

CUMBRIA QUALITY CARE

APPLICATION FOR EMPLOYMENT FORM

POSITION: Day Services Support Worker

The contents of this form will be treated as confidential

PERSONAL DETAILS

Surname

Forenames

Mr/Mrs/Ms/Miss

(delete as appropriate)

Address

Post Code

Telephone number

National Insurance Number:

Do you have a current driving licence? YES NO

If there any endorsements on your driving licence, please give details below:

EDUCATION HISTORY (INCLUDING N.V.Q.'S IN CARE)

| School / College / University attended | Dates of attendance | Qualifications Gained |
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| FULL EMPLOYMENT HISTORY (Beginning with your most recent employer, do not leave any gaps in your employment history) |
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| From - To | Name & address of Employer | Job Title | Duties | Rate of Pay | Reason for Leaving |
|-----------|----------------------------|-----------|--------|-------------|--------------------|
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Notice period required with current employer:

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LEISURE

Please give details of your leisure interests, sports and hobbies and other pastimes.

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REFERENCES

Please give the name and address and telephone number of two people from whom we may obtain a work experience reference.

(One of whom must be last employer)

Please note that we may contact other previous employers if this is relevant to the position applied for.

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| 1 | |
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| | Telephone number: Email Address: |
| 2 | |
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| | Telephone number: Email Address: |

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Disclosure and Barring Service.

Please give details of any criminal convictions:-

- (a). of which you have been convicted, including details of any convictions which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974(a), and which may be disclosed by virtue of the Rehabilitation of Offenders (Exceptions) Order 1975 (b); or
- (b). in respect of which you have been cautioned by a constable and which, at the time the caution was given, you admitted.

The Care Home Regulations provide that people in employment which is concerned with the provision of care, or who carry out their duties wholly or partly on the premises where such provision takes place, are obliged to disclose any criminal convictions, conditional discharges, cautions or cautions that they have been subject to in the past.

Under the Criminal Records Bureau Regulations 2002 you are required to provide this information.

| | |
|---|--------------|
| I do not have any cautions or criminal convictions of any kind. | |
| Signed: _____ | Dated: _____ |
| Please list all cautions and offences and applicable dates. I confirm the following cautions/offences:- | |
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DECLARATION

(Please read this carefully before signing this statement).

If successful will complete an Application for a DBS disclosure, the cost of this will be met by Cumbria Quality Care and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults.

I confirm that the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment, either pending or in force.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person who acts on behalf of a National Government or Local Government Department for auditing purposes.

Signed: _____ Dated: _____

Print Name: _____

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| HEALTH DETAILS | |
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| Doctor's Name and Address: | |
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| Please list any diseases, disorders or allergies from which you have suffered or do suffer, including allergies to latex gloves. | |
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| Are you a diabetic controlled on medication? | |
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| Please give details of any medication you are currently and/or regularly receiving | |
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| Please list all absences from work in the past 12 months and the reasons for such absences | |
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| Do you have any disabilities that might affect your application? | YES / NO |
| If YES, please tell us if: a. there are any reasonable adjustments we can make to assist you in your application b. there are any reasonable adjustments we can make to the job itself to help you carry it out | |
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PROOF OF ELIGIBILITY

Under Section 8 of the Immigration Act we are required to check that all employees are eligible to work within the UK. Please confirm that, if you are offered a position within our organisation, which of the document(s) you would be prepared to supply to us and allow us to check and make a copy. You MUST include either: One document from List One OR Two documents from One of the Combinations in List Two

| LIST 1 – ONE DOCUMENT ONLY | <i>Please Tick</i> |
|--|--------------------|
| • A British Citizen passport. | |
| • A passport or national identity card issued by a State which is a party to the EEAA (European Economic Area Agreement) or Switzerland, describing the holder as a national of that State. | |
| • A Home Office issued residence permit to a national from a State which is a party to the EEAA or Switzerland. | |
| • A passport or other document endorsed and issued by the Home Office stating that the holder has a current right of residence in the United Kingdom as the family member of a named national of a State party to the EEAA or Switzerland who is resident in the United Kingdom. | |
| • A passport or other travel document endorsed showing the holders entitlement to indefinite stay in the United Kingdom, or no restrictions on the length of stay. | |
| • A passport or other travel document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do type of work you are offering if they do not have a work permit. | |
| • A Home Office issued Application Registration Card for the asylum seeker stating that the holder is permitted to take employment. | |

