



Millennium Homecare Services. 2 Avenue Road, Whittington Moor, Chesterfield, Derbyshire, S41 8TA (01246 261389)

PR10 Application Process (Version 3)

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. And return to above address

Position applied for:		National Insurance number	
Email address		Date of birth	
Surname:		First name(s):	
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc.):		Please Circle. Mr, Mrs, Miss, MS, Other	
Current address:			
Post code:	Moved to this address From (date) To (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.		Previous address details	
Post code:	Moved to this address From (date) To (date)		
Telephone number (home):		Telephone number (mobile):	
Own Transport (Yes / No): How long has your licence been held?		Clean current driving licence: (Yes / No): Endorsements:	
Where did you hear about this vacancy			Do you smoke Yes / No
Please provide date(s) of all holiday(s) you have committed to or pre booked (This must include the first day you are not available(start of your holiday) and the last day you are not available (last day of your holiday)		Pre booked / committed to Holiday dates	

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As this post is part of a 24 Hour, 7 Days a week service, you will be required to work: Some evenings, Alternative weekends, a minimum 3 of the 5 bank holidays, (the festive season is not included in the 5 bank holidays and is treated separately). During the festive period 18th December to 7th January no holidays may be taken and the management will wherever possible work with employees to manage a fair working roster during this period

Please indicate the hours you are available against each day i.e. Monday 6.00am to 10.00pm, Tuesday 1.00pm to 10.00pm

Day		Please note, your interview is based on the days and times you have indicated on your availability. In the event your availability changes before your interview, during your induction or your 3 month probationary period and your availability changes do not meet the company's requirements or the criteria you were originally made a job offer, it may affect the job offer or your continued employment with Millennium Homecare Services Ltd.	<i>For office use only. Agreed amended HOURS</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total hours required per week		Are you available for nights (10.00pm – 7.00am)	Yes	No
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EDUCATION (from first to last)

School/College/University	Examinations Passed/Qualifications Gained	Start Date	Finish Date
<i>(Please supply copies of certificates)</i>			

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TRAINING HISTORY/PROFESSIONAL STATUS

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

ADDITIONAL COURSES ATTENDED

Subjects	Location

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EMPLOYMENT HISTORY: Information must cover the whole of your working life from leaving education (School/College/University) to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign any extra sheet(s)

Finish date of leaving education (this must match the last finish date on page two Education	Finish Date	
1.Name and address of your employer: or reason for gap in employment after leaving education	Start Date	Finish Date
Nature of business:		
Position held and reason for leaving:		
2.Name and address of employer: or reason for gap in employment after listed above (1)	Start Date	Finish Date
Nature of business:		
Position held and reason for leaving:		
3.Name and address of employer: or reason for gap in employment after listed above (2)	Start Date	Finish Date
Nature of business:		
Position held and reason for leaving:		
4.Name and address of employer: or reason for gap in employment after listed above (3)	Start Date	Finish Date
Nature of business:		
Position held and reason for leaving:		

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5.Name and address of employer: or reason for gap in employment after listed above (4)		Start Date	Finish Date
Nature of business:			
Position held and reason for leaving:			
6.Name and address of employer: or reason for gap in employment after listed above (5)		Start Date	Finish Date
Nature of business:			
Position held and reason for leaving:			
Other Roles (Use additional sheet if required)			

For office use only Section 1				
Employment history checked ok with no gaps. Please add on Employment continuity check sheet page 17 "No gaps"				
Name printed		Name signed		Date
Gaps in employment further checks required, give explanation of checks required				
Name printed		Name signed		Date
Further checks on gaps in employment , please give explanation if checks meet requirements and transfer this information to Employment continuity check sheet page 17, if checks do not meet the requirements transfer the gap information to Employment continuity check sheet page 17 for discussion at interview				
Name printed		Name signed		Date

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RELEVANT EXPERIENCES

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.

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:
(This information will not be used in reaching a decision on whether to offer employment.)

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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>Circle 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>circle as appropriate</i>)
If you require a work permit do you hold one	Yes / No (<i>circle 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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REFEREES

You must provide references from your most recent employer. Please provide a 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:	

Character reference (Not a partner, close friend or relative)

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

For office use only, Revised employer / character reference

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

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CARER STANDARDS

In order to guide the interview process, we would like you to indicate what your personal views and beliefs are, of care by completing the following statement:

I believe that the purpose of care from a care service is:	
If I received care from the domiciliary agency I would like	
I believe that the Service User's family and relatives would like from the agency:	
I believe that I can support a Service User in the agency because:	
As a member of the agency 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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CRIMINAL RECORD

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

Please note, you may not be eligible for work in a care setting if you are on the Disclosure/Disclosure Scotland 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 may not be offered a post until a satisfactory response has been received with respect to my Disclosure/Disclosure Scotland 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 Disclosure/Disclosure Scotland. I understand that until a satisfactory response is received from the Disclosure/Disclosure Scotland, 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. By my signature, I authorise Millennium Homecare Services Ltd to request a Disclosure/Disclosure Scotland Register check and a criminal records check from the Disclosure/Disclosure Scotland, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my Disclosure/Disclosure Scotland 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.

Name printed _____

Signature _____ Date _____

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A Disclosure/ Disclosure Scotland (DBS) check is compulsory requirement of your potential employment with Millennium Homecare Services

The Disclosure/ Disclosure Scotland (DBS) check is yours to keep

The Disclosure/ Disclosure Scotland (DBS) check cost is £54.80 payable by yourself, payment will only be required if your application is successful, you will be asked at your induction which one of the following methods you wish to make this payment

1. £54.80 payable on application
2. Two payments of £27.40 deducted from wages
3. Four payments of £13.70 deducted from wages

4 If you cannot provide the required ID for the online Disclosure/ Disclosure Scotland (DBS) check, a paper version of the Disclosure/ Disclosure Scotland (DBS) check will have to be completed, which will incur an extra charge of £3 in addition to the above.

DBS Applicants details (please provide requested information)

1	Title(Please tick)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
2	Surname						
3	Forename(s)						
4	Have you ever been known by any other names? (Please tick)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, you must complete the full name(s) in a5 to a10, if no go to a11			Us a continuation sheet if necessary
5	Surname						
6	Forename(s)						
7	Dates from & to						
8	Surname						
9	Forename(s)						
10	Dates from & to						
11	Date of Birth						
12	Gender(please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
13	Place of birth(town)						
14	Place of birth (county)						
15	Telephone No						
16	Do you have a national insurance number	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, you must complete a17 if no go to a18			
17	National insurance number						
18	Do you have a valid UK driving licence	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, you must complete a19 if no go to a19			

