

Guidance Notes

Sterling Homecare Ltd is an Equal Opportunities Employer



Sterling Homecare
Passion for Independence, Respect for Choice

Head Office, Fairdale House,
Enterprise Close, Blidworth,
Nottinghamshire, NG21 0RS

APPLICATION FORM

Position Applied For _____

ABOUT YOU

Title _____ Miss, Mrs, Ms, Mr, other (Please state)

First name _____ Surname _____

Preferred/Nickname _____

Address _____

Daytime Tel _____ Evening Tel _____ Mobile Tel _____

National Insurance No. _____ DOB _____ Age _____

Do you require a work permit? Yes/No Work Permit No _____ £ _____

Do you require to be registered to work? Yes/No Work Reg No _____ Expiry Date _____

Next of Kin _____ Relationship _____

Daytime Tel _____ Evening Tel _____ Mobile Tel _____

Do you hold a clean driving licence? Yes/No Details _____

Do you have use of a car? Yes/No Details _____

Are you insured for business use? Yes/No Details _____

ABOUT YOUR CURRENT/PREVIOUS EMPLOYMENT

Use Black Ink Only.

Complete ALL Sections

List Current First

Employment dates Must be Included

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Employer Name and Address	Dates of Employment	Type of work and reason for leaving

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PLEASE NOTE

You must list your current/previous employer as a reference provider

under current legislation we are required to obtain the above

ABOUT YOUR REFEREES

references must be obtained before any offer of work can be made.

<u>1.Name</u>	<u>Capacity Known:</u>
<u>Address</u>	
_____	_____
_____	_____
<u>Tel.No.</u>	<u>Fax.No.</u>
_____	_____

<u>2.Name</u>	<u>Capacity Known:</u>
<u>Address</u>	
_____	_____
_____	_____
<u>Tel.No.</u>	<u>Fax.No.</u>
_____	_____

REHABILITATION OF OFFENDERS ACT 1974 NOTICE TO OFFENDERS

Because of the nature of the work involved the position for which you are applying is exempt from section 4(2) of the Rehabilitation of Offenders act 1974 by virtue of the Rehabilitation of Offenders act (Exceptions Order) 1975. This means that you are NOT entitled to withhold information relating to any convictions you may have had, even if they might otherwise be regarded as spent.

Do you have any convictions? **YES / NO**

If yes, please give full details on a separate sheet and then send with your application.

This information will be treated as confidential and will not necessarily preclude you from being offered a position at Sterling Homecare Ltd

DATA PROTECTION ACT, 1998

As part of this application you give Sterling Homecare Ltd permission to collect, retain and process information about you such as age, gender and ethnic origin. This information will only be used so that we can monitor our compliance with the law. The information you provide may be given to CSCI officers if required during inspections. Should you not wish your information to be used in this way please tick this box

YOUR STATEMENT OF TRUTH

I confirm that the information I have given is to the best of my knowledge true and complete. I consent to the information on this form being used to access my suitability for Community Care work
I understand that any false declaration will result in immediate termination without notice or pay.

Signed

Date

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

INTERVIEWERS COMMENTS:

Interviewers Signature: _____ Date _____

Date Confidentiality Agreement Signed: _____

	Date Sent	Date Received	Satisfactory	Authorised
Ref 1				
Ref 2				
CRB/POVA				
Date Offer of Employment letter sent				
	Type I.e. Passport, Birth Certificate etc	Seen by	Authorised	
Proof of ID				
		Seen by	Authorised	
Driving License				
Car Insurance Policy Number				

NEW STARTER INFO

Position Offered _____
 Start Date _____
 Induction Date _____

Date P45 received _____
 Date P46 received _____

Bank Details	
Account Name	Bank Account Number
Account Ref (Building Society only)	Sort Code

	Date	Amount
CRB Fee paid		

Uniform	Size	Issue Date	Returned
Tabard			
Tunic 1			
Tunic 2			

Training/Induction	Date	Satisfactory	NVQ 2/3	
Day 1		Paperwork and Policies	Enrolment date:	Completion Date:
Day 2		Health and Safety		
Day 3		Moving and Handling		
Date Handbook issued				
Contract of Employment issued				
Contract of Employment signed				

Signed off by HR Manager	Date
Signed off by Accounts	Date