



Application form

SLW Limited
Sycamore Care Centre
Nookside
Sunderland
Tyne and Wear
SR4 8PQ

01915250181

Please supply a photo of yourself opposite

Applications without a photo will not be accepted

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

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether you are shortlisted for interview, if your application form is not completed in full it cannot be processed. If you are not contacted within 14 days of submitting this application form you have not been shortlisted for interview.

Position Applied For	
Approx. no. of hours wanted	
Full time / part time (please circle which you want 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 Disclosure & Barring Service 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>
Email address:	Clean current driving licence: Endorsements
Own Transport Yes/No How long has license been held?	

CARER STANDARDS

I believe that the purpose of care from a care service is:	
If I were a Service User in the home I would like:	
I believe that the Service User's family and relatives would like from the home:	
I believe that I can support a Service User in the home because:	
As a member of the home care team I feel valued when:	
I believe that a good relationship between me and the Service User depends on:	
I believe that I learn best when:	
I believe that a good working team is made by:	
I believe that my role in relation to the Service User is:	
My other beliefs and values of relevance to my job are:	

In order to guide the interview process, we would like you to indicate your personal philosophy of care by completing the following statement:

EDUCATION

School/College/University	Dates	Examinations Passed/Qualifications gained
		Please supply copies of certificates

TRAINING HISTORY/PROFESSIONAL STATUS

Graduation/ Qualification	Dates	Notes
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		Please supply copies of certificates / membership details
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SHORT COURSES ATTENDED

Subjects	Dates	Location

EMPLOYMENT HISTORY

Applicants must complete full employment history and unemployment from leaving school to present, there must be no gaps.

Example:

If there is a time throughout your working life you have been unemployed or had time unemployed to raise children or care for a family member you need to record this on the employment history section provided below. We require this information to comply with Care Quality Commission our regulator.

Name and address of your most recent/last Employer	
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Dates employed (month/year start and end dates)	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Name and address of Employer prior to the employer listed above	
Dates employed (month/year start and end dates)	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Name and address of Employer prior to the employer listed above	
Date employed (month/year start and end dates)	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Other information	

Use a separate attached sheet if required

Name and address of Employer prior to employer listed above	
Date employed (month/year start and end dates)	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
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Date employed (month/year start and end dates)	
Nature of business	
Position held and reason for leaving	
Salary / Rate	

HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes / No	
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of <i>all</i> absences from work in the last 12 months, except holidays	
Please give details of any illnesses/accidents/injuries in the last 5 years	
GP's Name	
Tel No	
Address	
<i>(Your GP will not be contacted without your permission)</i>	

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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 up employment?	Yes No (delete as appropriate)

Note: Minimum age; legislation dictates that care workers in general must be 18 years old or older and care staff working with people with learning disabilities must be 21 or older.

Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers who 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:	
Company:	
Address:	
Post Code	
Tel No:	
Job title	
E-mail Address:	

Previous employer to the one above

Name:	
Address:	
Company:	
Post Code	
Tel No:	
Job title	
E-mail Address:	

CATERING WORKERS MEDICAL QUESTIONNAIRE

This questionnaire is intended to identify if you may have any medical conditions which affect your suitability to work in catering. It is not mandatory; if you complete this

questionnaire and it indicates a potential medical problem in working in a catering setting, you will be offered a free full health assessment.

Have you ever suffered from:	Delete as	Date	Details
Food poisoning	Y / N		
Dysentery	Y / N		
Typhoid or Paratyphoid	Y / N		
Tuberculosis	Y / N		
Parasitic infections	Y / N		
Has any close family contact suffered from any of the above? Name:	Y / N		
Have you ever suffered from any of the following within the last two years?			
Diarrhea or vomiting	Y / N		
Skin rash	Y / N		
Recurring boils	Y / N		
Discharge from ear, eye or nose	Y / N		
Do you suffer from any other medical problems which may affect your employment as a food handler?	Y / N		
Have you been abroad within the last two years?	Y / N		
Should it be necessary will you agree to provide such specimens as may be required by the Doctor to ensure you are not a carrier of any organism which may infect food? Name:	Y / N		
<p>NON OPTIONAL SECTION – Applicants Declaration – Read and understand before signing</p> <p>I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.</p> <p>By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.</p> <p>I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for catering work.</p> <p>I do not wish complete the questionnaire and I do not wish to have a free health assessment. Delete as appropriate:</p>			
Signed _____ Date _____ Print name _____			

Complete only if you are applying for catering work and sign.

All applicants who complete this section **MUST** sign the declaration **NON OPTIONALSECTION**

MEDICAL QUESTIONNAIRE

This questionnaire is intended to assess your fitness for Night work. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem you will be offered a free full health assessment.

Complete only if you wish to complete it.

All applicants who complete this section MUST sign the declaration.

We operate a 24 hour shift system over 7 days and all nurses and care workers are required to work their share of night duty, unless agreed otherwise at

Diabetes requiring insulin injections to a strict timetable?	Y / N
A heart or circulatory disorder which affects your physical stamina?	Y / N
Stomach or intestinal disorder such as ulcers?	Y / N
Any other condition which makes the timing of meals of particular importance?	Y / N
A medical condition affecting sleep?	Y / N
A chronic chest condition?	Y / N
Any medical condition requiring medication to a strict timetable?	Y / N
Any other medical condition in which the symptoms get worse at night?	Y / N
Please give further details for any questions where you have answered Yes above	
<p>Applicants Declaration – Read and understand before signing</p> <p>I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice</p> <p>By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above</p> <p>I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work.</p> <p>Signed _____ Date _____ Print name _____</p>	
Employer's initial assessment: No further action required	Y / N
Further investigation or action required	Y / N
Specify investigation or action required	

interview by the Manager and documented on this form to this effect

CRIMINAL RECORD

Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the Disclosure & Barring Service. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and cautions

Notice period with existing employer	
Please indicate where you found out about the vacancy	
SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING	
<p>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.</p> <p>I understand that I cannot be offered a post until 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 Disclosure & Barring Service. 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 authorize Sycamore Care Centre to request a criminal records check from the DBS application process and online services when registered, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my 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.</p> <p>GDPR Statement The information that you provide on this form will be used to process your application for employment in line with SLW-Sycamore Care Centre Privacy Policy. If you succeed in your application for employment, the information will be used in the administration of your employment with us. Further details on the processing of your data at this stage will be provided to you on offer of employment. If you would like further information, please read our employee privacy notice available to download from Sycamore Care Centre’s website: www.sycamorecarecentre.co.uk/gdpr By signing this application form we you agree to the processing of your personal data in accordance with SLW Sycamore Care Centre Data Protection and Privacy Policy.</p>	