Phare Care Services Limited

Application Form – Carers & Support Workers

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STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application
	___/___/_____

1 PERSONAL DETAILS

Surname	First names	
	Previous Names	
Address	Home Telephone No.	
	Work Telephone No.	
National Insurance Number	Mobile No.	

Immigration Details

Are you a citizen of the EU?	Yes	No
Do you need a work permit?	Yes	No
Current driving license?	Yes	No
Do you have a car for work use?	Yes	No

Your DBS status and Uniform

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as Cr B)	Yes ☐ No ☐	Clear Yes ☐ No ☐
Issue Date		Disclosure Number
Is this certificate registered with the update service?	Yes ☐ No ☐	

All applications who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Phare Care Services Ltd will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be charged to the candidate.

Candidates will be required to purchase uniforms if required at the cost of £20 this will be deducted from your timesheet once you have started working through us. Please fill in the box below stating your uniform size and quantity.

Female	8	10	12	14	16	18	20	22	24	26	28

Male	38	40	42	44	46	48	50

PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment, and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

REFERENCES

Please give the name and address of two referees, one of whom must be your present employer, or your previous employer.

	Name	Status	Address and Telephone No
1			
2			
3			

This organization seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a require me nt for all staff, the frequency of which will be determined at interview.

Pleas e indicate holiday dates if already book ed

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein iscomplete and truthful.

Signature:

Date:

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organization recognize and actively promote the benefits of a diverse workforce and are committed to treating all employee s with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
Gender	☐ Male ☐ Female ☐ I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a ☑):

Asian or Asian British	Mixed Raced	Other Ethnic Group
☐ Bangladeshi	☐ White & Asian	☐ Chinese
☐ Indian	☐ White & Black African	☐ Any other ethnic group
☐ Pakistani	☐ White & Black Caribbean	☐ I do not want to disclose this
☐ Any other Asian background	☐ Any other missed background	
Black or Black British	**White**	
☐ African	☐ British	
☐ Caribbean	☐ Irish	
☐ Any other Black background	☐ Any other white background	

Employment Equality Regulations 2003

I Please select the option which best Please indicate your religion or belief describes your sexuality.

☐ Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual	☐ I do not wish to disclose this	☐ Atheism ☐ Buddhism ☐ Christianity ☐ Islam ☐ Jainism ☐ Sikhism	☐ Judaism ☐ Hinduism ☐ Other ☐ I do not wish to disclose this

Your Declarations

1. Working Time Regulations

For the purposes of the Working Time Regulations 1998 (as amended) I, consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving Verified Care not less than three months' notice at any time.

Signed		Print Name		Date	

In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.

Signed		Print Name		Date	

2. Health Declaration

All applicants must complete the enclosed health questionnaire to enable us to establish your fitness for work. We would ask all OVERSEAS candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health Doctors to establish your fitness for work. Please sign the declaration below to allow Verified Care to release your information for inspection.

I (name) consent to Phare Care Services Ltd releasing my health and immunization records for review to Phare Care Survives Ltd's qualified Occupational Health Advisor. I understand that based on this review I may be required to undergo a medical examination to establish my fitness for work. I confirm that I will immediately inform Phare Care Services Ltd in confidence, if I am HIV Positive, HepB positive or if I have AIDS in accordance with the Department of Health guidelines . I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform Phare Care Services Ltd should my general condition of health change. I will inform Phare Care Services Ltd immediately if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to Phare Care Services Ltd obtaining further information regarding my health from my GP or the Occupational Health Department.

3. Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be considered when offering me work.

I understand that providing false or inaccurate information may result in the termination of any placement.

I agree that I will make best endeavors to make myself aware of the Health & Safety procedures for each client I am assigned to.

I confirm that I have read and understood the Terms of Engagement and the terms of the declaration and agree to be bound by them.

4. Confidentiality

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the Client or the Company Verified Care Recruitment) or in relation to any of their employees, business affairs, transactions, or finances which I may acquire during the term of my agreement with Phare Care Services Ltd under the Terms of Engagement.

5. Rehabilitation of Offenders Act 1974 – Please Answer All Five Questions

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considereded only in relation to positions to which the order applies.

