

**Photograph**

**WINSOR CARE SERVICES LIMITED – APPLICATION FORM**

**The information supplied on this application form will be used to evaluate your suitability for employment. Please complete the application in your own handwriting. Once completed, please return the forms to us. If applying by email, please remember to quote the relevant job reference in the subject line of your email.**

|  |  |
| --- | --- |
| Applicant’s First Name |  |
| Applicant’s Middle Name |  |
| Applicant’s Surname and Title |  |
| National Insurance Number |  |
| Position Applied for**Post reference no** |  |
| Date of Application |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Daytime telephone number:** |  | **Evening telephone number** |  |
| **Do you require a work permit to enable you to work in the UK?**  | [ ] Yes [ ] No  | **Mobile number:** |  |
| **Address for correspondence** |  |
| **Postcode** |  |
| **Email Address** |  |

**Please click on the box that applies to you.**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold a current full, clean driving licence?  | Yes[ ]  | No[ ]  |  |
| If you have answered ‘yes’ to the above, please provide licence number, date of issue and expiry date. | Licence Number | Date of Issue | Expiry Date |

**Education and Training**

| **Date****From****Month/ Year** | **Date to****Month/ Year** | **Secondary School /College/University/ Training Organization** | **Qualifications** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Next of Kin:** | **Relationship to you** | **Day Phone:** | **Evening Phone:** |
|  |  |  |  |

|  |
| --- |
| **Membership of Professional Bodies (Nursing and Midwifery Council, General Social Care Council or Other)** |
| **Name:** |  | **Membership/Status** |  |
| **Renewal date** |  | **Number** |  |

**Employment Experience for the past 10 years**

Please provide details of your previous employment experience over the last 10 years, starting with the most recent at the top, and working backwards. Include all periods of unemployment; travel etc, in the space provided so there are no gaps in the record. (If you have additional previous employment, please give details on a separate sheet using the same format).

| **Date: from****(month/year)** | **Date: to** **(month/year)** | **Employer’s name and address and nature of business** | **Job titles and brief description of duties** | **Reason for leaving** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Gaps in your employment**

Please provide information of any gaps in employment

(Verification of employment gaps will be required if an offer of employment is made)

|  |  |  |
| --- | --- | --- |
| **From (month/year)** | **To (month/year)** | **Reason/s for the gap** |
|  |  |  |
|  |  |  |
|  |  |  |

**Referees**

Please ensure that you provide a minimum of two referees to cover **at least the last five years of your employment history.** The **first referee** should be your **present employer or line manager.** If you are unemployed, this should be your previous employer.

|  |  |
| --- | --- |
| **Referee 1** |  |
| First Name / surname: |  |
| Job title: (if Applicable) |  |
| Organisation address (in full): |  |
| Postcode: |  |
| Tel No.: |  |
| Email: |  |
| Please provide reference here. You may attach an additional sheet of paper. |  |

|  |  |
| --- | --- |
| **Referee 2** |  |
| First Name / surname: |  |
| Job title: (if Applicable) |  |
| Organization address (in full): |  |
| Postcode: |  |
| Tel No: |  |
| Email: |  |
| Please provide reference here. You may attach an additional sheet of paper: |  |

|  |  |
| --- | --- |
| **Referee 3** |  |
| First Name / surname: |  |
| Job title: (if Applicable) |  |
| Organization address (in full): |  |
| Postcode |  |
| Tel No.: |  |
| Email: |  |
| Please provide reference here. You may attach an additional sheet of paper: |  |

**Please click or put x on the box that applies to you.**

**Can we contact your current employer prior to any conditional offer of employment? Yes** [ ]  **No** [ ]

**\*\*\* Please note that it is our policy to obtain references prior to an offer of employment with Winsor Care Services Limited. For all posts, we will ask your referees for comments on your suitability for the post and for details on your attendance and sickness history, and any ongoing investigations.**

**Notice Period with current Employer**:

**Disability** we are an equal opportunities employer. Please complete the following in relation to disabilities:

1. The equality act 2010 defines disability as' a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability?

**Please click on the box that applies to you.** [ ]  Yes [ ]  No

If yes, please give details below:

|  |
| --- |
|  |

b) If the answer to the above is yes, will you require any reasonable adjustments on being appointed?

