**Application Form**

Strictly confidential

Please complete this form online, save it to your computer and email it to:

Admin@SolihullHomeCare.co.uk

Or alternatively, print it off, complete in black ink and send to:

Solihull Home Care, 1 Wharf House, Waterside, Dickens Heath, B90 1UE.

If you have a disability and need any help in completing the form, please contact us.

|  |  |
| --- | --- |
| Job details |  |
| Position applied for: | Care Worker |
| Personal details |  |
| Title (Mr/Mrs/Miss/Ms/Other): |  |
| First name(s): |  |
| Surname: |  |
| Previous Surname: Include dates other names used. |  | NI Number: |  |
| Present address: |  |
| Post code: |  |
|  |  |
| Mobile telephone: |  |
| Telephone (daytime): |  |
| E-mail: |  |

Availability to work

How many hours a week would you like to work? Minimum: Maximum:

Please indicate below the time of day you would be available to work:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| 7am – 1pm |  |  |  |  |  |  |  |
| 4pm – 10pm  |  |  |  |  |  |  |  |
| OVERNIGHT |  |  |  |  |  |  |  |

Full employment history and references

Please supply **ALL** previous employment details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers’ name & address | Job Title | Manager’s name, job title & contact details | Start date (month & year) | End date (month & year) | Reasons for leaving |
| *e.g. Tyneside Care,**Willow drive,**Newcastle TF3 4HY* | *e.g. Support* *Worker* | *e.g. Peter Price, Registered Manager 012345 123456**peterp@tynesidecare.co.uk* | *e.g. 02/2007* | *e.g. 04/2009* | *e.g. Relocated to Solihull* |
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I confirm I have listed all my jobs since leaving school: Yes No

I confirm that all gaps are listed and explained: Yes No

 Select as appropriate

*An offer of employment will be subject to receipt of 2 satisfactory references and we reserve the right to contact any former employers before an unconditional offer of employment is confirmed.*

Additional information – Please complete this section

Tell us why you are applying for a position caring for people with Solihull Home Care?

What do you feel makes a good carer?

What does the term ‘personal care’ mean to you?

Do you have experience, either paid or voluntary, of care work? (Please supply details)

Please list any professional qualifications, relevant courses and/or other information

General details – Please delete as applicable:

Are you a close relative of any Solihull Home Care’s staff member or customer? Yes / No

If yes, please provide detail:

Do you hold a current driving licence? Yes / No

Do you have the use of a car at all times? Yes / No Would you be prepared to deliver personal care? Yes / No

 Select as appropriate

Signature

I agree that the information given on this form may be used for registered purposes under the Data Protection Act 1998. I confirm that the information I have given is, to the best of my knowledge, true and complete and can be treated as part of my subsequent contract of employment. I understand that deliberately giving false or incomplete answers, would disqualify me from consideration or, in the event of my appointment, make me liable to dismissal without notice.

If you are returning this form electronically and unsigned you will be bound by the declaration when Solihull Home Care receives the electronic application.

Signature: Date: