Charterville Care

We Take Pride In Supporting You

Application Pack

www.chartervillecare.co.uk

Charterville Care, 1st Floor, 4 Witan Way, Witney, Oxfordshire, OX28 6FF

T: 01993 775515 E: info@chartervillecare.co.uk

1. Post Applied for	
2. How many hours per week do you require? (If applicable)	6. Preferred area (tick all that apply): (if applicable)
 16 20 24 30 35 40 Other please state: 	 Banbury Bicester, Kidlington Chipping Norton Witney & surrounding areas Abingdon Faringdon
3. Do you have a full current driving license?	
O Yes O No	
4. Do you have your own transport?	
O Yes O No	
PERSONAL INFORMATION	
Forename(s):	
Surname(s):	
National Insurance Number:	
Current Address	
Line 1 (Street Address):	
Line 2 (Town/City):	
Line 3 (County):	
Postcode:	
CONTACT INFORMATION	
Telephone:	
Mobile:	
Email:	

TRAINING AND EDUCATION

Do you have any relevant training or education? (If yes, please state below)

Educator/Organisation:	Course Title and Date achieved:

WORK HISTORY

Please state below your work history:

Date From - To:	Position:	Organisation / Employer:	Brief description of job role and responsibilities:

REFERENCES

Please give below the names and addresses of two referees that we can contact for references.

Your first reference must be your current or most recent employer and your second reference should also be a previous employer within the last 2 years.

If you have been employed by your current organisation for longer than 2 years, please give details of a professional character (e.g. a teacher, doctor, etc.).

If you are a student, please give details of your teacher/tutor and one professional character reference.

Reference No. 1	Reference No. 2
Name:	Name:
Address:	_ Address:
Postcode:	
Telephone:	Telephone:
Email:	Email:
4. How long have you known the Referee?	How long have you known the Referee?
5. Relationship to the Referee?	2. Relationship to the Referee?
6. Can we approach Referee before interviewing?	3. Can we approach Referee before interviewing?
O Yes O No	O Yes O No
Are you related to any directors or members	s of staff within the company?
O Yes	
O No	
If yes, please state below:	

DECLARATION

I confirm that the information I have given on this form is correct and complete and that any misleading statements may be sufficient for cancelling any agreements made. In the event of being shortlisted for interview, I will be required to complete a declaration of criminal record. Due to the sensitive nature of the duties the post holder will be expected to undertake, I understand that this declaration will include details of any criminal convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) and any other information that may have a bearing on my suitability for the post. I understand that an Enhanced Disclosure will be sought from the Disclosure and Barring Service in the event of a successful application. If you have subscribed to the DBS Update Service, you will be required to give us permission to check the status of your DBS Certificate. In order for us to check this information, you should provide us with your full name and recent DBS Certificate Number. The DBS must be an Enhanced Certificate and the category should be for the "Child and Adult Workforce". If this is not the case, you will be required to complete another DBS Application form with us.

Print N	lame:	
Signat	ture:	Date:
WORK	C PERMIT FORM	
C	nder the Asylum and Immigration Yes No	Act 1996, are you eligible to work in the UK?
C	o you need a Work Permit? Yes No	
If yes,	what is the expiry date?	
If yes,	please state Work Permit Numbe	er:
Print N	lame:	
Signat	ture:	Date:
<u>HEALT</u>	TH DECLARATION	
provide my hea the eve permiss impact	ed by People in Action (found on our walth changes in a way that affects my a ent of my declaring a condition which r sion for People in Action to approach n	t to carry out the duties indicated in the job description ebsite under Work For Us). I agree to notify People in Action if ability to carry out the duties indicated in the job description. In may adversely affect my ability to carry out the job, I give my GP. If you have a disability or health condition that could ive details below. This is to enable People in Action to consider need to be made.
Details	s:	
Print N	lame:	
Signat	ture:	Date:

CONSENT

Under the new GDPR People in Action are required to gain your consent to process your personal data. By signing this form you are giving People in Action explicit consent to process and validate your personal information in relation to your pre-employment checks. For the avoidance of doubt this consent covers the processing of your application form, reference information and DBS check. Any information collected will be stored on your personnel file for as long as necessary. Should your application not be successful at any time during the recruitment and pre-employment stages, your information will be destroyed accordingly.

I agree to the above information:	
Print Name:	_
Signature:	Date:

DECLARATION OF CRIMINAL RECORD

As stated on the application form because of the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of any criminal record.

as defined by the Rein 2013) or, are you	nvictions, cautions, reprimands or final warnings ehabilitation of Offenders Act 1974 (Exceptions) a aware of any police enquiries undertaken follow hay have a bearing on your suitability for this po	Order 1975 (as amended ving allegations made
O No		
If YES, please give de	tails of offences, penalties and dates:	
of the post, we will dis you it is because we has suitability for the post. declaration please con	criminal record and we believe this to have a becuss the matter with you at interview. If we do neve taken the view that it should not be taken in If you require further information or have any ctact our HR Department on 02476 643776. All the confidential to the recruitment process.	not raise the record with to account in deciding your oncerns about filling in this
	d by and Barring Service Code of Practice is available. If the declaration is enclosed, it must be ality.	•
Print Name:		
Signature:	Date	e:
Applicant's Address:		