OR ALTERNATIVELY

| LIST 2 – COMBINATION A. DOCUMENT 1, PLUS ONE FROM THE OTHER SEVEN: | <i>Please Tick</i> |
|--|--------------------|
| 1. A document giving the person's permanent National Insurance Number and name. This could be: P45, P60, National Insurance Card, or a letter from a Government Agency. | |
| 2. A full Birth Certificate issued in the United Kingdom, which must include the names of the holder's parents. | |
| 3. A Channel Islands, Isle of Man or Ireland issued Birth Certificate. | |
| 4. A Registration or Naturalisation Certificate confirming the holder is a British Citizen. | |
| 5. A Home Office issued letter to the holder confirming that the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay. | |
| 6. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay. | |
| 7. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and this allows them | |

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| to undertake the type of work you are offering. | |
| 8. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering. | |

OR ALTERNATIVELY

| LIST 2 - COMBINATION B. DOCUMENT 1, PLUS ONE FROM THE OTHER TWO | <i>Please Tick</i> |
|---|--------------------|
| 1. Work Permit or other approval to take employment issued by Work Permits UK | |
| 2. Passport or other travel document endorsed, showing the holders entitlement to stay in the United Kingdom and can take the work permit employment in question. | |
| 3. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and can take the work permit employment in question. | |

| DECLARATION (Please read this carefully before signing the application) | |
|--|--------|
| I confirm the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment contract offered. | |
| I also confirm that I am physically and mentally fit for the purposes of this employment. | |
| I authorise you to contact my doctor for further details and confirmation of my state of health. | |
| I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties. I have given my explicit consent freely. | |
| I authorise you to contact the above two stated referees | |
| Signed: | Dated: |

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GDPR : Employee Consent Form

Permission to store and process your data

To help with your employment we may need to record your details. These details may include personal and sensitive data.

To comply with the General Data Protection Regulations (2018) we must ask for your permission to store and process your personal and sensitive data for this purpose.

I give my consent to Cumbria Quality Care recording sensitive personal information about me

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|------------------|--|-------------|--|
| Name | | | |
| Signature | | Date | |

Overleaf are some key statements about our data protection and privacy policy.

The overall requirements of the General Data Protection Regulations 2018 can be obtained from:

The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire. SK9 5AF

Information Line - Tel: (01625) 545 745 : Fax: (01625) 524 510

Website: www.dataprotection.gov.uk : E-mail: mail@dataprotection.gov.uk

Please discuss any queries in relation to Data Protection with Alan Baxter, Data Protection Officer.

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General Data Protection Regulations (2018): Employee Information Sheet

What is personal and sensitive data?

Personal data is data which can be used to identify you. This may include your name, date of birth, address, telephone number etc.

Sensitive personal data is information related to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality, offences and/or convictions.

Where will you store my data?

The record of your details will be stored in an electronic database system accessed by employees of Cumbria Quality Care. Paper copies of your data will also be stored securely and accessed by employees of the Cumbria Quality Care.

How will you use my data?

Your data will primarily be used for the purpose of health and safety and for payroll. We will also use anonymized data for the purposes of research and statistical monitoring. In some instances, Cumbria Quality Care may contact you to invite you to participate in surveys or research projects about particular issues.

Can I withhold my consent?

Yes but Cumbria Quality Care will not be able to provide you with employment.

What is a Data Protection Officer?

A Data Protection officer is someone who is responsible for your data and who must make sure that your data is processed according to the law. For example they are responsible for making sure that the information held about you is accurate and that it is kept secure. For the purposes of the General Data Protection Regulations, Alan Baxter (Director) is the Data Protection Officer. Contact details can be found below

Why might you share my personal and sensitive personal data? Who will you share it with?

We will only ever share your information with your permission, for the purposes we have stated (unless required to do so by law).

Obtaining the information we hold about you

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You have a right to ask for a copy of your information and to correct any inaccuracies. Under the General Data Protection Regulations 2018, Cumbria Quality Care is required to respond to your request within 7 days. If you would like a copy of the information we hold about you, please write to Cumbria Quality Care, 11 West Lane, Penrith, Cumbria CA11 7DP. Or email cumbriaqualitycare@btconnect.com or call 01768 864637.

Right to withdraw consent

You at any time have the right to withdraw consent. This can be done by contacting the data Protection Officer on the details above. This may affect your employment with Cumbria Quality Care.