



**SCA Care Application Form
Confidential**

Post applied for:	Location:	Where did you see this post advertised?
Personal Details and Information (to be completed in block capitals please)		
Surname:	Title: Mr/Mrs/Miss/Ms (delete as appropriate)	
Forenames:	National Insurance Number:	
Address:		
Postcode:	Email:	
Home Tel No. (inc code):	Mobile Tel No:	
Additional Information		
Do you possess a valid driving licence for the UK? (please circle) Yes / No	Do you have use of a car for work? (please circle) Yes / No	
Do you have the legal right to work in the UK? (please circle) Yes / No		
If 'yes' but there are conditions attached, please specify (e.g. start/end dates/WRS etc.):		
If 'no' , we are unable to recruit anyone who does not have the legal right to work in the UK.		
Are you related to, or do you know anyone who is an employee of SCA? (please circle) Yes / No		
If 'yes' please give the name of the employee and your relationship to them:		
Criminal Record Declaration		
The nature of the work you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are applying for a post involving access to persons in receipt of care services, your offer of employment will be subject to a satisfactory enhanced Criminal Records Bureau check. It is therefore a requirement that all previous convictions are declared, even those which would otherwise be regarded as 'spent'. (Any such information will be treated confidentially).		
Please read the above carefully and then answer the following questions:		
Have you ever been convicted of a criminal offence? (please circle)	Yes / No	
Have you ever received any official cautions, reprimands or warning? (please circle)	Yes / No	
To your knowledge, are you currently the subject of any criminal proceedings or any police investigation? (please circle) Yes / No		
If you have answered 'yes' to any of the above 3 questions please provide details below:		

Education, Qualifications, Training and Current Learning

Secondary Education Establishment e.g. Secondary School Name:	Leaving Date:	Qualifications/grades obtained:	Date achieved:
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Further/Higher Education Establishment e.g. College / University Name:	Leaving Date:	Qualifications/grades obtained:	Date achieved:
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Other relevant training, professional qualifications or work related skills (including dates)

Any details of membership to professional bodies (please provide details including any offices held)

Employment History**Current/most recent employment**

Employers Name:

Address:

Postcode: Tel No:Job Title: Hourly Rate of Pay or Salary:Date employment commenced: Date employment ended if applicable:

Brief description of duties and responsibilities:

Full Employment History (most recent first with any gaps of unemployment explained, in line with regulatory requirements we require FULL history backdating to the date you left full time education) Please continue on an additional sheet if required.

Dates (MM/YYYY)		Job Title	Employer's name and full address including postcode	Reasons for leaving
From	To			

Relevant Experience

Please use this section to state how your skills, experience and training would enable you to meet the requirements of the role for which you are applying. Please also state below how you feel you meet the requirements of the job description and person specification. *(continue on separate sheet if necessary, stating your name and the role you are applying for)*

Availability Not applicable to Day Care positions, night shifts only apply to Extra Care, please note the timings differ depending on location. please note, we require care workers to work at least 16 hours per week including some evenings and alternate weekends). NOTE - * 4 weeks' notice is required to change this availability.

Please specify the times you are available from - to in each box.	Mornings (From 7am)	Afternoons	Evenings (Up to 10pm)	Nights (9pm – 7am)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday Week 1				
Saturday Week 2				
Sunday Week 1				
Sunday Week 2				

Ideal number of hours you would like to work each week:

Declaration of Interests

Do you have any other work commitments, either paid or unpaid, which you would continue with if offered employment with SCA? (please circle) **Yes / No** (if yes, please give details)

References

Please provide the names and contact details of at least four referees, the first two must be your present or most recent employer, however if there is less than two years between both of these then please provide two further references.. *If you do not have four references, one may be from a professional body, a lecturer, teacher or similar. Also, if you have previously been employed in a position which involved working with vulnerable adults or children then one of the references you provide must be from this agency/employer. (In accordance with the Health and Social Care Act 2008).*

Personal references such as relatives, friends or neighbours ARE NOT acceptable as referees. In line with regulatory requirements, SCA will contact any previous employers stated in your employment history deemed as suitable referees.

Present or last employer	Previous employer
Name:	Name:
Address:	Address:
Daytime phone number:	Daytime phone number:
Email address:	Email address:
Occupation/Relationship to referee:	Occupation/Relationship to referee:
Contact prior to interview: (please circle) Yes / No	Contact prior to interview: (please circle) Yes / No
Reference 3 (not personal)	Reference 4 (not personal)
Name:	Name:
Address:	Address:
Daytime phone number:	Daytime phone number:
Email address:	Email address:
Occupation/Relationship to referee:	Occupation/Relationship to referee:
Contact prior to interview: (please circle) Yes / No	Contact prior to interview: (please circle) Yes / No

Next of Kin			
Full name:			
Relationship to you:			
Home Tel number:		Mobile Tel number:	
Address:			
GP Details: (Any employment may be made subject to a satisfactory medical report)			
GP's name:			
Telephone number:			
Address:			
(Your GP will not be contacted without your permission)			
Applicant Declaration (Please read carefully before signing the application)			
<p>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. This equally applies to any medical questionnaires which I may complete.</p> <p>I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, and that confirmation of the employment will be subject to a satisfactory criminal check from the DBS. I understand that until a satisfactory response is received from the DBS, 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. I understand that SCA will contact previous employers stated above and listed on the above employment history as deemed to be satisfactory referees in accordance with company policy, Care Quality Commission (CQC) and the Health and Social Care Act 2008.</p> <p>By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as 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 employment status.</p> <p>I also give my consent that any information given; including sensitive personal data (e.g. ethnic origin, health condition etc.) may be stored as computerised or manual data. This data may be used for the purposes of monitoring the make-up of applicants and workforce and may be seen by senior managers or officers of the company involved in the monitoring of such data. Information provided may be copied for use in the recruitment process. Your records will be kept for a period of 6 months after the recruitment process is completed. If you are the successful candidate, relevant information will be taken from the application pack and used as part of your personnel record.</p>			
<p>Name: _____ Signed: _____ Date: _____</p>			
<p>For Office Use: Once completed, please check the contents of this form are correct and send this form back to The HR Department, Amplevine House, Dukes Road, Southampton, SO14 0ST or email back to taylor.kill@scagroup.co.uk. Please note errors or incomplete information on this form may delay the recruitment process.</p>			