

# **Application form**

Position ap	plied	for:										
Part one – your perso	nal details											
Title (Mr, Mrs etc.)		Sex				Fe	emale [	]	Male [			
First names				ı	Last nam	e						
Previous name (i	f applica	ble)				!						
First names				ı	Last nam	е						
Address												
Post code												
Home phone nun	nber											
Mobile phone nu	mber											
Email address												
NI number												
Do any other of y						dy v	work fo	r us?		Yes [	No	
Do you have the	use of y	our ow	n vehic	cle fo	or work?			Yes 🗌		No 🗌	]	
Do you have a c	urrent dr	iving l	icence					Yes 🗌		No 🗌	]	
Licence Groups	:											
Licence Expiry	Date:											
Details of any E	ndorsem	ent(s):										

ADSS Facing dementia together			Application form				
How did you he	ear about this jo	<b>bb?</b> (Indeed, Google	e, website, word o	of mouth etc.)			
Do any other o	f your close frie	ends or relatives al	ready work for u	ıs?			
If you answere	d 'yes', please (	give their names h	ere: Yes	No 🗆			
		gally entitled to wo cument/s will you		Yes □ e this?	No 🗆		
If you were told	d about this job	by someone that	works for us, ple	ease tell us their	r name:		
hat the information  What is the earli	it to us that we known you provide in the	ow when you are ava is section is correct.	n us?/	./	_		
you have an	y nondays etc. (	already booked?	Yes please	give dates below	No 🔛		
Please tick here	to indicate who	en you would usua	illy he available	for work:			
icase tion nere	Morning	Lunchtime	Teatime	Evening			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							



Body

# **Application form**

s there anything else we shou	ıld know about your availability?	
Part three – your sk	ills and qualifications	
When did you leave full-time e	education? Month	Year
Please tell us about any forma English qualifications):	Il qualifications you have achieved	l (including any Maths or
School/College/University Name	Qualification	Date Achieved
_		
Do you have an NVQ/QCF lev	vel 2 (or above) in Health & Social C	Care? Yes No No
Have you completed the Care	e Certificate (England only)?	Yes No No
f you answered 'yes' to either of th	e above, you must provide a certificate c	or other evidence of completion.
Please tell us about any other	training that you have undertaken	:
Training / Course Name Atter	nded	Date
Please tell us about any profe	ssional bodies you are a member o	of or registered with:

Description (e.g., CIPD)



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Please tell us about the languages you can speak and/or write:

Language	Competency level (e.g. Read & Write basic, intermediate, fluent)		

### Part four – your work history

We are required by law to make sure we know about the work you have done in the past, including any voluntary work, as well as the periods you may have spent out of employment, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please start with your current or most recent employment and work backwards.

From (month and year)	To (month and year)	Employer and location (or educational establishment)	Your job role (or, if studying, your course)	Why you left

From (month and year)	To (month	Employer and location (or educational establishment)	Your job role (or, if studying, your course)	Why you left
	and year)			

## Part five – personal statement

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

his is your opportunity to sell yourself and (better message needed)
Hobbies & interests
Please detail here any hobbies and interests you have outside of work

### Part six - your referees

Please provide the details of **three** people that we can write to for a reference. The first of these people **must** be your current or most recent employer. **PLEASE NOTE:** If you have previously worked in a social care role, then you must use this previous employer as one of your referees. The other referees will ideally also be your most recent previous employers.

If you cannot provide the details of three previous employers, you may substitute one or more of these with a referee who was a former tutor or teacher when you were in formal education.

If you cannot provide details of a teacher or tutor, we may accept a personal reference from a person of professional standing (e.g., a doctor, lawyer, accountant, recognised religious leader or teacher) who knows you, either professionally or personally.

You must not give the names of friends or relatives or colleagues that are/were not senior to you as referees. All references will be verified.

First referee (should be current or most recent employer)					
Referee's name		Posit	ion		
Name of organisation, scho	ool or college				
Address and post code					
Phone		Email			
Dates of employment or st			to		
Second referee	month	year	month	year	
Referee's name		Positi	ion		
Name of organisation, scho	ool or college				
Address and post code					
Phone Email					
Dates of employment or st	Dates of employment or study				
Third referee	month year month year  Third referee				
		Positi	ion		
Referee's name		Fositi	IOII		
Name of organisation, school, or college					
Address and post code					
Phone		Email			
Dates of employment or st	udy		to		
	month	year	month	year	

### Part seven - criminal record

At ADSS we take our responsibility to protect the people we support very seriously. At ADSS we take our responsibility to protect the people we support very seriously. Your appointment will depend on the satisfactory completion of a criminal records disclosure (see policy statement below), but at this stage, we need you to answer the following questions truthfully and honestly:

Have you received any convictions, cautions, reprimands or final warnings t 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exception (as amended in 2013 by SI 210 1198)?		
	Yes 🗌	No 🗌
To your knowledge, are you currently the subject of any criminal proceeding	ı <b>s</b> (for exa	
charged or summoned but not yet dealt with) or any police investigation?		,
, , ,	Yes□	No 🗌
If you answered 'yes' to either of the two previous questions, please provide deta	ıils:	
Do you consent to our applying for an appropriate criminal records disclosu	re on vol	ı and
to our retaining a copy of your disclosure certificate during the period of you		
or until a new disclosure is completed (whichever occurs first)? Yes		,
or until a new disclosure is completed (whichever occurs in sty: 165		
Note that if, once a criminal records disclosure has been completed, it is discovered that you have failed to a	ccurately disc	close the
information requested above, we reserve the right to terminate your employment without notice. Please be av		
your having a criminal record will <b>not</b> necessarily mean we cannot employ you – if you would like to know mo	re about our	policy on
the recruitment of ex-offenders, please ask.		
Criminal records disclosures – our policy		
As an organisation assessing applicants' suitability for positions which are included in the Rehabilitation of Of (Exceptions) Order using criminal record checks processed through the Disclosure and Barring Service (DBS the Code of Practice and undertake to treat all applicants for positions fairly. We will not discriminate unfairly a criminal record check on the basis of a conviction or other information revealed.	), we comply against any s	fully with ubject of
We can only ask an individual to provide details of convictions and cautions that we are legally entitled to kno DBS certificate at either standard or enhanced level can legally be requested (where the position is one that is Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended) and where appropriate Police Ac amended), we can only ask an individual about convictions and cautions that are not protected.	s included in	the
Part eight – declarations		
Have you read and understood the job description?		Yes 🗌
Please read the following statements carefully. If there is anything you do not understand.	please as	sk

#### **Data protection**

before you sign at the bottom of the form.

1. We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes.

- 2. We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation.
- 3. Our privacy notice for job applicants gives you information on, amongst other things, the data we will hold about you during the recruitment exercise and what we use it for. You can view the privacy notice at (alz-dem.org).

#### **Declaration** (please read this carefully before signing the application)

- 1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- Should we require further information and wish to contact your doctor with a view to obtaining a
  medical report, the law requires us to inform you of our intention and obtain your permission prior to
  contacting your doctor. I agree that the organisation reserves the right to require me to undergo a
  medical examination.
- 3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed	Dated	

#### What happens now?

- If you received this form by post, return to us along with your completed Equalities Monitoring Form. We will be in touch with you to tell you whether you will be invited to an interview.
- If you downloaded the form from the internet, post it to the branch from which you would like to work (you will find the address on our website), making sure that you also download and complete the Equalities Monitoring Form. We will be in touch to tell you whether you will be invited to an interview.

If returning this form via email, please send the application to recruitment@alz-dem.org