Trevikam Ltd

APPLICATION FOR EMPLOYMENT
Home Care Worker

Personal Details	
Title: Mr ☐ Miss ☐ Mrs ☐ Ms ☐	
First name:	Surname:
Address:	Post code:
Mobile number:	Home number:
Other:	
Do you own a car? Yes ☐ No ☐	Have a current driving licence? Yes ☐ No ☐
	Full: Yes ☐ No ☐ Provisional: Yes ☐ No ☐
Have you any current endorsement Yes ☐ No ☐	If yes give details:

Languages
Do you speak or read a foreign language? Yes ☐ No ☐
If yes, give details:

Prepared to Work
Full time ☐ Part time ☐ Shift work ☐
Specific Date and Times you would like to work:
Available to take up employment: Immediately ☐ or other date _____/_____/_____
Opt out from working 48 hours a week Yes ☐ No ☐
Do you have: Care experience Yes ☐ No ☐ ? An NVQ? Yes ☐ No ☐
If yes please give details:

Education, Training and Qualifications			
Name of School, college/Institute or University	Date From	Date To	Subject/result, Qualification/Level

Full Employment History (No Gaps in History of work)			
Employer's name, address, tel. No and type of business	Date started	Date finished	Position held, your responsibilities and reasons for leaving

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

Applicant name in block letters:
Signature: **Date:**

DBS check

Any person wanting to work as a Care Worker in the UK is required by law to undergo a Criminal Record Check which is called DBS. This check is not free of charge as it involves several governmental and administrative fees. By signing this paper you are agreeing to pay £50.00 to cover the cost of applying for your DBS.

I _____***agree to the statement above.***

Signature _____ ***Date***_____

In presence of_____

Signature:_____

To process your DBS check we request you to provide a list of all your previous addresses
FOR THE PAST FIVE YEARS. Please include all addresses even those outside the UK

Address Post code _____ Length of stay _____ Moved in on: _____/_____/_____	Address Post code _____ Length of stay _____ Moved in on: _____/_____/_____
Address Post code _____ Length of stay _____ Moved in on: _____/_____/_____	Address Post code _____ Length of stay _____ Moved in on: _____/_____/_____

CRIMINAL RECORDS DECLARATION FORM			
Organisation	**TREVIKAM LTD**	**Position**	**HOME CARE WORKER**

BOX A - Complete only if you have no convictions either spent or unspent cautions, reprimands, and bind-over and/or final warnings.

I CONFIRM I HAVE NO CONVICTIONS, CAUTIONS, REPRIMANDS, BIND-OVERS OR FINAL WARNINGS. I ALSO DECLARE THAT I AM NOT ON LIST 99, DISQUALIFIED FROM WORK WITH CHILDREN OR VULNERABLE ADULTS OR SUBJECT TO ANY OTHER SANCTIONS IMPOSED BY A REGULATORY BODY.

As applicant for the position I confirm that the details shown above are an accurate record of any criminal offences that may appear on my Criminal Records Disclosure and of the discussion held with the Appointing Officer.

Signature (Applicant):		Date:	

BOX B - Record below details of any and all convictions, spent or unspent, cautions, reprimands, bind-overs and/or final warnings that you may have to declare.

I CONFIRM I HAVE THE FOLLOWING CONVICTIONS, CAUTIONS, REPRIMANDS, BIND-OVERS, FINAL WARNINGS AND/OR SUBJECT TO THE FOLLOWING SANCTIONS IMPOSED BY A REGULATORY BODY.

As applicant for the position I confirm that the details shown above are an accurate record of any criminal offences that may appear on my Criminal Records Disclosure and of the discussion held with the Appointing Officer.

Signature (Applicant):		Date:	

As Appointing Officer I have discussed with the applicant any details, as recorded above that might appear on the applicant's Criminal Records Disclosure, in line with Trevikam Limited Criminal Records Policy.

