

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

Position applied for: _____ **Job Reference: (office use only)** _____

Guidance Notes

This application form is in two parts: **Part A** provides a resume of your educations, qualifications and career; **Part B** asks you to respond to questions relating to the role advertised, specifically in relation to the values of Age UK Northumberland. Please complete both sections in full.

The person specification we have provided sets out the values, skills, abilities, knowledge and experience required for the job and describes how we will assess these. If you are invited to interview we will ask you about your responses on the application form. Depending upon the role for which you are applying we may also set a situational judgement test, basic numeracy and literacy test, related task test or presentation to evaluate your ability to meet the role criteria. You will be informed of any additional selection testing if you are invited to attend for interview. Your completed application form will be scored against the essential & desirable criteria. The highest scoring applicants will be invited to interview. All applicants who have declared a disability and meet all of the essential criteria for the advertised post will be invited to interview stage.

Please do not include any additional sheets or a CV as these will not be considered by the shortlisting panel.

Part A

TITLE: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Non-binary <input type="checkbox"/> If you prefer to use your own term, please specify here:		Forename(s):	Surname:
Name known as (if different from Forename)			
Address:			
Postcode:			
Email:			
Telephone numbers:	Home:		
	Mobile:		
	Work:		
National Insurance No:			

EDUCATIONAL HISTORY & QUALIFICATIONS

Please list University/College/Secondary School(s) in reverse chronology (most recent first) and qualifications awarded.

Start Date	End Date	Full Time or Part-Time	Name of School / College / University	Subjects Studied	Grade / Level	Date

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

MEMBERSHIP NUMBER	PROFESSIONAL BODY	LEVEL OF MEMBERSHIP	DATE LICENSED

CONTINUING PROFESSIONAL DEVELOPMENT: TRAINING COURSES ATTENDED

YEAR	COURSE TITLE	TRAINING PROVIDER

FURTHER INFORMATION

Do you have a **FULL** current driving licence with access to your own transport? YES / NO
 Do you hold a NVQ Level 2 in Health & Social Care ? YES / NO

CURRENT EMPLOYMENT OR VOLUNTEERING

Organisation:	Job Title
Address	Start Date
Postcode	End Date
Please outline your main duties, responsibilities and reasons for leaving this role	

Please tell us about your wider career/volunteering. We will ask you about any career gaps if you are offered an interview.

Start Date	End Date	Organisation	Role Title & Description of Duties	Volunteer (V) or Employee (E)

REFERENCES

Please provide the names and addresses of two professional referees who can provide information relating to your competency for this role. One of these must be your present or most recent employer.

A character referee is someone who knows you in a professional capacity e.g. your doctor, a minister, a teacher/college lecturer (if a recent student), or a senior manager/manager known to you (preferably worked with)*.

We are unable to accept references from friends, work colleagues or family members. We will not contact referees unless you are invited to interview. If you have previously been employed in the care sector and it is not your most recent employer, you must provide their details for reference number two.

*If you require further guidance regarding a suitable character reference please contact the HR Department on 01670 784800. Option 3.

Reference 1: Current or Recent Employer	
Name	
Organisation	
Telephone	
Email	
Address	
In what capacity does the referee know you? (e.g. employer, line manager, supervisor)	

Reference 2: Character/Professional Reference	
Name	
Organisation	
Telephone	
Email	
Address	
In what capacity does the referee know you? (e.g. employer, line manager, supervisor)	

HEALTH DECLARATION – TO BE COMPLETED BY ALL APPLICANTS**FITNESS FOR THE ROLE ADVERTISED**

Age UK Northumberland provides services to vulnerable adults 365 days a year. Service users can be challenging and/or distressed because of their disability, a short-term illness, age frailty and/or their personal situation at the time.

A range of our roles, and particularly those involving care duties, require our employees to undertake physically and emotionally demanding roles. These services are provided in the community and involve contact with service users and family members. For the roles connected with the provision of a regulated service, we are required by the Care Quality Commission (CQC) to check that all employees providing care are of good health.

Health Declaration:

I have read the job description and confirm that I am fit for the advertised role.

Name:

Date of Signature:

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**CRIMINAL RECORD SELF DECLARATION FORM
MUST BE COMPLETED BY ALL APPLICANTS**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Orders 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974. As amended in 2013, and will be taken into account in deciding whether to make an appointment.

The information disclosed on this form will not be kept with your application form during the application process and will be considered only in relation to this application.

In addition you are required to submit to a Disclosure & Barring Service Enhanced Disclosure and Barred List. Any disclosures made by the DBS will remain strictly confidential.

<p>Do you have any cautions, convictions, reprimands or warnings by the Police, which are not protected (i.e.filtered) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?</p> <p>If you are unsure whether your convictions, cautions, reprimands or final warnings are filtered, please contact Nacro for further advice using the following link: https://www.nacro.org.uk/</p> <p>If YES please provide details of your criminal record in the space below, including dates. Please include any driving offenses including speeding fines.</p>	<p>YES / NO</p>

<p>Have you been subject to a Disciplinary Investigation, sanction or referral to a governing body/organisation (e.g. NMC, DBS, Home Office, etc)</p> <p>If YES please provide details in the space below, including dates.</p>	<p>YES / NO</p>
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DECLARATION:

I declare that the information provided on this form is correct. I understand that the declaration of a criminal record and or disciplinary action will not necessarily prevent me from being offered the role of Home Care Support Worker

Signed:	Date:
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Please return this form to HR, Age UK Northumberland

PART B**Question 1**

Please explain how you meet the criteria listed in the Person Specification (See Appendix 1.) for the role you have applied for.

