

TPR Care Services Ltd Application Form



TPR Care Services Limited
St James House
Pendleton
Salford
Manchester
M6 5FW
0161 850 6110
admin@tprcareservices.co.uk
www.tprcareservices.co.uk

Section 1: Position Applied For	
Date	

Section 2: Personal Details

First Name(s):	Surname:
Availability <i>(please circle your availability to work)</i>	Mon Tue Wed Thu Fri Sat Sun Days / Nights / Mornings / Afternoons / Evenings / Weekends only
Current Address:	Line 1 Line 2 Town / City Postcode
Home Phone Number:	Mobile Number:
Email Address:	
National Insurance Number:	NMC PIN Number: <i>(Nurses Only)</i>
Next of Kin - First Name:	Surname:
Relationship:	Contact Number:
Next of Kin Address:	Line 1 Line 2 Town / City Postcode

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<i>Do you have a driving licence?</i>	Yes	No Go to Section 3
<i>Have you got your own transport?</i>	Yes	No
<i>How many years have you had your licence?</i>		
<i>Have you a clean current driving licence?</i>	Yes	No

Section 3: Capacity to Work in the UK

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

Note: Minimum age legislation dictates that care workers in general must be 18 years old or older, and Carers working with people with learning disabilities must be 21 or older. Please inform your interviewer immediately if you do not meet these specifications.

Section 4A: DBS (Police Background Check)

<i>Do you have a current DBS certificate?</i>	Yes	No Please go to Section 4B
<i>Is it on the updating service?</i>	Yes	No
<i>What is the date of the certificate?</i>		
<i>Please supply the certificate number:</i>		
Please go to Section 5		

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Section 4B: Changes of Personal Details (DBS Cont)

<i>Town of Birth:</i>	<i>Country of Birth:</i>
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Changes to Names

<i>Name Used</i>	<i>Date Used From</i>	<i>Date Used Until</i>
<i>Surname(s) Used</i>		
<i>Surname(s) Used</i>		
<i>Surname(s) Used</i>		

5 Years Address History

Line 1	.....	Month and Year Moved In:
Line 2	.....
Town / City	.....	Month and Year Moved Out:
Postcode	.....
Line 1	.....	Month and Year Moved In:
Line 2	.....
Town / City	.....	Month and Year Moved Out:
Postcode	.....
Line 1	.....	Month and Year Moved In:
Line 2	.....
Town / City	.....	Month and Year Moved Out:
Postcode	.....

Note: For Criminal Record check purposes, addresses covering the last 5 years up to the application date must be supplied. If necessary, use another sheet of paper.

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Section 5: Education

Please supply copies of training certificates

Education		
School / College / University	Examinations Passed / Qualifications	
Training History		
Course Title	Date Attended	Training Provider
Short Courses Attended		
Subjects	Location	

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Section 6: 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. Please use the space at the end of this section to include more information if required.

Full Name and Address of Employer

Job Title:

Contact Number:

Date From:

Annual Salary / Hourly Rate:

Date Till:

Notice Period:

Full Name and Address of Employer

Job Title:

Contact Number:

Date From:

Annual Salary / Hourly Rate:

Date Till:

Notice Period:

Full Name and Address of Employer

Job Title:

Contact Number:

Date From:

Annual Salary / Hourly Rate:

Date Till:

Notice Period:

If necessary, use another sheet of paper.

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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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Section 8: 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 a Service User in a Care Home I would like:

I believe that the Service User's family and relatives would like, from a Care Home:

I believe that I can support a Service User in a Care Home because:

As a member of a 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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Section 9: Referees

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. It is important that you provide correct email addresses. We do not accept responsibility of reference requests sent to incorrect email addresses.

Current or Most recent Employer

Name:	What is their Relationship to you?
Address:	
Line 1:	.....
Line 2:	.....
Town / City:	.....
Post Code:	Job Title:
.....	
Tel Number:	Email Address:

Previous Employer

Name:	What is their Relationship to you?
Address:	
Line 1:	.....
Line 2:	.....
Town / City:	.....
Post Code:	Job Title:
.....	
Tel Number:	Email Address:

Character Reference

Name:	What is their Relationship to you?
Address:	
Line 1:
Line 2:
Town / City:
Post Code:	Job Title:
.....	
Tel Number:	Email Address:

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Section 10: Criminal Record

Do you have any criminal convictions, charges or cautions whether spent or not under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

Yes

No

Workers in this establishment are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the CRB. 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 ISA Register(s).

This declaration will also be used as part of any application for an Enhanced DBS certificate.

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 ISA 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 CRB. 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 an ISA Register check and a criminal records check from the CRB, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA Register status or 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: _____

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Section 11: Worker's Medical Questionnaire

This questionnaire is intended to assess your suitability for day and night work. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working nights, you will be offered a full, free, health assessment.

Complete only if you are applying for night work, and wish to complete it. However, all applicants for night workers MUST sign the declaration on this page.

OPTIONAL SECTION – Do you suffer from any of the following conditions, which may be made worse by night work?

<i>Diabetes, requiring insulin injections to a strict timetable?</i>	Yes	No
<i>A heart or circulatory disorder which affects your physical stamina?</i>	Yes	No
<i>Stomach or intestinal disorder, such as ulcers?</i>	Yes	No
<i>Any other condition which makes the timing of meals of particular importance?</i>	Yes	No
<i>A medical condition affecting sleep?</i>	Yes	No
<i>A chronic chest condition?</i>	Yes	No
<i>Any medical condition requiring medication to a strict timetable?</i>	Yes	No
<i>Any other medical condition in which the symptoms get worse at night?</i>	Yes	No

Please give further details for any questions for which you have answered Yes above

NON-OPTIONAL SECTION – Applicants Declaration – Read and understand before signing

I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.

By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.

I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work.

I do not wish to complete the questionnaire, and I do not wish to have a free health assessment. Delete as appropriate (i.e. either strike out 1, 2 and 3, or only 4).

Signed: _____ Date: _____ Print Name: _____

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Section 12: Equal Opportunities Monitoring Form

INTERVIEWER PLEASE DETACH THIS FORM FROM THE PACK AND HAND IT TO THE CANDIDATE, TOGETHER WITH A STAMPED ADDRESSED ENVELOPE. NO MARKS TO IDENTIFY THE CANDIDATE MAY BE MADE – THE REPLY IS ANONYMOUS AND CONFIDENTIAL.

The organisation is committed to promoting equal opportunities for all its employees and all prospective employees.

To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a v in the appropriate box. This will allow the organisation to monitor its policies.

PLEASE NOTE

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

Gender:	Male	Female
Age:		
Registered Disabled?	Yes	No
Children:	Yes	No
Marital Status:	Married	Single
	Divorced	
Please Indicate Your	African	Asian
Background:	Afro- Caribbean	UK European
	Other Please Specify	