



Application Form

Post:

Post applied for: Care Worker	Location: North Lincolnshire
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Name:

Title:	Surname:	Forenames:
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Personal Details:

Address:	Home tel.	Mobile:
	Business tel:	Fax:
	Can we contact you at work?	<ul style="list-style-type: none">• Yes• No
Postcode:	Own Email:	
NI Number:	Work Email:	

Driving: (must be completed)

Do you have a current Driving license: YES / NO	Do you have access to a vehicle daily YES / NO
Expiry date:	
Details of any endorsements:	

Are there any restrictions on you taking up employment in the UK? YES/NO

If yes please provide details:

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Availability

Goodwin Healthcare provides care 24 hours a day / 365 days a year. Therefore, the requirement to work is at least 3 evenings per week, and a 4 week rolling rota e.g. Saturday/Sunday – off and Saturday/Sunday – on and Saturday on – Sunday off and Saturday off – Sunday on

Educational Qualifications:

Secondary School/College/University	Qualification and Date Obtained:

Current / Last Employment:

Name and address of employer:	Job Title:	Dates from/to	Reason for leaving
	Salary:	Notice Required	

Previous Employment: Please complete in full using a separate sheet if necessary

Name and address of employer:	Job Title:	Salary:	Dates: from/to	Reason for leaving

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Professional/Vocational Qualifications:

Qualification:	Date:	Membership of Professional Bodies:

Other employment please tell us about any other employment that you may wish to continue with if you were successful in obtaining this position

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Relevant care training courses completed:

Organising body and title:	Date:	Brief description of course

References:

Please provide the names and addresses of two referees
 One of your referees should be you're most recent employer or if you are a school or college leaver, a form teacher or tutor. Please note that references will be immediately taken up for all short listed candidates.

Name and Address:		Name and Address:	
Tel: ☎	Email: ✉	Tel: ☎	Email: ✉
Can we contact prior to interview?	Yes No	Can we contact prior to interview?	Yes No

	<i>(Please delete where appropriate)</i>		<i>(Please delete where appropriate)</i>
Relationship:		Relationship:	

Supporting your application:

Your application form plays an essential part in choosing the right person for a job. Please use the space below for any information that you feel will support your application.

Eligibility to Work:

Are you an EU citizen?	Yes/ No	If you do not hold a British/EU passport, do you hold any of the following?
Do you hold a British/EU passport?	Yes/No	
EVIDENCE IS REQUIRED OF ALL PASSPORTS & VISAS. ORIGINALS WILL BE REQUIRED AT INTERVIEW.		Working Holiday / Youth Mobility Visa Yes/No Expiry date:
		UK Residency Visa? Yes/No Expiry date:
		Student Visa? Yes/No Expiry date:

Statement – Important please read carefully:

The nature of this post means that it is exempt from those provisions of the Rehabilitation of Offenders Act 1974 that allow convictions to be regarded as 'spent'. Your employment is dependent upon obtaining a satisfactory DBS (Disclosure and Barring service) check.

Consequently, all applicants must state whether they have any convictions, cautions or bind-overs.

Any information given will be treated in complete confidence.

Any failure to declare any convictions, cautions or bind-overs that subsequently come to light will lead to the withdrawal of any offer of employment, or to disciplinary action that may lead to dismissal.

I have read the statement about the Goodwin Healthcare policy on convictions etc, and
(Please tick whichever statement applies)

YES/NO I have nothing to declare

YES/NO I have information to declare and have attached a sealed envelope containing details

Please note that if at any stage whilst working for Goodwin Healthcare Services Ltd we receive a DBS Disclosure that highlights information you have not declared, then your employment will be terminated.

Declaration: Please read this carefully before signing the declaration

- 1 I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered
- 2 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. In addition, I agree that this information will be retained in personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
- 3 I agree that should I be successful in this application, I will, if required, apply to the Disclosure and barring Service/ Disclosure Scotland for a Disclosure and Barring Certificate. I understand that should fail to do so, or should the disclosure not be to the satisfaction of the Company any offer of employment may be withdrawn my employment terminated.

Signed:	Date:
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Office Use Only:

Interview Notes