



Position: NIGHT SITTER

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 (Health & Social Care Act 2008) for an employer of social care staff to undertake checks on all staff against the Dept of Health ISA List. In addition, it is a requirement for all employers to refer for possible inclusion on the ISA 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 ISA 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 []
National Insurance No: [] [] [] [] []
Date Available for Work: [] [] []

Table with 4 columns: AREA PREFERENCE, AVAILABLE DAYS, AVAILABLE HOURS ON ANY DAY, HOURS PER WEEK. Rows include Crediton, East Devon, Mid Devon, Teignbridge, Tiverton, Totnes, South Hams with checkboxes for days and hours.

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

Training & Qualifications

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

Table with 2 columns: Course or Qualification, Date. Multiple empty rows for data entry.



Employment History (Present or Last Position First)

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

Do you intend NewCare (Devon) to be your sole employer (tick box): Yes No . If No please indicate your alternative employment and the number of hours you will be working for them.

Alternative Employer: _____ **Number of Hours:** Per Week
Company Name

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 from a recent employer

Name & Address of Referee:				
	Tel No			
	Position:			
	How long have they known you			

Character Referee should be 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 ever received a police caution or reprimand or been convicted of any criminal offence or been referred for an inclusion on an ISA 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 (Devon) Ltd, please return this completed form to: 20 Courtenay Park Road, Newton Abbot, Devon TQ12 2HB



Equal Opportunities in Employment

It is the Company's policy as an employer to comply with the statutory obligations under the prevailing legislation relating to Equal Opportunities. Accordingly, it is the Company's practice not to treat one applicant less favourably than the next because of their colour, race, nationality, ethnic origin, gender identity, sexuality, religion, belief or disability in relation to decisions to recruit and train all respective employees.

The Company observes, as far as possible, the Commission for Racial Equality's Code of Practice for Employment as defined by the Equality Act 2010 that gives practical guidance to employers on the elimination of racial discrimination and the promotion of equality of opportunity in employment.

With the foregoing in mind, it would be appreciated if you would complete the Voluntary Information section.

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

Yes No

Do you Smoke

Do you suffer from:

- | | | | | | |
|----------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| Allergies (Any): | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Angina: | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease: | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma: | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis: | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Pain: | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism: | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Disease (Any): | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of Breath: | <input type="checkbox"/> | <input type="checkbox"/> |
| Dizzy Spells: | <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"/> | <input type="checkbox"/> |
| Hepatitis: | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis (BCG): | <input type="checkbox"/> | <input type="checkbox"/> |
| Measles: | <input type="checkbox"/> | <input type="checkbox"/> | Whooping Cough: | <input type="checkbox"/> | <input type="checkbox"/> |
| Polio: | <input type="checkbox"/> | <input type="checkbox"/> | | | |



Details of any major surgery

How did you hear about NewCareDevon

- | | | | |
|-----------------------------------|--------------------------|-------------------|--------------------------|
| 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"/> | Web Site | <input type="checkbox"/> |
| Referral from Existing Employee | <input type="checkbox"/> | | |

Other (Please Specify):