



## River Garden Care Application Form

### Personal Details

( Mr / Mrs / Ms / Miss )

Surname .....

Forename(s) .....

Permanent Address .....

Home Telephone No. ....

Mobile Phone No. ....

Post Code .....

Work Phone No. ....

Nationality .....

e-mail Address .....

National Insurance No. ....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport No. ....

Place of Birth .....

Registered  Y /  N

Registered PIN .....

#### Marital Status

- Married  Cohabiting  
 Single  Civil Union  
 Divorced  Domestic Partnership  
 Widow/Widower  Unmarried Partners  
 Other, please describe \_\_\_\_\_

#### Ethnicity

- White  Indian  
 African  Pakistani  
 Caribbean  Bangladeshi  
 Arab  Chinese  
 Other, please describe: \_\_\_\_\_

### Care Experience

- No Experience / Trainee  Voluntary Experience  Paid Experience

### Transport

Do you own/have use of a car that you are prepared to use for business purposes  Y /  N

Do you have a Clean License?  Y /  N

### For non-British/EU Nationals only

Date of Entry to UK \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a Visa to work in the UK?  Y /  N Visa Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Interests / Hobbies

- |                                         |                                           |                                             |                                         |
|-----------------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Art & Theatre  | <input type="checkbox"/> Video Gaming     | <input type="checkbox"/> Music              | <input type="checkbox"/> Photography    |
| <input type="checkbox"/> Beauty         | <input type="checkbox"/> Green Living     | <input type="checkbox"/> Nightlife          | <input type="checkbox"/> Sports         |
| <input type="checkbox"/> Cars           | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Outdoors/Gardening | <input type="checkbox"/> TV             |
| <input type="checkbox"/> Cooking / Food | <input type="checkbox"/> Home Decor       | <input type="checkbox"/> Pets               | <input type="checkbox"/> Technology     |
| <input type="checkbox"/> Fashion        | <input type="checkbox"/> Movies           | <input type="checkbox"/> Politics           | <input type="checkbox"/> Thrill Seeking |

## Qualifications

### Education & Further Education

*E.g. School GCSEs and University Bachelor, Master degree's etc*

Date	University / College / School	Qualification	Grade

**Professional Care Training / Accreditations**

*E.g. NVQ Level 2 in Social Care, Moving & Manual Handling, Health & Safety etc*

Date	Company / Assessment Body	Qualification	Grade /Level

**DBS Check**

Have you previously undergone a DBS Check?  Y /  N

What was the date of your last the last DBS Check      \_\_/\_\_/\_\_\_\_

Are you registered for the Online Update Service  Y /  N

## Employment History

Please give details of ALL previous employment and account for any periods in between roles, e.g. unemployment, travel, voluntary work etc. Please continue on a separate sheet if necessary.

Date From-To (month/year)	Employer's name and Location	Job Title and brief description of duties	Salary + Reason for leaving



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## References

We require a minimum of two references from your most recent employers, should this not cover the last three years, please provide further names and addresses of employers that cover this period.

### Employer References

#### Current or Most Recent Employer

Full Name ..... Job Title .....

Telephone No. .... e-Mail .....

In what capacity do you know them? .....

#### Previous Employer

Full Name ..... Job Title .....

Telephone No. .... e-Mail .....

In what capacity do you know them? .....

#### Previous Employer

Full Name ..... Job Title .....

Telephone No. .... e-Mail .....

In what capacity do you know them? .....

## Character References

If you are unable to provide employment references, please provide 2x character references below, these should be obtained from people who know you personally, that are not from within your family. These should be from someone who has known you from a position of authority, such as a teacher or supervisor.

### Character Reference

Full Name ..... Job Title .....

Telephone No. .... e-Mail .....

In what capacity do you know them? .....

### Character Reference

Full Name ..... Job Title .....

Telephone No. .... e-Mail .....

In what capacity do you know them? .....

## Declaration of Criminal Record

Due to the nature of the work you are applying for, the Rehabilitation of offenders Act (Exceptions) Order 1975 applies. Applicants are therefore NOT entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

Are you disqualified from working with children or vulnerable adults?  Yes  No

Do you have any convictions, cautions, reprimands or final warnings that would not be filtered in line with current guidance?  Yes  No

If yes, please specify: .....

Are you the subject to any current outstanding disciplinary action or legal proceedings?  Yes  No

If yes, please specify: .....

If yes please specify: .....

Have you ever had a County Court Judgment (CCJ) made against you?  Yes  No

If yes please specify: .....

## Applicant Declaration

I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable to dismissal without notice or in some instances, referral to the police.

I understand and agree that data contained in the application form will be used and processed for recruitment and employment related purposes. I agree to River Garden Care holding and processing this information

Signed .....

Dated .....



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**Office use only**

**Please confirm full employment history has been provided Y / N**

**Signature:**

**Date:**