

01296 398763

**Application for Employment as a Care Worker**

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| --- | --- | --- |
| Full Name |  | |
| Address  Including Post Code: |  | |
| Phone: |  | |
| Email: |  | |
| NI Number: |  | |
| Do you have a full UK Driving Licence? | |  |
| Do you have access to a car for work? | |  |
| Do you have the right to work in the UK?  Evidence is required before a post is offered | |  |

**Availability for Work:**

As our clients require care every day of the week, our carers work alternate weekends on a rolling rota with at least one day off in the week. Please indicate below what shifts you are available for.

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| --- | --- | --- | --- | --- |
| Mornings (06:30 – 12:00) |  |  | Live-In Care |  |
| Lunch (11:00 – 15:00) |  |  |
| Teas (15:00 – 18:00) |  |  |
| Evenings (18:00 – 22:30) |  |  |

|  |  |
| --- | --- |
| How many hours per week would you ideally like to work? |  |

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| --- |
| Please use this space for any further information about your availability for work: |
|  |

**Qualifications**

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| --- | --- | --- |
| **Subject** | **School/College/Learning Body** | **Result** |
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**Experience**

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| **Please tell us why you are applying for the role and about any previous experience you have:** |
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**Employment History**

Please list your FULL employment history starting with the most recent. If this is your first employment please give details of secondary schools/colleges attended and any work experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start date** (Month and Year) | **Leaving Date**  (Month and Year) | **Name of Employer** | **Address and Phone** | **Title/ Responsibilities and reason for leaving** |
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**References:**

Please give names, addresses and telephone numbers of TWO referees whom we may contact. One of these referees MUST be your present (or most recent) employer. If this is your first employment ONE referee should be your secondary school/college of further education.

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| --- | --- | --- | --- |
| **Name and relationship to applicant** | **Address** | **Email** | **Phone** |
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| May we approach your referees at this stage? |  |

**Declarations:**

This role is subject to an enhanced Disclosure and Barring Service (DBS) check, more information about which can be found at <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

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| --- | --- |
| Do you have any cautions or convictions that would **not** currently be filtered by the DBS? |  |

Any offer of employment is subject to satisfactory references, medical information and checks (if required) and a probationary period.

I confirm that the information supplied by me on this form (and any other documents as part of this application) is correct, and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

|  |  |
| --- | --- |
| Signed: |  |
| Print: |  |
| Date: |  |

Please return your completed form to [info@ssaqualitycare.co.uk](mailto:info@ssaqualitycare.co.uk), or print and post to

SSA Quality Care, 5 The Courtyard, Merlin Centre, Gatehouse Close, Aylesbury, Bucks, HP19 8DP.