



APPLICATION FORM

Please write in black ink, or type and return to:

Edenvale Care Ltd
59 London Road
Enfield
EN2 6DU
0208 882 1286

Post applied for:

Social Care Worker - Domiciliary

PERSONAL DETAILS

Title: **First Name:** **Surname:**

Address:

National Insurance No:

Daytime Telephone No:

Home Telephone No:

Mobile Telephone No:

Post Code:

E-Mail Address:

DOB:

AGE:

Languages Spoken:

Do you hold a current driving licence?

YES / NO

Are you a car owner?

YES / NO

Nursing / Professional Staff, e.g. NMC

Please give Registration Number

Expiry Date:

Are there ANY restrictions on your right to live and work in the UK

YES

NO

If YES please provide details:

	Issue Date	Expiry Date
Student Visa Details (If applicable) :		
(1) Part-time work = hrs	(2) Work Placement = hrs	

Have you any outstanding issues with your professional body?
e.g. NMC. (If yes please provide details on a separate sheet)

YES / NO

EDUCATION

Please give details of qualifications and training courses including professional, management, trade, basic and post-basic qualifications including details of current course(s) if you are a student.

Name of School / College / Institute	Name of Course	Dates	Qualifications & level where appropriate

PREVIOUS EMPLOYMENT HISTORY (Most recent first)

Name & Address of Employer	Post Held (and grade)	Salary		Date To	Reason for leaving

PRESENT OR MOST RECENT EMPLOYMENT

Job Title: **Date Commenced:**

Location: **Grade:**

Name of Employer:

Address:

Post Code: **Telephone Number:**

Salary: **Notice Required:**

SICKNESS ABSENCE RECORD

Please state below the number of days you have been absent from work due to sickness over the last three years. Please also give reasons for absence:

.....

.....

REFERENCES

Please give name, address, telephone number and occupation of two people.
ONE OF WHOM MUST BE YOUR PRESENT OR MOST RECENT EMPLOYER.
Please indicate if you are known to a referee by another name e.g. maiden name.

If you do not wish us to contact your current employer before interview, please put an X in this box.

<p>PROFESSIONAL REFERENCE (Mr/Mrs/Ms/Miss): Name:</p> <p>Position:</p> <p>Address:</p> <p>Post Code:</p> <p>Telephone Number:</p>	<p>CHARACTER REFERENCE (known to you for at least 2 years)</p> <p>(Mr/Mrs/Ms/Miss): Name:</p> <p>Position:</p> <p>Address:</p> <p>Post Code:</p> <p>Telephone Number:</p>
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REHABILITATION OF OFFENDERS

Due to the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are not entitled to withhold information about criminal convictions, which for other purposes are considered SPENT. In the event of employment, failure to disclose any such convictions could result in disciplinary action. Appropriate posts will be subject to disclosure through the Criminal Records Bureau. Any information given will be confidential.

HAVE YOU ANY CONVICTIONS? YES / NO (If yes, please specify).....
.....
.....
.....

I certify that the information given here is true to the best of my knowledge and I understand any deliberate misrepresentation could result in disciplinary action being taken, the outcome of which could be dismissal. In accordance with the Data Protection Act 1998, I consent to the information provided being retained by my employer. I understand that any offer made is subject to a satisfactory **1)** health clearance, **2)** ISA and DBS checks and **3)** the receipt of 2 references satisfactory to the Company.

Signature.....
Date:.....

ADDITIONAL INFORMATION

This is your opportunity to say why you should be considered for this post, and give any other information relevant to this post gained in employment and elsewhere. (Please continue on back of page if required.)

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Work Availability Form

This is part of your application and needs to be completed before your application is submitted.

Edenvale Care Ltd provides the best possible quality of personal care and support service for persons with learning disability which involves “**24 Hour**” Care. Employees working hours will vary from week to week employees will be expected to be flexible in relation to the shifts that are assigned to them.

- **ECL provides 24 hour care, 7 days a week including bank holidays & public holidays**
- We are looking for reliable and flexible people.
- Please ensure you are honest in the hours that you specify that you are available. It is crucial that we know your availability from the outset as it is required to match against the service user’s needs. If there are any restrictions on your availability please specify below. **Also note that you can and will be scheduled to work at any time between the hours you specify and for any length of shift unless stated.**
- **Changes to your Availability will affect the hours of work offered**

Please indicate your working availability by completing the following list to facilitate the company to arrange the duty rota if Edenvale Care Ltd offers you the post of domiciliary care worker, **this information will form part of your contract.**

A. How many hours per week are you willing/able to work?

NOTE:, The table below indicates the hours you would be available for work if required, this helps to show where you have other regular commitments and would not be available at that time.

	AM 06:00hrs Start	PM 22:00hrs Finish	Night 22:00hrs – 07:00hrs/0900hrs
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

B. Please state if you have holidays booked (Specify Dates Below): From: _____ n/a _____
To _____ n/a _____

Please note any additional information regarding your availability that you feel would be helpful with regards to your obtaining this position

Contact Details:

Email address:

Telephone (home): Mobile:

Signed: Date:

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EQUALITIES MONITORING FORM

This form is separated from the main application/ enquiry form.

Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes to help us ensure we are treating everyone equally and fairly across all sections of the community. This information is not made available to the selection panel and how you complete this form has no connection to the outcome of your application in any way.

<p>Which type of job are you applying for?</p>	<input type="checkbox"/> frontline carer/ support worker <input type="checkbox"/> supervisor <input type="checkbox"/> management <input type="checkbox"/> other		
<p>How would you describe your gender?</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<p>ABOUT YOU Gender Identity:</p>			
<p>Is your gender identity the same as the gender you were born with?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<p>Do you consider yourself to be transgender?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
<p>Which Borough do you live in?</p>			

<p>ABOUT YOU</p>	<p>What is your ethnic group? Please choose one selection from (a) to (e) and then tick the box that indicates your cultural background.</p>		
<p>(a) White</p>	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other. Please specify: _____		
<p>(b) Dual Heritage</p>	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other. Please specify: _____		
<p>(c) Asian</p>	<input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other. Please specify: _____		
<p>(d) Black</p>	<input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other. Please specify: _____		

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(e) Chinese or Other	<input type="checkbox"/> Chinese <input type="checkbox"/> Other. Please specify: _____
	<input type="checkbox"/> Prefer not to answer

ABOUT YOU	Do you consider yourself have a disability?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

ABOUT YOU	Please select your age group				
18 - 21 <input type="checkbox"/>	18 - 21 <input type="checkbox"/>	22 - 30 <input type="checkbox"/>	31 - 45 <input type="checkbox"/>	46 - 59 <input type="checkbox"/>	60 and over <input type="checkbox"/>

ABOUT YOU	How would you describe your sexual orientation? Please tick one box only.		
Heterosexual/straight	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

ABOUT YOU	What is your faith / religion / belief? Please tick one box only.		
Agnostic	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other. Please specify	_____
Hindu	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

How did you find out about this job? (it is helpful if you can tell us the name of the person who told you about us and their location or where you saw the job advertised)

Thank you for completing this form and helping us to ensure that we continue to provide equality of opportunity for all members of our community.

If you would like this form in an alternative format or have difficulties completing it, please contact us.

Please return this form to:

**Edenvale Care Ltd
59 London Road Enfield London EN2 6DU**