

Internal use only

Ref. No. \_\_\_\_\_

Date Received \_\_\_\_\_



# CLANFIELD

## Residential Care Home

*'Your Home from Home'*

Tele: 01832 732398  
Email: [office@clanfieldcare.com](mailto:office@clanfieldcare.com)  
Website: [www.clanfieldcare.co.uk](http://www.clanfieldcare.co.uk)

### **APPLICATION FOR EMPLOYMENT FORM**

*Clanfield is committed to providing the highest level of care within a safe homely environment, whilst promoting independence, choice and respecting the views and wishes of our residents.*

Please ensure that you complete all sections of Part 1 and Part 2 of the application. Please note that providing false information will result in the application being rejected, or withdrawal of any offer of employment, or summary dismissal if you are in post, and possible referral to the Police. Please note that checks may be carried out to verify the contents of your application form. Please complete the form in black ink or type.

<b>Post for which you are applying:</b>	
<b>Where did you learn about the vacancy?</b>	

#### **Part 1. INFORMATION FOR SHORTLISTING AND INTERVIEWING**

<b>Initials:</b>	
<b>Surname:</b>	

#### **Current / last employment**

<b>Name and address of employer</b>	
<b>Job title</b> <i>Please enclose a copy of the job description, if possible</i>	
<b>Date appointed to current post</b>	
<b>Current salary</b>	
<b>Date available to begin new job</b>	

### FULL CHRONOLOGICAL HISTORY

Please provide a full history in date order, **most recent first**, since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment. Give start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

(If needed please continue on a separate sheet)

Current/Recent Employer	Position & Duties Held	Pay Rate/Salary	From/To (Month/Year)	Reason for Leaving

## Education and Training

Name and Address of School/College/University	Subject/Course Taken	From (month/ year)	To (month/ year)	Qualifications / Grades gained

**Please state any work-related courses you have undertaken, including any mandatory training:**

Organisation	Course	Qualification Achieved/Working towards	Date Awarded

**OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS**

*The Job Description in your application pack may help you.*

*Please give details of relevant experience:*

<b>What shifts are you able to work Monday to Friday?</b>	
<b>Are you able to work weekends on a rota basis?</b>	<b>YES                  NO</b>

## REFEREES

***YOU MUST SUPPLY REFERENCES! Please give the names and addresses of three referees, **one being your current or most recent employer.** Referees will only be contacted if you have been requested to attend an interview. All references supplied are treated as confidential information and will not be disclosed to any third parties. References will not be accepted from relatives or from people writing solely in the capacity of friends.***

### First referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

### Second referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

### Third referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

**If you would prefer that we did not contact your referees prior to interview, then please tick this box.**

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## Part 2

This section will be separated from Part 1 on receipt. Relevant responses may be verified prior to shortlisting and/or used for administration purposes but will not then be used for selection purposes. If you are called to interview you may be asked about the answers you have given to questions 13 to 14 and question 17 if relevant to the job.

### PERSONAL INFORMATION

1. Surname or family name		
2. All previous surnames		
3. All forenames		
4. Title		
5. Current Address		
6. Postcode		
7. Resident at this address since		
8. Home telephone number		
9. Mobile telephone number		
10. Date of birth		
11. Email address		
12. National Insurance No.		
13. Do you have a driving licence?	YES	NO
14. Do you hold a valid passport?	YES	NO
15. Have you ever been subject to an investigation by your employer or an Independent Safeguarding Authority?	YES	NO
	<i>If YES, please state separately under confidential cover the circumstances and the outcome including any orders or conditions. This will not be opened unless you are invited to interview.</i>	
16. Are you subject to any legal restrictions in respect of your employment within the UK?	YES	NO
	<i>If YES, please provide details separately</i>	
17. Do you have any cautions, convictions, or reprimands?	YES	NO
18. Do you require a work permit to work in the UK?	YES	NO
19. Are you related to or have a close personal relationship with any resident or staff member?	YES	NO
	<i>If YES, give details separately under confidential cover. This will not be opened unless you are invited to interview.</i>	
20. Are there any special arrangements which we can make for you if you are called for an interview and/or work-based assessment?	YES	NO
	<i>If yes, please specify:</i>	
21. You can meet all the needs and requirements of the role you are applying for?	YES	NO

### Additional Information

<b>Have you worked for Clanfield before?</b>	<b>YES      NO</b> <i>If yes, please give details:</i>
<b>Have you got any holidays booked?</b>	<b>YES      NO</b> <i>If yes, please give details:</i>

**Please give NOK details in case of emergencies**

**NOK 1:**

<b>Name</b>	
<b>Telephone number</b>	
<b>Relationship to applicant</b>	

**NOK 2:**

<b>Name</b>	
<b>Telephone number</b>	
<b>Relationship to applicant</b>	

<b>Name and Telephone number of your General Practitioner:</b>			
<b>Have you had a COVID vaccination?</b> <div style="text-align: center; margin-top: 5px;"><b>YES      NO</b></div>	<b>Date of 1<sup>st</sup> dose:</b>	<b>Date of 2<sup>nd</sup> dose:</b>	<b>Date of last booster:</b>
<b>Have you had a Flu vaccination?</b> <div style="text-align: center; margin-top: 5px;"><b>YES      NO</b></div>	<b>Date of last booster:</b>		



### **1) COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND-OVERS**

If we make an offer of employment, you will be required to complete a "Disclosure and Barring Service" (DBS) form. The information you give will be treated as strictly confidential. Disclosure of a conviction, caution, warning or reprimand will not automatically disqualify you from consideration. Any offence will only be taken into consideration if it is one which would make you unsuitable for the type of work you are applying for. However, offences relating to those individuals within the defined vulnerable groups may make you unsuitable since this is a "regulated position" under the Safeguarding Vulnerable Groups Act 2006

### **2) GENERAL DATA PROTECTION REGULATION 2018**

The information collected on this form will be used in compliance with the GDPR. By supplying information, you are giving your consent to the information being processed for all employment purposes as defined in the GDPR. The information may be disclosed, as appropriate, to the Partnership, Management, pension, payroll & personnel providers and relevant regulatory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud. This form will be kept strictly confidential but may be photocopied and may be transmitted electronically for use by those entitled to see the information as part of the recruitment process. When the recruitment process is completed, the form will be stored for a maximum of six months then destroyed. If you are employed as a result of this recruitment process, then this application form will be retained as part of your personnel record.

### **3) NOTES**

- Canvassing, directly or indirectly, an employee or management will disqualify the application.
- Candidates recommended for appointment will be required to provide a satisfactory Enhanced DBS certificate and complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

### **4) DECLARATION**

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the Police. I understand and accept that the information I have provided may be used in accordance with paragraph 2 above, and in particular that checks may be carried out to verify the contents of my application form

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**Signature of Applicant**

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**Date**

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**Print Name**

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## HEALTH CHECK FORM

<b>Name and Telephone number of your General Practitioner:</b>			
<b>Have you had a COVID vaccination?</b> <b>YES    NO</b>	<b>Date of 1<sup>st</sup> dose:</b>	<b>Date of 2<sup>nd</sup> dose:</b>	<b>Date of last booster:</b>
<b>Have you had a Flu vaccination?</b> <b>YES    NO</b>	<b>Date of last booster:</b>		