**Please click or put x on the box that applies to you.**

[ ]  Yes [ ]  No

If yes, please give details:

|  |
| --- |
|  |

**Relevant Experience**

Please tell us how your experience, skills and qualifications meet the requirements of the person and job profiles. Please focus your response on the abilities and/or competencies required for the role giving evidence of your experience to date (maximum of 2 A4 sheets). The information you provide will be the basis for shortlisting and you may find it useful to refer to the guidance notes attached before completing this section***.***

**(Please use continuation sheet)**

|  |
| --- |
|  |

|  |
| --- |
| Bank/ Building Society Details |

|  |  |
| --- | --- |
| Surname: |  |
| Forenames  |  |
| Branch:  |  |
| Payroll no: |  |
| Private/DomesticPayroll No: |  |

|  |
| --- |
| **TO BE COMPLETED BY EMPLOYEE** |
| **I authorise Winsor Care Services LTD** **to pay my earnings into the Bank/Building society Account below.** |
|  **Building Society Roll No:**(If applicable) |  |
| **Bank Name**: (if a Building Society Account please give the Society’s Bank details) |  |
| **Bank Branch:**  |  |
| **Sort Code:**  |  |
| **Account Holder’s Name:**  |  |
| \***Account No:**\*If your account is with Lloyds TSB Bank, please add a leading zero to your account number |  |

**Declaration**

**Rehabilitation of offenders Act (1974)**

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975. Applicants are therefore required to give information about convictions, which for other purposes are '‘spent’ under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the Order applies.

**Please click on the box that applies to you.**

|  |  |  |
| --- | --- | --- |
| Have you at any time been convicted of an offence? (y/n) | Yes [ ]  | No[ ]  |

IF YES, PLEASE GIVE DETAILS BELOW**: -**

I declare that the information given above is true to the best of my knowledge. I have read, understood and agree to the terms and conditions of working at Winsor Care Services LTD. I understand that my appointment is subject to the receipt of at least two satisfactory references and satisfactory Health and Police records.

I undertake to inform Winsor Care Services LTD should I be convicted of an offence in the future. I undertake to inform Winsor Care Services LTD as soon as my circumstances change which may affect my continued employment or my right to work in the UK. I acknowledge that the information I have provided here may form the basis of a computerized personnel system to which I will have access in compliance with Data Protection Laws and the UK GDPR. I agree to maintain the confidentiality of Service Users and any other information I may have access to.

I acknowledge that my employment with Winsor Care Services LTD can be terminated at any time following unsatisfactory work reports.

**Criminal Records, Disqualification & Declaration**

|  |  |  |
| --- | --- | --- |
| **Section A- All applicants**Are you subject to any current outstanding disciplinary action or legal proceedings? **If yes, please give details below**  | [ ] Yes  | [ ]  No |
|  |

|  |  |  |
| --- | --- | --- |
| **Section B-General posts -** Criminal convictions Have you ever been convicted of a criminal offence (‘unspent’ only)? If yes, please give us details of all offences, penalties and dates on the page marked Criminal Record/Disqualification/Other in this application form. | [ ] Yes  | [ ]  No |
|  |
| **Section C - Criminal record** Have you ever been convicted of a criminal offence or cautioned? Reprimanded or given a final warning by the police (‘spent’ or ‘unspent’)? If yes, please give details of all offences, penalties and dates on the page marked Criminal Record/Disqualification/Other in this application form.**If yes, please give details below** | [ ] Yes  | [ ]  No |
|  |
| Regulatory body sanctions Are you subject to any sanctions imposed by a regulatory body? e.g., GSCC, NISCC, SCCC, CCW, GTC, RCN?**If yes, please give details below** | [ ]  Yes  | [ ]  No |
|  |  |  |
| Disqualification/Other in this application form. **Disqualification from working with children or vulnerable adults.** Are you disqualified from working with children or vulnerable adults? **If yes, please give details below** | [ ]  Yes  | [ ]  No |
|  |
| Section D- **Enhanced Disclosures only**Are you aware of any police enquiries undertaken following allegations made against you that may have a bearing on your suitability for the post? **If yes, please give details below.** | [ ]  Yes  | [ ]  No  |
|  |

**Declaration- To be completed by all applicants.**

I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable for dismissal without notice or in some instances, referral to the police.

I understand and agree that data contained in the application form will be used and processed for recruitment purposes.

I also understand and agree that should I become an employee; the information will also be used for employment related purposes.

