

**Seton Care Ltd**

**APPLICATION FOR THE POST OF  
HOMECARE WORKER**

**PERSONAL INFORMATION**

Surname \_\_\_\_\_ Initials \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

**EDUCATION AND TRAINING**

**Place of Study & Dates**

**Subjects studied**

**Qualifications attained**

**Professional Qualifications/Memberships**

**Please give date(s) attained. (Proof of qualifications may be requested if appointed).  
Please include memberships of any voluntary or other organisations.**

## WORK EXPERIENCE

**Present or most recent employment**

**Job Title** \_\_\_\_\_

**Employers Name & Full Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates employed:**                      **From** \_\_\_\_\_ **To** \_\_\_\_\_

**To whom immediately responsible** \_\_\_\_\_

**Main Duties of post** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Salary**    £ \_\_\_\_\_

**Notice Required**    \_\_\_\_\_ months/weeks

**Previous work experience**

**Please start with most recent past experience and continue on a separate sheet if necessary**

<u>From</u>	<u>To</u>	<u>Organisation's name and address</u>	<u>Your position</u>	<u>Brief description of duties and reason for leaving</u>

## **WHY ARE YOU APPLYING FOR THIS POST?**

**Please explain how your skills, experience and aptitudes make you suitable for this position and why this job is of interest to you. You may continue on a separate sheet if necessary.**

## HEALTH STATEMENT

Please indicate your current state of health \_\_\_\_\_

Days off due to sickness in the last 2 years? \_\_\_\_\_

**NB:** Successful candidates may be required to complete a Health Questionnaire (for insurance purposes) and to undertake a medical examination by their own Doctor (at our expense).

## REFERENCES

Please give names and addresses of two referees, one of whom must be your present or immediate past employer. Please tick the box provided if you would prefer us NOT to contact your referee(s) without your consent.

(1) Work

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Please do not contact

(2) Other

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Please do not contact

Where did you see this post advertised? \_\_\_\_\_

Do you hold a valid driving licence ? \_\_\_\_\_

## DECLARATIONS

The position for which you are applying is exempt from the Rehabilitation of Offenders Act 1974. Therefore you must declare all criminal convictions, including those that would otherwise be considered "spent". Seton Care will carry out a Criminal Records Bureau / Disclosure Scotland check.

1 Have you:

- Been charged or convicted of a criminal offence;
- Been bound over or cautioned or
- Are you currently the subject of any police investigation, which might lead to a conviction, an order binding you over, received a caution in the UK or any other country?

YES / NO

1 Have you been or are you currently the subject to any fitness to practice proceeding by an appropriate licensing or regulatory body in the UK or any other country?

YES / NO

2 Have you been removed from the register of conditions made on your registration by the licensing or regulatory body in the UK or any other country?

YES / NO

If you have answered yes to any of the above, you are required to provide further details (please use a separate sheet)

If you would like to discuss what effect any charges, convictions, police investigations or fitness practice proceedings taken or being taken either in the UK or by an overseas licensing or regulatory body might have on your application, you may telephone Murray Leys, Director, Seton Care 01361 883115.

Declaration:

I declare that all information given here is true. I understand that failure to disclose any relevant information may disqualify me from appointment, or result in summary dismissal/disciplinary action and referral to the relevant licensing or regulatory body for consideration if such a discrepancy came to light.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Seton Care Ltd

CONFIDENTIAL

## EQUAL OPPORTUNITIES MONITORING FORM

Seton Care Limited is committed to being an equal opportunities employer. This means the organisation needs to know details of applicants' sex, ethnic origin and disabilities, so that we can ensure that our recruitment is fair and does not discriminate against any group. You can help by completing this form.

Please note that the information provided in this monitoring form is not used in the selection process. It is used purely to monitor the effectiveness of our Equal Opportunities Policy.

APPLICATION FOR THE POST OF

SEX

MALE

FEMALE

MARITAL STATUS

MARRIED

SINGLE

DISABILITY

REGISTERED DISABLED

UNREGISTERED DISABLED

NOT DISABLED

ETHNIC ORIGIN

WHITE

INDIAN

BLACK CARIBBEAN

PAKISTANI

BLACK AFRICAN

BANGLADESHI

BLACK OTHER

CHINESE

OTHER (please specify)

AGE: (years)

Your co-operation in completing this form is appreciated.