Question 2

Our values describe what makes our people 'Age UK Northumberland People'. They are the qualities and ethos that we expect our employees and volunteers to embrace at all times, both in interactions with each other and also with external customers and service users.

1. We are **RESPECTFUL**
2. We are **EMPOWERING**
3. We promote **EQUALITY & INCLUSIVITY**
4. We demonstrate **INTEGRITY & are TRUSTWORTHY**
5. We are **EMPATHETIC**

Please describe an example of when you have displayed each of these values in your past work or life experience. You can find more information about our values in the application pack. If you require additional space, please use additional paper and attach securely to the application form.

DISABILITY DISCLOSURE REASONABLE ADJUSTMENT NEEDS

Age UK Northumberland is committed to equality of opportunity. We welcome applications for employment or volunteering from adults with disabilities as defined by the Equalities Act 2010. We are committed to making reasonable adjustment needs within our resources and capabilities to reduce any inequality or detriment arising from disability.

If you wish to disclose a disability and request reasonable adjustments please complete the form below.

All disabled applicants who meet the essential criteria for the role will be offered an interview under the Guaranteed Interview Scheme.

Please give details of your disability and describe the reasonable adjustments you will need at interview or in later employment/volunteering.

This disclosure will only be seen by those responsible for making reasonable adjustments.

Name of Applicant:

Appendix 1. Person Specification – Home Care Support Worker

	Essential	Desirable
Experience	<ul style="list-style-type: none"> • Experience of working with older people who need support. • Experience of working in people's homes. • Experience of undertaking household tasks. 	<ul style="list-style-type: none"> • Supporting personal care
Knowledge	<ul style="list-style-type: none"> • Understanding of challenges facing older people. • Awareness of equality diversity. 	<ul style="list-style-type: none"> • Understanding of Age UK Northumberland. • Awareness of local services available.
Skills	<ul style="list-style-type: none"> • Is an active listener and makes time for people. • Ability to empathise with others. • Excellent communication skills. (verbal and listening) • Excellent organisational skills, being able to prioritise and plan own work load within given allocated time. 	
Behaviour	<ul style="list-style-type: none"> • Has a professional manner. • Has personal commitment. • Has a 'can do' attitude. 	

**Pre-employment Medical Questionnaire
To be completed and returned to HR**

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For the purposes of Age UK Northumberland's health and safety obligations, candidates who have been offered employment with the Company must complete this form.

Name:		Tick as appropriate	
		Male	Female
Address:			
Date of Birth:			
Telephone number (landline):			
Telephone number (mobile):			
Email address:			
Have you ever had:	* delete as applicable	Additional Information to "Yes" response	
Tuberculosis, asthma, bronchitis or chest problems?	*Yes/No		
Chest pain, heart condition or raised blood pressure, a stroke?	*Yes/No		
Epilepsy, blackouts or fits of giddiness?	*Yes/No		
Depression, mental illness or nervous breakdown?	*Yes/No		

Rheumatism or arthritis?	*Yes/No	
Back trouble?	*Yes/No	
Typhoid, paratyphoid or other gland trouble?	*Yes/No	
Digestive or bowel disease?	*Yes/No	
Diabetes, thyroid or other gland trouble?	*Yes/No	
Bladder or kidney trouble?	*Yes/No	
Dermatitis or skin trouble?	*Yes/No	
Allergies?	*Yes/No	
Do you have any problems with your sight that are not corrected by glasses?	*Yes/No	
Do you have any problems with your hearing?		
Any other accident, operation or illness in the previous five years?	*Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	*Yes/No	

Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	*Yes/No	
Do you intend to work night duties on a regular basis?	*Yes/No	
For how many days has sickness or illness prevented you from attending work in the last year?		
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	*Yes/No	
Any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.	*Yes/No	

Protecting your data

We require this information in order to confirm the condition of your employment offer is fulfilled, that being the provisions of a satisfactory health check and to determine whether any reasonable adjustments are required in order for you to fulfil your role.

This information will help us to make decisions about confirming your employment and your working arrangements etc with the fullest information available to us.

Using the information you have provided in this questionnaire will involve our processing of special categories of data about (ie information about your health) and this is governed by data protection legislation.

We may only process your data where a lawful basis applies. In respect of the data to be processed as part of the medical examination and report process, we rely on the lawful basis of legitimate interests and consent.

This data will be handled in line with our data protection policies, General Data Protection Regulation and the Data Protection Act.

Employee declaration:

The information I have provided above is true to the best of my knowledge and belief.

Employee Signature:
Date:

Access to medical records

In accordance with the Access to Medical Records Act 1988, we require your consent before we may contact your GP or other medical professional concerning your state of health. Please complete the details below which will signify your agreement to such contact taking place.

Provision of consent: I hereby give my consent to to contact my GP in order to ascertain the current state of my health.
GP Name:
Practice Address:
Practice telephone number:
Employee Signature:
Date:

Please return your completed
Application Form,
Disability Disclosure,
Equal Opportunities Monitoring Form and
Pre-employment Medical Questionnaire

Marked Private and Confidential to

Human Resources,
Age UK Northumberland
The Round House, Lintonville Parkway
Ashington, Northumberland
NE63 9JZ

Or Email : hadmin@ageuk-northumberland.org.uk
Telephone Queries to Tel. 01670 784800 Option 3