Name of Appointing Officer (Please print)		Position	
Email address	info@trevikam.com	Telephone Number	
Signature		Date	

PERSONAL DETAILS FORM

Please fill in <u>as in your passport</u> Mr./Mrs./Ms/Miss/ (circle appropriate)

Surname_____

Forenames_____

Other Names, Initials or Middle Names_____

Nationality_____

Ethnic Origin: White European/Afro Caribbean/Asian/African/Other

Contact Details

Current
Address_____

_____

_____ Post Code_____

Mobile Number_____
Email Address_____

Emergency Contact Details (Next-of-kin)

Name: _____

Relationship: _____

Address:
_____

_____Post code _____

Telephone Number: _____

Employment and Bank Details:

National Insurance Number_____ P46 filled out? Do you have a P45? Yes☐ No☐

<u>Bank details</u> (these details will be used to pay in your salary every month)

Account Type: Bank Account/ Building Society Account

If Building Society Account then state B/Soc Roll
No._____

Account
Name_____

Branch
Name_____

Account
Number_____
Sort
code_____

The information below is strictly confidential and will be used only for statistic records recommended by CQC

	Question	Answer	
1.	**Your date of birth**		
2.	**Gender**	Male ☐ Female ☐ Transgender ☐	
3.	**Ethnic origin** (Please tick the relevant option) ☐ White British ☐ White European ☐ White Other ☐ Black African ☐ Black British African ☐ Black Caribbean ☐ Black British Caribbean ☐ Asian Indian ☐ Asian British Indian ☐ Asian Bangladeshi ☐ Asian British Bangladeshi ☐ Asian Pakistani ☐ Asian British Pakistani	☐ Asian Chinese ☐ Asian British Chinese ☐ Asian Filipino ☐ Asian British Filipino ☐ Asian Japanese ☐ Asian British Japanese ☐ Asian Thai ☐ Asian British Thai ☐ Asian Other ☐ Mixed (Black & White) ☐ Mixed (White & Asian) ☐ Mixed (Black & Asian) ☐ Other	
4.	Do you consider yourself mentally and physically ABLE to do personal care work?	Yes ☐ No ☐	
5.	**Please List the Languages You Speak:**		
6.	I have a valid driving licence	YES ☐ NO ☐	
7.	**What is your sexual orientation?**	☐ heterosexual ☐ bisexual ☐ homosexual	Prefer not to say
8.	Do you consider yourself to have a **disability** of any kind?	YES ☐ NO ☐	Prefer not to say
9.	**Religion**		Prefer not to say

I declare that information I have given is, to best of my knowledge and belief, true and complete.

Applicant/Care Worker Name in block letters _____

Signature_____ Date_____

Applicants must provide 3 original identification documents for the Recruitment Department. At least one document must verify the applicant's current address and one document should display the applicant's date of birth. One document must be from Category 1

Valid Identity Documents Category 1

- *A Valid Passport*
- *Biometric Residence Permit (UK)*
- *A UK Driving Licence with Paper Counterpart*
- *An Original British Birth Certificate (issued at time of birth)*

Document Category 2a

- Birth Certificate (UK & Channel Islands)
- Marriage/Civil Partnership Certificate (UK & Channel Islands)
- UK Driving Licence (old style paper version)
- UK Firearms Licence (UK & Channel Islands)
- Adoption Certificate (UK & Channel Islands)

Document Category 2b

- PASS Card (Proof of Age Standards Scheme)

<u>Documents valid for one year</u>

- P45/P60 certificate
- Mortgage Statement
- British Work Permit/Visa
- Financial Statement (pension, endowment, ISA etc)
- Benefit Statement
- Council Tax Statement

Correspondence documents

These documents are valid for 3 months.
Check the date when the document was issued.

- Document from Government/ Local Authority. E.g Benefits Agency, Employment Service, Inland Revenue, HMRC
- Bank/Building Society Statement or Confirmation Letter(with date of issuing and your address)
- Credit card statement

Utility bills

- Electricity
- Gas
- Water
- Telephone (Landline NOT Mobile phone)

FOR OFFICE USE					
Interviewed by		Interview date		Date added to HCR	
Reference 1		Reference 2		Passport	
Received	Verified	Received	Verified	Received	Verified
Application form fully completed ☐		CV enclosed Yes ☐ NA ☐		Two proofs of address 1. ☐ 2. ☐	
Visa: N/A ☐ Indefinite ☐ or expires _____/_____/_____		If student visa, letter from college YES ☐ N/A ☐		DBS sent off _____/_____/_____ Results received_____/_____/____	
Induction (CIS)		Policies and Procedures signed ☐		Manual Handling completed on _____/_____/_____	
ID Card ordered		ID Card collected		Contract signed	