

Applicants' Guide

Application Form

The application form must be completed and where it is not applicable please enter "N/A". You may enclose a CV, but this will be considered in addition to the application form. We are required to submit statistical data to the National Minimum Data Sets, the Department of Health and Local Authorities. The application form is the system that we use to collect that data.

Declarations

Any declaration made on the form will be completely confidential no matter the nature of the information.

Health

Health questionnaires will be sent to all appointable applicants. It is important that when completing the health section all information of relevance to the post applied for should be detailed. This assists us in ensuring that you are physically and mentally fit under the Regulatory framework from the Care Quality Commission, to undertake the post applied for whilst complying with the Equality Act 2010. Any reasonable adjustment necessary will be considered as part of the recruitment process.

References

Please ensure that you complete the information regarding referees. References are always requested as a confidential statement and therefore are never disclosed to the applicant. We strongly advise that you seek permission from your referee before completing the application form. Any delay in the gathering of this information could impede any decision regarding your suitability for appointment.

We are required by legislation to request references which specifically includes employers. Your current employer or most recent employer must be given. Where you are currently out of work or have had a long period of not working your last employer should be used. If you are finding it difficult to indicate referees please feel free to contact us for a discussion on the way forward.

Where a reference is considered insufficient to make a decision a third reference will be requested. This should be from a previous employer in the last ten years where you have worked for at least three months.

References are always sought before any decision can be made regarding your suitability for employment.

Disclosure and Barring Service (DBS) check

These checks are mandatory under the Health and Social Care Act 2008. It is vital that you declare any criminal activity even where that conviction is deemed spent under the Rehabilitation of Offenders Act 1974. Any disclosure of criminal activity resulting in a Caution, Reprimand or Conviction will not of itself preclude your appointment to the post, however, non-disclosure of any criminal activity will result in any job offer being withdrawn.

Trust is a fragile thing and honesty from the outset must be there for a clear and transparent working relationship to be developed.

Appointed Applicants

On receipt of appropriate references, a job offer will be made which is subject to DBS checks. On completion of the DBS form, evidence needs to be seen with the completed application. This includes

- Utility Bill
- Passport
- Birth Certificate
- Driving License
- International ID Card
- NI Card
- Other Identity Documentation
- Work permit
- Non-EU Immigration Documentation

You will be informed of which documentation is relevant to your application. The Immigration Asylum and Nationality Act 2006 requires us as employers to make checks as to your legal status of employment within the UK. This organisation complies fully with The Border and Immigration Agency guidance for employers in this regard. Documentation must be originals only, copies will be kept for file purposes.

The mandatory checks which have to be in place in order to safeguard service users inevitably mean a long recruitment process. We advise all new staff that are currently employed to give their notice only when we are able to confirm a job offer.

We will therefore be keeping in touch with you throughout the period of the recruitment process. We will agree the methods used e.g. Mobile phone, email etc. at your convenience.

Induction Training

All staff must undertake an induction programme tailored to their experience, qualifications and competencies. This is mandatory. The induction follows the Skills for Care Certificate 2015 Standards 1 - 15. As a guide, a minimum of 6-12 weeks is usually allowed for completion.

and finally, ...

Please do not be put off! We hope that this demonstrates that we have a robust recruitment and selection procedure and that we set our standards high to ensure the safeguarding and well being of our service users.

Application Form



Please return your completed application form to:

Mayfair Care Services Ltd. Mayfair House, 9 Meppel Avenue, Canvey Island, Essex SS8 9RZ

STRICTLY CONFIDENTIAL

POSITION APPLIED FOR: Care Worker	Date of Application
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1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
	Work Telephone No.
Post code	Mobile No.
Date Of Birth	
National Insurance Number	
Do you need a work permit?	Yes/No
Current driving licence?	Yes/No
Do you have a car for work use?	Yes/No

2 EDUCATION

Schools/FE/HE attended	Examination Grade	Year Obtained

4a Please detail any disciplinary action within the previous 3 years, including any current, "live" formal warnings

4b REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? YES/NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PERSONAL DETAILS

Statement of your personal qualities and any experiences which is relevant to the post

6 REFERENCES

Please give the name and address of two referees, one of whom *must* be your current or most recent previous employer. References from relatives are not accepted.

