A close up of a logo

Description automatically generated

Supporting and accommodating young people

APPLICATION fORM

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| --- | --- |
| **Position Applying For:** |  |
| **Job Reference:** |  |

**bEFORE PROCEEDING, PLEASE READ THE FOLLOWING**

- Ensure the details you provide in this application are true and correct.

- If you are completing this application by hand, ensure you’re writing in **CAPITALS** and **black ink**.

- Once this application has been completed, please send to: **recruitment@pricecare.co.uk** along with your current CV.

- If you do not hear from us within 4 weeks of the application deadline, please assume you have not been successful.

- If you are successful for interview, Price Care requires you to bring photographic identification, your NI number and proof of eligibility to work (if applicable).Please inform Price Care Ltd if you require special disability access prior to interview.

- Price Care Ltd may wish to keep record of your application. The application will be deleted upon request and will not be passed onto third parties.

personal details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Mr: □ | Mrs: □ | | | Ms: □ | | Miss: □ | | Dr: □ | | Other: [Please state] | | | |
| **Forename(s):** |  | | | | | | **Surname:** | | | |  | | | |
| **Previous Names:** |  | | | | | | **DOB:** | | | |  | | | |
| **Address:** |  | | | | | | | | | | | | | |
| **Post Code:** |  | | | | | | | | | | | | | |
| **Mobile Tel:** |  | | | | | | **Home Tel:** | | | |  | | | |
| **Email Address:** |  | | | | | | | | | | | | | |
| **Indicate the best time to contact you**: | | | | AM: □ | | | PM:□ | | | Nights: □ | | | Any: □ | |
| **Do you hold a UK driving licence?** | | | Yes: □ | | | No: □ | | **Do you own a car?** | | | | Yes: □ | | No: □ |
| **Next of Kin:** |  | | | | | | **Relationship to you:** | | | |  | | | |
| **Mobile Tel:** |  | | | | | | **Home Tel:** | | | |  | | | |
| **Address:** |  | | | | | | | | | | | | | |
| **Post Code:** |  | | | | | | | | | | | | | |

EMPLOYMENT HISTORY

Please provide details of your employment history, starting with the most recent. You should also include reasons for any prolonged periods of unemployment.

*Please add additional lines if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name & Address:** | **Position Held &**  **Brief Description of Duties:** | **Dates: *(MM/YY)*** | | **Reasons for Leaving:** |
| Date From: | Date To: |
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Education and Qualifications

Please provide details of your educational history. This should include the schools, colleges and universities you have attended and the qualifications you have gained by any professional bodies.

*Please add additional lines if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place of Study:** | **Course Name:** | **Dates: *(MM/YY)*** | | **Qualification achieved:** |
| Date From: | Date Too: |
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| **Please give details of any other qualifications you have gained / experience you have had that would be relevant to this application.** (This may include volunteer work, first aid training, etc.) |
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References

Please supply as many references as possible. There must be a **minimum** of two professional references. We may wish to contact your references prior to interview, therefore please ensure you state whether you give us permission to do so.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference 1:** | | | | | **Reference 2:** | | | | |
| **Reference Type:** | Professional: □ | | Character: □ | | **Reference Type:** | Professional: □ | | Character: □ | |
| **Company Name:** |  | | | | **Company Name:** |  | | | |
| **Name:** |  | | | | **Name:** |  | | | |
| **Position:** |  | | | | **Position:** |  | | | |
| **Tel No:** |  | | | | **Tel No:** |  | | | |
| **Email:** |  | | | | **Email:** |  | | | |
| **Address:** |  | | | | **Address:** |  | | | |
| **Can we contact this reference prior to interview?** | | Yes: □ | | No: □ | **Can we contact this reference prior to interview?** | | Yes: □ | | No: □ |
| **Reference 3:** | | | | | **Reference 4:** | | | | |
| **Reference Type:** | Professional: □ | | Character: □ | | **Reference Type:** | Professional: □ | | Character: □ | |
| **Company Name:** |  | | | | **Company Name:** |  | | | |
| **Name:** |  | | | | **Name:** |  | | | |
| **Position:** |  | | | | **Position:** |  | | | |
| **Tel No:** |  | | | | **Tel No:** |  | | | |
| **Email:** |  | | | | **Email:** |  | | | |
| **Address:** |  | | | | **Address:** |  | | | |
| **Can we contact this reference prior to interview?** | | Yes: □ | | No: □ | **Can we contact this reference prior to interview?** | | Yes: □ | | No: □ |

