interview. If we do not raise the record with you it is because we have taken the view that it should not be taken into account in deciding your suitability for the post. If you require further information or have any concerns about filling in this declaration please contact our HR Department on 02476 643776. All the information provided on this form will be kept confidential to the recruitment process.

The Disclosure and Barring Service Code of Practice is available upon request. Please contact our HR department on 02476 643776. **If the declaration is enclosed, it must be in a separate envelope due to data confidentiality.**

Print Name: _____

Signature: _____ Date: _____

Applicant's Address: _____

