

PR10 - Recruitment Pack – Individual Applicant Pack

INDIVIDUAL APPLICANT PACK

The Application Form, Employment Continuity Check and Identity Check are for candidate use, and should be filled in prior to interview and handed back to the interviewer.

The Equal Opportunities form must be detached from the pack and given to the candidate, together with a stamped and addressed envelope, with the request that the form be anonymously completed and returned to the Interviewer.

TELEPHONE SCREENING

Use this form to screen applicants before interview – check that the applicant has the essential characteristics identified in the person specification in Recruitment Pack-Recruit Specification for the post on offer. Only invite to interview those that meet the essential person specification elements. Ensure that all applicants are recorded, together with the reasons for acceptance or rejection, in order to avoid discrimination claims

Date call received:	By:
Application form sent:	Yes/No
Where did you find out about the vacancy?	
Name:	
Address:	
Telephone number (Home):	Work:
Position applied for – if carer – check age (min 16):	
Location:	
Circumstances, please circle:	Part-time / Full-time
Appropriate experience:	
(Work experience):	(Home/personal experience):
Previous employer:	
Position held:	
Length of service:	
Current rate of pay:	
Reason For Leaving:	
Do you have any criminal convictions, warnings or cautions, even if “spent”:	
Any other relevant comments:	
Interviewer comments on the applicant:	

Progress to interview?

Yes – Arrange to attend for interview. Tell them that The Home aspires to be an equal opportunities employer, and ask whether they require any particular arrangements to be made for

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them to be able to attend the interview

No – Inform not suitable. Giving reasons and close interview. Record reasons in box above. Keep this record

Individual Interviews: Please ensure that they bring with them information to help them complete their application form, two recent 'head and shoulders' photographs, some form of photographic identification, a recently paid utility bill, and a valid National Insurance card or other proof of NI registration (old P45?), and original copies of all qualifications which will be relied upon. If the applicant is a nurse, ensure that they bring Nursing and Midwifery Council registration card.

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INTERVIEW INVITATION

EL Marsh Care Home Ltd

0121 679 4364

Date _____

To _____

Dear _____,

Thank you for applying for the post of _____ at our organisation.

Please attend the above address at _____ on _____ for an interview. If you are unable to attend this appointment please telephone on the number listed above to arrange an alternative time and/or date.

You should bring the following items with you when you attend, or we will not be able to progress your application:

- Evidence of your National Insurance Number.
- Either
 - Your passport or a new style photographic driving licence;
- Or
 - Your birth certificate, in the name you are now using, with evidence of the name change if the name is now different.
- And, in addition to one of the above:
 - Proof of address, such as a recent utility bill, a credit card bill or bank statement, or council tax bill. If you have none of these, please ring to discuss alternative ways of establishing your identity, which is a process we are required to go through by regulation. Any evidence shown must be in your name, recent, i.e. no more than three months old, and we must see the original, not a copy;
 - Two recent 'head and shoulders' photographs of yourself;
 - Originals of any training or education certificates which you think may be relevant to your application.
- If you require a work permit to work in the UK, please bring the relevant documentation with you to establish that you are entitled to work in the UK.
- If you are a Registered Nurse, and will be working in that capacity, proof of your current NMC registration.

You will be given an application form when you attend, and time to fill it in before the interview begins. You should make arrangements to be with us for between 45 and 90 minutes in total.

Yours sincerely,

For and on behalf of **EL Marsh Care Home Ltd**

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Carer STANDARDS

In order to guide the interview process, we would like you to indicate your personal philosophy of care by completing the following statement:

I believe that the purpose of care from a care service is:	
If I were Service User in The Home I would like:	
I believe that the Service User's family and relatives would like from The Home:	
I believe that I can support a Service User in The Home because:	
As a member of The Home care team I feel valued when:	
I believe that a good relationship between me and the Service User depends on:	
I believe that I learn best when:	
I believe that a good working team is made by:	
I believe that my role in relation to the Service User is:	
My other beliefs and values of relevance to my job are:	

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APPLICATION FORM

EL Marsh Care Home Ltd

0121 679 4364

The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for:	
Approx. no. of hours wanted	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/Weekends only (please circle which you are able to work)
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number (home):	Telephone number (work - <i>will be used with discretion</i>):
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
Details:	

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EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

SHORT COURSES ATTENDED

Subjects	Location



**Quality
Compliance
Systems**

EL Marsh Care Home Ltd

Updated:15/01/2013

Printed:17/01/2013

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EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Other roles (use additional sheet):	

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Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

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ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

Any offer of employment may be made subject to a satisfactory medical report.

GP's name:

Tel no:

Address:



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(Your GP will not be contacted without your permission)

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NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (<i>delete as appropriate</i>)
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>delete as appropriate</i>)

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

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You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	

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CRIMINAL RECORD

Workers of The Home are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or

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criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed: _____

Date: _____