Personal Satatement

**Please explain in detail why you are applying for this position within Price Care. Explain how and why your work experience / knowledge has prepared you for this position. Provide real life examples of how you meet all the required knowledge and experience required for this role, found in the job description.**

*(This section should be completed thoroughly. This should not exceed 2 sides of A4 paper.)*

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Rehabilitation of Offenders act 1974

**The job role you are applying for is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974.** This means you are obligated to give details of any pending cases or “spent” convictions under the provisions of this act. This includes cautions, reprimands and bind-over orders. You are obligated to state any of these to Price Care Ltd as well as the court / police force that dealt with the specific offence. This information will be treated with confidence and will only be considered in relation to your application for this job role. A criminal record does not necessarily mean that you will not be eligible for this role. However, if you have failed to disclose / declare anything that may later arise in any checks, this will result in automatic withdrawal of any job offer. If an offer of employment is made, this will be on a conditional basis until the relevant checked have been carried out.

An enhanced DBS check with regulated activity will be requested by Price Care Ltd from the DBS (Disclosure and Barring service) if you are successful for interview.

**You are required to answer the following declarations:**

I understand that I am applying for a position which is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974.

|  |  |  |
| --- | --- | --- |
| Do you have a criminal record, any convictions, cautions or reprimands, either in the UK or overseas? | Yes: □ | No: □ |
| Have you any pending or “spent” prosecutions, either in the UK or overseas? | Yes: □ | No: □ |
| Do you appear on the Children Barred list? | Yes: □ | No: □ |
| Do you appear on the Adults Barred list? | Yes: □ | No: □ |
| Previously or currently, have you been subject to investigation for the abuse of children or vulnerable adults, either in the UK or overseas? | Yes: □ | No: □ |

If you have answered yes to any of the following, you will send the details of offence/ alleged offence over with my application separately.

|  |  |
| --- | --- |
| DECLARATION (Rehabilitation of Offenders 1974) | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the information provided on section; Rehabilitation of Offenders 1974 is true and correct. | |
| Signed: |  |
| Date: |  |

Medical Health Questionnaire

We require all candidates to complete the below medical health questionnaire. Please complete to the best of your knowledge. **Please note: This is strictly private and confidential. The answers provided do not necessarily affect your applications progression.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Mr: □ | Mrs: □ | Ms: □ | Miss: □ | Dr: □ | Other: [Please state] |
| **Forename(s):** |  | | | **Surname:** | |  |
| **Previous Names:** |  | | | **DOB:** | |  |
| **Mobile Tel:** |  | | | **Home Tel:** | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Please provide your current GP details:** | | | | | | |
| **Surgery Name:** |  | **Tel No:** | |  | | |
| **Surgery Address:** |  | | | | | |
| **Post Code:** |  | | | | | |
| **GP Name:** |  | | | | | |
| **Please indicate how long you have been with the surgery:** | | | **Years:** |  | **Months:** |  |

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| **Please indicate if you are currently up to date on the following immunisations:** | | | **Date of the most recent immunisation: *(If applicable)*** |
| BCG/ Mantoux/ Heaf test | Yes: □ | No: □ |  |
| Has your BCG scar been seen | Yes: □ | No: □ |  |
| Hepatitis B | Yes: □ | No: □ |  |
| Hepatitis C | Yes: □ | No: □ |  |
| HIV | Yes: □ | No: □ |  |
| MMR | Yes: □ | No: □ |  |
| Poliomyelitis | Yes: □ | No: □ |  |
| Rubella | Yes: □ | No: □ |  |
| TB (Tuberculosis) | Yes: □ | No: □ |  |
| Varicella (Chicken pox/ shingles) | Yes: □ | No: □ |  |
| Have you ever been diagnosed with varicella? | Yes: □ | No: □ |  |

