

NOVELTY CARE UK

APPLICATION FORM

SUPPORT WORKER

Personal Details

Post applying for:.....

First Name(s)..... Surname

Present Address

.....

.....Post Code.....

Country E-mail

Telephone - (daytime) (Evening)

NationalityDo you hold a current driving licence?

If YES, state which type: FULL / PROVISIONAL

Number of years held? Would you be willing to drive as part of your duties

Do you require a visa to work in the UK? YES NO

Do you need a work permit to take up employment in the UK? Yes/No

How much notice are you required to give your current employer? / When would you be available to start?

.....

Do you have any health conditions that could prohibit you from carrying out the duties required for this

role?.....

.....

.....

Please give details of any days/hours that you would not be able to work.

.....

.....

.....

.....

.....

Is English your first language?..... If not how good is your spoken and written English?

.....

Do you have any disabilities that might affect your application? YES / NO

Please tell us if:

a. there are any reasonable adjustments we can make to assist you in your application?

.....

b. there are any reasonable adjustments we can make to the job itself to help you carry it out?

.....

**Are you currently involved in any disciplinary or grievance procedure or have any 'live' formal warnings?
YES / NO**

**Do you have any friends or family that are existing employees or are relatives of people using our
service? YES / NO**

Are you a member of the PVG Scheme? YES / NO

If yes, please provide your registration number

.....

Education and Training

SECONDARY EDUCATION

Year	Level & Subject	Grade

Year	Level & Subject	Grade

UNIVERSITY / COLLEGE (please include current studies)

From	To	Institution Attended	Degree(s), Diploma(s) obtained	Date Awarded

ANY OTHER RELEVANT QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

Qualification & Subject	Place Attended	Date Awarded
Please name professional bodies you hold a current membership for (such as SSSC, NMC etc)	Registration No	

DETAILS OF ANY RELEVANT TRAINING

Course Title	Date Attended

Employment Information

PRESENT / MOST RECENT EMPLOYMENT

Name and address			
Telephone		Date of appointment	
Position held		Notice required or date employment ended	
Position responsible to		Reason for leaving	
Present / Final Salary			
Brief description of duties			

PREVIOUS EMPLOYMENT

(Begin with most recent and include periods of unemployment.)

From (MMYY)	To (MMYY)	Employer	Position Held	Final Salary	Reason for Leaving

Relevant Experience / Skills and Reasons for Applying for Post

Tell us about your experience gained in paid and / or voluntary capacities in this section. Please refer to the job description and person specification and show how you match the requirements

Disclosure of Criminal Convictions

*Because Novelty Care Communities involve assistants spending substantial time with vulnerable people, you must declare on this application form any unspent convictions/cautions, and the sentence you received. Spent convictions must also be disclosed on this application form **only** if the offence appears on the 'Offences Which Must Always Be Disclosed' list issued by Disclosure Scotland. Please consider this list before disclosing any spent convictions. At this stage, a spent conviction for an offence that does not appear on that list **should not be disclosed**. Should a conviction not on this list be disclosed unnecessarily at this stage, it will not play a role in our recruitment decision and we will not record the conviction in our files. Should a criminal records disclosure reveal you have a spent conviction which appears on the separate 'Offences Which Are To Be Disclosed Subject To Rules' list issued by Disclosure Scotland, it may be taken into consideration by us at a later stage, however, you should not disclose it on this application form.*

For further information, you should refer to the Disclosure Scotland website www.disclosurescotland.co.uk

Successful applicants will be asked to undergo a check through the relevant Disclosure authority. Job applicant will be liable for the cost of the check, which will be deducted on their first pay cheque when they secure a position with Novelty Care.

In line with Novelty care Equal Opportunities Policy, Novelty Care does not discriminate against job applicants on the grounds of their criminal record unless it is relevant to their suitability to work with people who are at risk of harm. Novelty Care uses information about criminal convictions solely to assess suitability for employment.

Any offer of employment is subject to a Disclosure Scotland check and any job offer may be withdrawn or employment terminated if Novelty Care believes information about criminal convictions renders the individual unsuitable for work with adults at risk of harm; and likewise if the PVG Vetting and Barring authority withdraws your registration.

Do you possess, or have you ever possessed, any convictions requiring declaration at this stage to a Scottish Social Care employer such as Novelty Care for criminal offences, including any conditional discharges, admonitions, bind-overs or cautions?

YES NO

If 'YES', please give full details on a separate sheet, clearly marked with your name and the date of this application, and signed.

Referees

Please give details of two referees for whom we have your consent to contact regarding your application. At least one referee, and if possible both, should have known you for more than 3 years. **They should not be members of your family or friends.** Please PRINT in BLOCK CAPITALS for this section and check that emails addresses are correct. If you have had any previous care experience of more than three months please include them as a referee.

1 This person must be your current or most recent employer/supervisor. If you have not had full-time employment, please give the name of a referee from any significant vacation employment or volunteering work.

Title: Mr / Mrs / Miss / Ms Other First Name (s):
(Please delete as appropriate)

Surname:

Address

..... Postcode Country.....

Telephone No. (Daytime) (Evening)

Email

How many years has this person known you?

How have you known them e.g. Employer, Teacher
Other (please specify)

2 Previous employer reference or other reference (e.g. tutor, supervisor) if no other previous employer

Title: Mr / Mrs / Miss / Ms Other First Name (s):
.....

(Please delete as appropriate)

Surname:

Address

..... Postcode Country.....

Telephone No. (Daytime) (Evening)

Email

How many years has this person known you?

How have you known them e.g. Employer, Teacher,
Other (please specify)

Please Note: We will contact your referees prior to interview unless you ask us not to do so

Declaration

I declare that the information I have given on this form, which includes disclosure of criminal background, is correct and complete and that any misleading statements may be sufficient for disciplinary action including dismissal and cancellation of any offer or agreements made.

Additionally I give permission for this personal information to be stored and processed for the purposes of arriving at a selection decision and that the information provided will be used to form the basis of personnel records if I should take up a role.

I agree to Novelty Care taking up any references in connection with this application, and understand that these will be confidential to the referee and Novelty Care.

I agree to any Disclosure or Police checks which may be required as part of Novelty Care's recruitment procedures.

Signature:

Date:

Equal Opportunities Form

We strive to be an equal opportunity employer, and our policy on this important subject is contained within our Employee Handbook. Our policy is designed to ensure that none of our employees or prospective employees receives less favourable treatment as a result of their sex, disability, sexuality, marital status, colour of skin, race, creed or ethnic origin. Equally, we aim to ensure that no such employee is disadvantaged by terms and conditions of employment, which cannot be justified.

So that we can monitor the effectiveness of our policy and subsequent actions, we need to mirror the sex and ethnic origins of our employees, and to this end, we ask for your co-operation in providing the following information.

Please tick the appropriate box

Sex: Male

Female:

Ethnic Origin:

White

Black-Caribbean

Black-African

Black-Other (Please specify).....

Indian

Pakistani

Bangladeshi

Chinese

Other (Please specify)