



APPLICATION FOR EMPLOYMENT

Please be aware that:

1. All information will be treated as strictly confidential
2. Reference details provided will be pursued if successful at interview
3. To be considered for registration with the company, we require you to complete **all** sections of the application form.
4. Please do not attach or send you CV as this will not be considered as part of your application
5. Please print clearly and delete where appropriate
6. Candidates applying must complete the application form themselves unless stated otherwise
7. Spectrum Social Care Ltd will only process applicants with **at least** two years voluntary work or one year's paid work in the relevant field.

Position applied for

If you obtained this position, would you continue in any other employment? Yes / No

Do we need to make any disability-related adjustments to allow you to take part in the recruitment process?

Have you applied to Spectrum Social Care before? Yes / No

If yes when was this?

How did you hear about the company? Spectrum's website Indeed Total Jobs Sheffield Forum Other Website
 Promotional Flyers Twitter LinkedIn Facebook Friends/Family/ Colleague

Personal details

Title: Forename(s): Surname: Known as:

Home address:

Postcode:

Home telephone: Mobile telephone:

Email:

Date of birth:

National Insurance:

Availability

Do you have any specific availability?		What type of work are you looking for? (tick)		What work are you interested in? (tick)
Monday		Full Time		Befriending
Tuesday		Part Time		Supported Living
Wednesday		Permanent		Outreach
Thursday		Occasional		Day services
Friday		Weekdays		Waking nights
Saturday		Weekends		Care leaver projects
Sunday		Nights		Social Work posts

Education & Training

School, College, University, any courses etc...	Dates	Qualifications

Mandatory Training

Course	Date Obtained	Training provider
First Aid		
Health & Safety		
Moving & Handling		
Food Hygiene		
Adult Protection		
Safeguarding		
Mental Capacity		
Deprivation Of Liberty		

Do you have previous experience of delivering personal care? Yes / No

Are you prepared to undertake these duties if you are successful? Yes / No

Social Work students & recent Graduates only

A reference will be required from your course Tutor/ and or practice Teacher. Original social work certificates must be produced at interview	
Name of Tutor	
Position:	
Title and dates of course	
College/ University address	

Practice Placement 1

Organisation	
Dates from –to	
Duties	
Name/ Address of practice Teacher	

Practice Placement 2

Organisation	
Dates from –to	
Duties	
Name/ Address of practice Teacher	

Further details

Are you currently the subject of any disciplinary action? Yes / No

If yes please give details:

Do you require a work permit? Yes / No

If yes do you currently have a work permit? Yes / No

Employment History / References

PLEASE NOTE.- Start with your most recent position – Including all positions for up to at least 5 years – Please explain any gaps in employment – Please use block capitals to make writing legible.

Should these references not cover the last five years, we will require further references.

Employer: Address: Contact name: Telephone: Email Address:	Position held:
	Start date (MM/YY)
	Leaving date (MM/YY)
	May we contact this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of responsibilities:	
Reason for leaving:	
Employer: Address: Contact name: Telephone: Email Address:	Position held:
	Start date (MM/YY)
	Leaving date (MM/YY)
	May we contact this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of responsibilities:	
Reason for leaving:	
Employer: Address: Contact name: Telephone: Email Address:	Position held:
	Start date (MM/YY)
	Leaving date (MM/YY)
	May we contact this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of responsibilities:	
Reason for leaving:	

Employment history

Employer:	Position held:
Address:	Start date (MM/YY)
	Leaving date (MM/YY)
Contact name: Telephone: Email Address:	May we contact this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of responsibilities:	
Reason for leaving:	

Character reference

Please supply a character reference of someone who has known you for 5 years or more and is **NOT** a family member

Name	
Address	
Telephone	
Email	

Summary of experience

*Please include other relevant information (e.g. Voluntary work, life experience, specialist skills), you feel would help or be relevant to your registration.

*If you require any additional space, please attach any extra sheets of paper to the application form

Driving Licence

Current driving licence? No/Yes If yes, the type of licence:

Do you have business insurance? No / Yes

Are you willing to use your car for work purposes? No / Yes

Any current endorsements? No/Yes. If yes, give details:

Any motoring prosecutions pending? No/Yes If yes, give details:

Do you have access to a car? No/Yes

Declaration for the Rehabilitation of Offenders Act 1974

The post for which you are applying is exempt, because of the nature of the work, from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended. This means that all convictions, including those that are “spent” under the terms of the Rehabilitation of Offenders Act 1974, but excluding those that are “protected” under the Exceptions Order, will be made known to us.

The information provided will be taken into account in deciding whether to make an appointment or not. It will be completely confidential and will be considered only in relation to this application. If your application is successful you will be required to co-operate with us in obtaining a Disclosure of criminal convictions from the Disclosure and Barring Service.

Declaration

Do you currently hold an up to date DBS check? Yes/ No

Do you have any convictions, cautions, reprimands or final warnings that would not be filtered in line with current guidance?

Answer “Yes” or “No” If “Yes”, give full details:

Surname (print)

Forenames (print)

If you have previously had any other surname(s) or forename(s), you must declare all of them below and state the date of each change and the reason.

Signed: Date:

Registration/PIN number (if applicable)

Declaration

I confirm that the information on this form is correct, even if submitted electronically without signature. I understand that false or misleading information or failure to disclose a conviction as defined above, may lead to dismissal. I understand that should the information provided on this application form change I will notify Spectrum Social Care Ltd.

Signed

Name Date