I agree to WINSOR CARE SERVICES LTD holding and processing this information.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

**Equal Opportunities monitoring form- (Optional).**

|  |  |
| --- | --- |
| **Name:** |  |
| **Post applied for:** |  |
| **Signed:**  |  |
| **Where did you see the advertisement?** |  |
| **Date:** |  |

**Ethnicity**

|  |
| --- |
| *How would you describe your ethnic origin? (As defined in 2001 census)* |

|  |
| --- |
| **Asian, Asian British, Asian English, Asian Scottish, Asian Welsh** |
| [ ] Bangladeshi [ ] Indian [ ]  Pakistani[ ] Any other Asian background *(please specify)* |
| **Black, Black British, Black English, Black Scottish, Black Welsh**  |
| [ ] African [ ] Caribbean[ ] Any other Black background *(please specify* |

|  |
| --- |
| **Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or another Ethnic group**  |
| [ ] Chinese [ ] Any other Ethnic background *(please specify)* |

|  |
| --- |
| **Mixed** |
| [ ] White and Asian [ ] White and Black African [ ] White and Black Caribbean[ ] Any other Ethnic background *(please specify* |
| **White** |
| [ ] British [ ]  English [ ]  Scottish [ ]  Welsh [ ] Irish [ ] Irish traveler[ ] Any other White background *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Gender / Sex:**  |
| **Marital status and Civil Partnership**  |
| [ ] Divorced [ ]  In a Civil Partnership [ ] Married [ ] Single [ ] Separated [ ] Widowed [ ]  Other. |

|  |
| --- |
| **Religion or belief How** *would you describe your religion or belief?* |
|  |
|  **Sexual orientation.** *How would you describe your sexual orientation?* |
|  |
| Do you have a disability? [ ] Yes [ ]  no: if yes please explain below |
|  |
| Are you the same gender you were assigned at birth? [ ] Yes [ ]  No |

|  |
| --- |
| **Health Declaration** |

|  |
| --- |
| Please answer the following questions by ticking the appropriate YES/NO box. If the answer to any questions is YES, then give details in the space provided or on the back of this form. It is your responsibility to inform us immediately if any of the following information changes.Have you ever had any of the following? |
|  | **Description of illness** | **Yes** | **No** | **Details / Dates** |
| **1** | COVID-19 |[ ] [ ]   |
| **2** | Cardiac/Vascular Illness |[ ] [ ]   |
| **3** | Eye Disease/ Inquiry or Defect of Vision Not Corrected by Lenses |[ ] [ ]   |
| **4** | Asthma |[ ] [ ]   |
| **5** | Tuberculosis |[ ] [ ]   |
| **6** | Diabetes |[ ] [ ]   |
| **7** | Epilepsy, Frequent Fainting Attacks  |[ ] [ ]   |
| **8** | Chicken Pox |[ ] [ ]   |
| **9** | Any Degree of hearing Loss |[ ] [ ]   |
| **10** | Hepatitis |[ ] [ ]   |
| **11** | Back pain, Sciatica |[ ] [ ]   |
| **12** | Do you have any deformities, which effect movements? |[ ] [ ]   |
| **13** | Are you receiving any medication from a doctor? |[ ] [ ]   |
| **14** | Have ever been treated for any other serious illness / operation |[ ] [ ]   |
| **15** | Are you a registered disabled person? |[ ] [ ]   |
| **16** | Mental Illness |[ ] [ ]   |
| **17** | I believe that I am medically fit to carry out the duties of the position I have applied for |[ ] [ ]   |
| **18** | Are there any reasonable adjustments that an Employer should make to enable you to work? |[ ] [ ]   |

**Please give details of last immunization or vaccination for**

|  |
| --- |
| Tuberculosis(We will require a statement of evidence regarding TB immunity i.e., Heaf / Mantoux status) |
| Rubella (German Measles).  | Anti-body level: |  |
| Poliomyelitis  | Anti-body level: |  |
| Varicella | Anti-body level: |  |
| Tetanus  | Anti-body level: |  |
| Hepatitis B  | Anti-body level: |  |
| Covid-19 | How many Jabs and make: |  |
| Any Other | Meningitis |  |
| **General Practitioner’s Name:**  |  |
| **Address or Occupational Health Department:**  |  |
| I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.I hereby given Winsor Care Services LTD permission to contact my General Practitioner to obtain further information should it be required. |  |
| Signed:  | Date:  |

For Office use only

|  |  |
| --- | --- |
| Authorised By  |  |
| Management Signature |  |
| Start Date:  |  |