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| **Is any of the following an accurate statement regarding your current health?** | | |
| I have experienced unexpected and unexplained weight loss. | Yes: □ | No: □ |
| I have an unexpected and unexplained fever. | Yes: □ | No: □ |
| I have a cough which has been affecting me for 3+ weeks. | Yes: □ | No: □ |
| I have been in recent open contact with someone with TB. | Yes: □ | No: □ |

Please answer **all** the following statements. If you answer **YES** to any of the below, we ask that you provide details of your answer in the following text box. Please include details such as: when were you suffering this problem/ was treatment required/ is this a reoccurring problem/ were you admitted to hospital, etc.

|  |  |  |
| --- | --- | --- |
| I have experienced disability or illness due to an incident that occurred at work. | Yes: □ | No: □ |
| I have an illness or disability which can affect my work. | Yes: □ | No: □ |
| I am currently receiving ongoing medical treatment. | Yes: □ | No: □ |
| I am currently awaiting medical treatment. | Yes: □ | No: □ |
| My workplace has had to make adjustments for me to carry out my role to its required standards. | Yes: □ | No: □ |

*If yes, please provide details below:*

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| DECLARATION (Health) | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have completed this specific section (Medical Health Questionnaire) to the best of my knowledge.  I declare that I am in good physical and mental health and do not see any reasons as to why I cannot complete the job role I am applying for ensuring I meet all role specifications.  I have not given any false information, and I understand that any incorrect information may lead to termination of my employment with Price Care. | |
| Signed: |  |
| Date: |  |

Equal Opportunities

Price Care Ltd are an equal opportunities employer. This means, regardless of age, sex, ethnicity, religion, disability or sexual orientation you will be considered for this role. The following section is used for statistical purposes as we like to monitor our commitment to equal opportunities to ensure we reach all members of our community. The following section will be treated with the strictest of confidence and securely placed in an employee work file.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sex:** | | Male: □ | | | | Female: □ | | |
| **Age Group:** | 16-21: □ | 22-30: □ | | 31-40: □ | | 41-50: □ | | 51+: □ |
|  | **WHITE** | | | | | | | |
| White British: | | □ | | | | | |
| White Irish: | | □ | | | | | |
| Other: | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **BLACK** | | | | | | | |
| British: | | □ | | | | | |
| African: | | □ | | | | | |
| Caribbean: | | □ | | | | | |
| African & Caribbean: | | □ | | | | | |
| Other: | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **ASIAN** | | | | | | | |
| British: | | □ | | | | | |
| Indian: | | □ | | | | | |
| Pakistani: | | □ | | | | | |
| Bangladeshi: | | □ | | | | | |
| Other: | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **DUAL / MIXED RACE** | | | | | | | |
| White & Black African: | | □ | | | | | |
| White & Black Caribbean: | | □ | | | | | |
| White & Asian: | | □ | | | | | |
| Other: | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **CHINEESE / OTHER** | | | | | | | |
| Chinese: | | □ | | | | | |
| Other: | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Do you consider yourself to have a disability?** | | | | Yes: □ | | | No: □ | |
| If yes, please state nature of disability: | |  | | | | | | |
| **What is your religion/belief, if any**? | | Atheist: | | | □ | | | |
| Agnostic: | | | □ | | | |
| Buddhist: | | | □ | | | |
| Christian: | | | □ | | | |
| Hindu: | | | □ | | | |
| Jewish: | | | □ | | | |
| Muslim: | | | □ | | | |
| Sikh: | | | □ | | | |
| Prefer not to say: | | | □ | | | |
| Other: | | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **What would you describe your sexual orientation as?** | | Heterosexual: | | | □ | | | |
| Homosexual: | | | □ | | | |
| Bisexual: | | | □ | | | |
| Prefer not to say: | | | □ | | | |
| Other: | | | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

APPLICATION DECLARATION

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| --- | --- |
| **FINAL DECLARATION** | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the information provided in this application if true and correct. I have answered everything to the best of my knowledge and understand that any misleading or incorrect information may lead to termination of employment with Price Care Ltd. | |
| Signed: |  |
| Date: |  |