1	Do you have any convictions, cautions or bind overs? If yes please give details...	Yes	No
2	Have you ever had disciplinary action taken against you? If yes please give details...	Yes	No
3	Are you at present the subject of criminal charges or disciplinary action? If yes please give details...	Yes	No
4	Do you agree for Phare Care Services Ltd to check the status of your DBS by performing an online check at any time during your employment? (for candidate registered on the update service only)	Yes	No
5	Do you consent to Phare Care Services Ltd requesting a police (DBS) or any appropriate references on your behalf?	Yes	No

6. Right to Work in the UK

Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an overseas national or require a work permit to work in the UK please include copies of supporting documentation.

Your entitlement to work in the UK is based upon your status:

British/E U Citizen		Spouse of British/EU Citizen		Certificate of Sponsorship	
Certificate of Sponsorship		right of Abode in the UK		Admitted to UK as Doctor Prior to 1985	

New Employee Medical Questionnaire

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The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. We aim to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician.

Personal Information

Title	Surname	First names	DOB

Home Tel	Work Tel	Mobile	
Home Address		GP Address	

Medical History

All staff groups complete this section	Yes	No
Do You Have Any Medical Conditions?		

Please explain: (use a separate sheet of paper if required)

COVID INJECTIONS: Date BUSTER: Date

Operations in the past year or Pending Operations?

How many days sick have you had in the past year?

Additional Information (If you have answered yes to any questions above please provide additional information below)

CARE RELATED TRAINING HISTORY

Training receive: Date Grade/Pass/etc.

	YES	NO
Care certificate		
Medication		
Moving and Handling		
Food hygiene		
Infection control		
Safeguarding		
Diploma/NVQ		
Other		
Other		

General Practitioner Details

GP Surgery: GP Name:

Telephone Number:

Address:

Your Registration Checklist

To complete your registration, you will be required to provide the following documentation

- Complete d registration Form – signed in all requested areasCompleted
- Health Questionnaire – signed
- CV – E-mailed in word format – Your CV must cover full work history from education
- Your right to Work in the UK as well as your passport and forms of I.D - **We require to see the originals of these documents.** (Posted originals will be returned the same day received by recorded delivery).
- Birth Certificate and Driving License
- Copy of your most recent DBS – less than 1 year old
- Training Qualifications – Diploma/degree/NVQ – Any other training CertificatesMandatory
- Training Certificates > 1 Year
- 2x Passport Size Photos
- Proof of National Insurance Number

2x Reference forms. Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail

To be paid through a Limited Company please ensure you send

- Certificate of Incorporation
- Evidence of limited bank details and company name i.e. bank statement or blank cheque
- VAT Certificate
- Signed Self Billing Form (enclosed)

Thank you for completing your registration form

☑ Book an appointment to register in the office, (*as long as you bring all your documents we will pay your travel)*

☑ Get yourself compliant within two weeks and we will give you a Fr EE uniform

☑ We run 4 weekly payroll service.

☑ Do you know if you refer your friends we will pay you £100 per person? Many of our candidates are earning 100's through referrals every month, why not start today?"

r referral 1. Name		Telephone Number	
referral 2. Name		Telephone Number	
referral 3. Name		Telephone Number	
referral 4. Name		Telephone Number	
referral 5. Name		Telephone Number	

We agree to refund your travel costs to the office, you must provide a receipt, this is on the condition that you bring all the requested documentation with you on the day. You must be fully compliant within two weeks of receiving your registration pack. We will pay you £100 for every nurse you refer, the y must complete 100 hours to receive payment and must be new referrals that are not already held in our database.

Declaration

I can confirm that the information I have provided is complete and correct, and that I understand that any incomplete, untrue or misleading information provided will entitle In Home Care to reject my application, withdraw any employment offer made, or if I am employed, dismiss me without notice. By signing this declaration, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared. I agree that the employer reserves the right to require me to undergo any medical examination to assess my suitability for night work.

Signed:

Date:

FOR OFFICE USE ONLY

Applicant shortlisted Yes ☐ No ☐

Interview Date:

References requested:

Verbal reference check: Yes ☐ No ☐ Date:

Additional Notes from application

Application completed Yes ☐ No ☐

Full employment history? Yes ☐ No ☐

Notes for interview

Completed By: **Date:**