Name	Status	Address and Telephone No
1.		
2.		
3.		

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date

Health Questionnaire

To comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from?	Circle Yes or No
Epilepsy/Blackouts	Yes/No
Nervous Mental Disorders	Yes/No
Migraine/Headaches	Yes/No
Sensory Impairment	Yes/No
Skin Allergies	Yes/No
Back pain/Previous Back Injury	Yes/No
Heart Condition	Yes/No
Asthmatic or respiratory ailments	Yes/No
Recurring Incidence of Illness	Yes/No

Are you registered disabled? If yes, please detail	Yes/No
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Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)

- 1
- 2
- 3

Covid 19 vaccination status (evidence will be required at interview)

1st Dose Date:

2nd Dose Date:

If vaccination not taken please indicate if you will be willing have the Covid 19 vaccinations

Yes/No

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date:

Weekly availability to work

(please only tick the box if you are available for the whole shift)

↓ Day / Shift →	06:30 - 12:00	12:00 - 15:00	15:00 - 18:30	18:30 - 23:30	Overnight
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Minimum hours required per week:

Thank you for completing this application form.

I declare that to the best of my knowledge, all the information contained and documented herein is complete and truthful.

Signature:

Date

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognises and actively promotes the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
Gender	<input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a):

<p>Asian or Asian British</p> <input type="checkbox"/> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> <input type="checkbox"/> Indian <input type="checkbox"/> <input type="checkbox"/> Pakistani <input type="checkbox"/> <input type="checkbox"/> Any other Asian background	<p>Mixed Raced</p> <input type="checkbox"/> <input type="checkbox"/> White & Asian <input type="checkbox"/> <input type="checkbox"/> White & Black African <input type="checkbox"/> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other missed background	<p>Other Ethnic Group</p> <input type="checkbox"/> <input type="checkbox"/> Chinese <input type="checkbox"/> <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> <input type="checkbox"/> I do not want to disclose this
<p>Black or Black British</p> <input type="checkbox"/> <input type="checkbox"/> African <input type="checkbox"/> <input type="checkbox"/> Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> <input type="checkbox"/> British <input type="checkbox"/> <input type="checkbox"/> Irish <input type="checkbox"/> <input type="checkbox"/> Any other white background	

Employment Equality Regulations 2003

Please select the option which best describes your sexuality.

Please indicate your religion or belief

<input type="checkbox"/> <input type="checkbox"/> Lesbian <input type="checkbox"/> <input type="checkbox"/> Gay <input type="checkbox"/> <input type="checkbox"/> Bisexual <input type="checkbox"/> <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> <input type="checkbox"/> Atheism <input type="checkbox"/> <input type="checkbox"/> Buddhism <input type="checkbox"/> <input type="checkbox"/> Christianity <input type="checkbox"/> <input type="checkbox"/> Islam <input type="checkbox"/> <input type="checkbox"/> Jainism <input type="checkbox"/> <input type="checkbox"/> Sikhism	<input type="checkbox"/> <input type="checkbox"/> Judaism <input type="checkbox"/> <input type="checkbox"/> Hinduism <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this
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FOR OFFICE USE ONLY BY OFFICE

Applicant shortlisted

Yes/No

Additional Notes from application

Application completed

Yes/No

Full employment history?

Yes/No

Notes for interview

Completed By:

Date:

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Declaration To be signed by the registered manager of Mayfair Care Services Ltd.

This statement by the registered manager is confirmation that the above applicant is, to the best of my knowledge, physically and mentally fit for the purposes of the work which he/she is to perform.

Signed: _____

Date: _____

Designation: Registered Manager