



Position: **COMMUNITY CARE ASSISTANT**

Warning Note: 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 Offender Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the Employer. Any information given will be completely confidential and will be considered only in relation to an application for positions for which the order applies. As from 26th July 2004 it becomes a statutory requirement (Care Standards Act 2000) for an employer of social care staff to undertake checks on all staff against the Dept of Health POVA List. In addition, it is a requirement for all employers to refer for possible inclusion on the POVA list any employee who is subject to dismissal for conduct that has placed a vulnerable person at risk. In signing the declaration on this application you give you consent for New Care (Devon) Limited to take up Criminal Record and POVA List checks and references.

Last Name: Title:

First Name(s):

Present Home Address:

Telephone No: Home Mobile:

Email Address:

Date of Birth (Optional): Are you over 18 Years of age
DD MM YY

National Insurance No:

Date Available for Work:
DD MM YY

AREA PREFERENCE	AVAILABE DAYS	AVAILABLE HOURS ON ANY DAY	HOURS PER WEEK
East Devon <input type="checkbox"/>	Mon <input type="checkbox"/>	7am - 2pm <input type="checkbox"/>	08-16 <input type="checkbox"/>
Exeter <input type="checkbox"/>	Tue <input type="checkbox"/>	2pm - 4pm <input type="checkbox"/>	16-24 <input type="checkbox"/>
Mid Devon <input type="checkbox"/>	Wed <input type="checkbox"/>	4pm - 11pm <input type="checkbox"/>	24-32 <input type="checkbox"/>
Teignbridge <input type="checkbox"/>	Thu <input type="checkbox"/>	Night <input type="checkbox"/>	32-40 <input type="checkbox"/>
Totnes <input type="checkbox"/>	Fri <input type="checkbox"/>	Anytime <input type="checkbox"/>	40 plus <input type="checkbox"/>
Kingsbridge <input type="checkbox"/>	Sat <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
Dartmouth <input type="checkbox"/>	Sun <input type="checkbox"/>		

Car Driver: Full Licence, Yes No Use of own vehicle: Yes No

Do you have a Disability: Yes No

Training & Qualifications

Please tell us about any job related qualifications you may have or training courses you have completed.

Course or Qualification	Date



Employment History (Present or Last Position First)

If a school leaver, list schools attended in place of Employer

Name & Address of Employer:

Job Title:

Dates, From:

To:

Reason for Leaving:

Name & Address of Employer:

Job Title:

Dates, From:

To:

Reason for Leaving:

Name & Address of Employer:

Job Title:

Dates, From:

To:

Reason for Leaving:

Name & Address of Employer:

Job Title:

Dates, From:

To:

Reason for Leaving:

Name & Address of Employer:

Job Title:

Dates, From:

To:

Reason for Leaving:

Name & Address of Employer:

Job Title:

Dates, From:

To:

Reason for Leaving:



References

First Referee should be your current or last employer

Name & Address of Referee:

Tel No

Position:

How long have they known you

Second Referee should be a from a recent employer

Name & Address of Referee:

Tel No

Position:

How long have they known you

Character Referee should be a from a person who has known you for at least five years but is not a relative

Name & Address of Person:

Tel No

How long have they known you?

If you are short listed we will contact your referees before the interview unless you tick the box

Have you been convicted of any criminal offence or been referred to for an inclusion on a POVA list (Please see the warning note at the beginning of this application form)

No Yes if Yes, please give further details

Please list any additional information you would like us to consider

Declaration

I, the undersigned, declare that the particulars given in this application are, to the best of my knowledge and belief, a true and complete record. I understand that if, after appointment, any of the particulars stated are found to be inaccurate this may result in the immediate termination of employment.

I confirm that I am legally entitled to live and work in the United Kingdom. If you are a non-EEA national, please provide copies of any immigration documents.

Signature: _____ Date:

Thank you for applying to NewCare, please return this completed form to:
NewCare (Devon) Limited, 356 Pinhoe Road, Whipton, Exeter, Devon EX4 8AJ



Voluntary Information

This information will be helpful us in monitoring our equal opportunities policy and in ensuring we take important issues such as health into account when allocating work. All information provided will be treated in the strictest confidence.

Ethnic Origin
(Tick Box):

White

- British
- Irish
- Any other white background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Sri Lankan
- Any other Asian background

Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background
- Chinese or other ethnic group**
- Chinese
 - Any other

If you have answered 'Any Other' in any group please specify:

Health Information:

Height: Metres Weight: Kg

- | | Yes | No |
|-----------------------|--------------------------|--------------------------|
| Do you Smoke | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you suffer from: | | |
| Allergies (Any): | <input type="checkbox"/> | <input type="checkbox"/> |
| Angina: | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma: | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Pain: | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Disease (Any): | <input type="checkbox"/> | <input type="checkbox"/> |
| Dizzy Spells: | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease: | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis: | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatism: | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of Breath: | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Disorders (Any): | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please give details or discuss at interview

- | Immunisation: | Yes | No | Yes | No |
|----------------|--------------------------|--------------------------|---------------------|--------------------------|
| German Measles | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus: | <input type="checkbox"/> |
| Hepatitis: | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis (BCG): | <input type="checkbox"/> |
| Measles: | <input type="checkbox"/> | <input type="checkbox"/> | Whooping Cough: | <input type="checkbox"/> |
| Polio: | <input type="checkbox"/> | <input type="checkbox"/> | | |

Details of any major surgery

How did you hear about NewCare

- | | | | |
|-----------------------------------|--------------------------|-------------------|--------------------------|
| Advertisement (Internet) | <input type="checkbox"/> | Cold Call/Walk-in | <input type="checkbox"/> |
| Advertisement (Local Press) | <input type="checkbox"/> | Job Centre | <input type="checkbox"/> |
| Advertisement (Trade Publication) | <input type="checkbox"/> | Telephone | <input type="checkbox"/> |
| Referral from Existing Employee | <input type="checkbox"/> | | |

Other (Please Specify): _____