

APPLICATION FOR EMPLOYMENT

(via AGE UK LINCOLN WEBSITE)

PRIVATE AND CONFIDENTIAL

When completing the form, please use a black ink and write your personal details in CAPITALS

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| --- | --- | --- | --- | --- | --- |
| Return this form to: | | Human Resources Department  Age UK Lincoln  36 Park Street  Lincoln, LN1 1UQ  E- recruitment@ageuklincoln.org.uk | | | |
| Position applied for: | **HOME CARE ASSISTANT** | | | | |
| TITLE: | FORENAME(S) | | | SURNAME | |
| ADDRESS |  | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | POSTCODE |  |
| TELEPHONE: | HOME | |  | | |
| MOBILE | |  | | |
| EMAIL: |  | | | | |

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| --- | --- |
| **Declaration (Please read carefully before signing this application)** | |
| 1.  2.  3. | I confirm that the information contained in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.  I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. If my application is unsuccessful my details will be destroyed after six months.  I agree that the organisation may apply to the Disclosure and Barring Service (DBS) for an Enhanced Disclosure if the position requires it and to previous employers for references.  Signed: Dated: |
|  |  |

**How did you hear about this vacancy? VIA AGE UK LINCOLN WEBSITE**

##### EDUCATION HISTORY

##### Including Schools/Colleges attended (Please complete in full with the most recent first)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FROM  (Date) | TO  (Date) | SCHOOL/COLLEGE/  UNIVERSITY | SUBJECT | GRADE/QUALIFICATION | DATE |
|  |  |  |  |  |  |
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Provide details of any further qualifications obtained and/or training attended, including dates.

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| --- | --- | --- |
| DATE | SUBJECT | TRAINING PROVIDER |
|  |  |  |
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| --- | --- |
| **Computer Literacy** | |
| **Skills (e.g. Word Processing,**  **Spreadsheets etc)** | **Software Packages Used** |
|  |  |
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**CAREER DETAILS**

**Please give details of your current or most recent position together with contact details and telephone numbers.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **JOB TITLE** |  | | | | | |
| **EMPLOYER** |  | | | | | |
| **ADDRESS & TELEPHONE No** |  | | | | | |
|  | | | | | | |
|  | | | | **POST CODE** | |  |
| **EMPLOYED FROM** | |  | **EMPLOYED TO** | |  | |
| **CURRENT SALARY** | |  | **NOTICE PERIOD** | |  | |
| **REASON FOR LEAVING (if applicable)** | |  | | | | |
| **Brief description of main responsibilities/ activities** | |  | | | | |

###### PREVIOUS EMPLOYMENT

(Minimum 5 years history, explaining any gaps in employment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATES** | | | | |
| **FROM/TO**  **(5 year history, explain any gaps in employment)** | **JOB TITLE** | **MAIN RESPONSIBILITIES/ ACTIVITIES** | **COMPANY, ADDRESS & CONTACT NUMBER** | **REASON FOR LEAVING** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (Please expand boxes or continue on additional sheets if necessary) | | | | |

**INFORMATION IN SUPPORT OF YOUR APPLICATION**

**Why do you believe that you are suitable for this post?**

|  |
| --- |
|  |

**(Please expand boxes or add additional sheets where necessary)**

**Hours of Work**

**We are unable to guarantee how many hours you will work per week but we will try and maintain the hours you have requested**. *(Loss of hours could be due to a service user being admitted to hospital.)*

We are also interested in taking on staff who can work a combination of evening runs and weekends.

Core hours are **7 am - 10 pm** over 7 days.

**Please initial below your available hours for work:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **7am – 11am** | **11am - 2pm** | **2pm – 4pm** | **4pm – 10pm** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

**What are your target hours per week?**

Less than 8 hours per week.

8 to 16 hours per week.

Over 16 hours per week.

Available to work weekends only?

**Ideal Preferred Number of hours a week? …………………………………………..**

## REFERENCES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please note here the names and addresses of two referees who can provide information relating to your competency for this role, one of whom **must** be your present or most recent employer. A character or work referee **should not** be from the **same company as information given for Reference 1, a relative or friend.** | | | | |
| **REFERENCE 1 : CURRENT OR MOST RECENT EMPLOYER** | | | | |
| NAME |  | | | |
| POSITION |  | | | |
| ADDRESS |  | | | |
|  | | | | |
|  | | | POSTCODE |  |
| **TELEPHONE NUMBER:** | |  | | |
| May we contact this person prior to interview? | | | |  |
|  | | | | |
| **REFERENCE 2 : CHARACTER OR WORK REFERENCE*(Not to be from the same company as Reference 1)*** | | | | |
| NAME |  | | | |
| POSITION |  | | | |
| ADDRESS |  | | | |
|  | | | | |
|  | | | POSTCODE |  |
| TELEPHONE NUMBER: | |  | | |
| May we contact this person prior to interview? | | | |  |

**FURTHER INFORMATION**

|  |  |
| --- | --- |
| Are you related to any Board or staff member of Age UK Lincoln? If yes please give details | Yes/No |
| Do you require a work permit to work in the UK? | Yes/No |
| Do you have a current driving licence? | Yes/No |
| If Yes, is it a full or provisional licence? | Full or Provisional |
| Do you have access to your own transport? | Yes/No |
| **The Equality Act 2010 (Disability Discrimination Act 1995) has defined disability as follows; “A physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities”**  Under these terms do you consider yourself to have a disability?  This will not have a detrimental effect on your application | Yes/No |
| **STRICTLY PRIVATE AND CONFIDENTIAL**  CAUTIONS, REHABILITATION AND CRIMINAL RECORDS  Because of the nature of the work for which you are applying, you must provide information about any convictions. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.  If you have no convictions please write NONE ............................  If you do have any previous or outstanding convictions, details of the type of offence, date, sentence, fine etc. should be placed in a separate, sealed envelope which will subsequently be returned to you. It will only be opened if you are considered for the appointment. Such information will be completely confidential to the appointing panel.  This section should be deleted for posts not exempted by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 | |

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| In accordance with its equal opportunities statement, we will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.  If you are selected for interview do we need to make any reasonable adjustments for your visit to our offices?  If reasonable adjustments are required please notify the office before attending. |
| Completed application and paperwork to be returned to the following address:  HUMAN RESOURCES DEPARTMENT  Age UK Lincoln  36 Park Street  Lincoln LN1 1UQ  Tel: 01522 696000 or Fax: 01522 567212  or email [recruitment@ageuklincoln.org.uk](mailto:recruitment@ageuklincoln.org.uk) |