



Application Form

Thank you for your interest in working for the Southcare Homes Group. If you would like this form in large print please contact below. Please complete this form in black ink or typescript. If a question does not apply, please enter N/A. Please start by ticking which Home you are applying to work at:

| | |
|--|--|
| Beverley Lodge 122 Grove Road, Sutton, Surrey SM1 2DD Tel: 020 8643 4128 Email: beverleylodge@southcarehomes.com | Highbury House Steyning Road, Rottingdean, East Sussex BN2 7GA Tel: 01273 309447 Email: highbury_house@btconnect.com |
| Freshford Cottage Dane Road, Seaford, East Sussex BN25 1DU Tel: 01323 897845 Email: freshford@southcarehomes.com | Lime Tree House Lewes Road, Ringmer, East Sussex, BN8 5ES Tel: 01273 813755 Email: lime.tree@btconnect.com |
| Grasmere 49 Grange Road, Sutton, Surrey SM2 6SY Tel: 0208 642 8612 Email: grasmereresthome@btconnect.com | Parkside Lodge 28 Wykeham Road, Worthing, W. Sussex, BN11 4JD Tel: 01903 235393 Email: parksidelodge@btconnect.com |
| Heatherdene 30 The Highlands, Bexhill on Sea, E Sussex, TN39 5HL Tel: 01424 224518 Email: heatherdenenh@btconnect.com | |

SECTION 1 / VACANCY INFORMATION

| |
|--|
| Job Title of Vacancy Applied For: |
| How soon are you able to start? |
| Please state whether you have any specific requirements or require any adjustments in order to attend an interview/assessment: |

SECTION 2 / PERSONAL INFORMATION

| | |
|---|---------|
| Title: (X) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (please state) | |
| Surname: | |
| Forename(s): | |
| House Number or Name: | |
| Street: | |
| Town: | |
| County: | |
| Post Code: | |
| Email: | |
| Telephone Number(s) - <i>please include STD code(s)</i> | |
| Day: | Mobile: |

SECTION 3 / CURRENT EMPLOYMENT

Details of most recent employment or voluntary work

| | |
|--|------------|
| Date Started: | Date Left: |
| Job title: | |
| Employer: | Salary: |
| Client Group (if in Social Care Work), main responsibilities and activities: | |

SECTION 4 / TRAINING & QUALIFICATIONS

Please state below education including grades and certificates gained, and the dates:

Please give details and the dates of any other relevant training and qualifications:

SECTION 5 / DETAILS OF PREVIOUS EXPERIENCE

We need a complete history **since you left school**. Please start with the job prior to the one described above and work backwards. Include any experience gained in a voluntary capacity. If any jobs were in the Social Care Field, please specify the client group. Please fill in all gaps in employment and **continue on separate sheet if necessary**.

| | |
|---------------------------------------|------------|
| Date Started: | Date Left: |
| Job title: | |
| Employer: | Salary: |
| Reason For Leaving: | |
| Main responsibilities and activities: | |

| | |
|---------------------------------------|------------|
| Date Started: | Date Left: |
| Job title: | |
| Employer: | Salary: |
| Reason For Leaving: | |
| Main responsibilities and activities: | |

| | |
|---------------------------------------|------------|
| Date Started: | Date Left: |
| Job title: | |
| Employer: | Salary: |
| Reason For Leaving: | |
| Main responsibilities and activities: | |

SECTION 6 / JOB DESCRIPTION

Please read carefully through the Job Description for the post you are applying for. Then in the space provided below and on a separate page if necessary, please explain clearly how your experience and knowledge meets each of these requirements.

SECTION 7 / REFERENCES

Please give the names, addresses and telephone numbers of two referees, including your latest employer**. Please indicate the relationship between yourself and the referee e.g. line manager. We will not approach either of your referees unless you have been selected for the post, i.e. after a successful interview. *Please make sure that the referees that you name have given their consent to be contacted.*

| | |
|---------------|--------------|
| Name: | Relationship |
| Company Name: | |
| Address: | |
| Telephone No. | |
| Email: | |

| | |
|---------------|--------------|
| Name: | Relationship |
| Company Name: | |
| Address: | |
| Telephone No. | |
| Email: | |

***If you have not been employed before, please give details of someone we may approach for a character reference who is not a relative.*

GENERAL INFORMATION:

Do you hold a full, clean driving license? Yes/No

Have you applied for or held any positions with our home previously? Yes/No

If Yes, please specify:

Do you have any relatives working here? Yes/No

If Yes, please specify:

If offered a post, would this be your only job? Yes/No

If No, please give details of other employment:

Declaration

| | |
|--|-------|
| <i>To the best of my knowledge and belief the information contained in this form is true. If I am successful in obtaining a post, and the information is later discovered to be incorrect, I understand that the appointment may be terminated by the trust.</i> | |
| Signed: | Date: |

**Care Standards
& Rehabilitation of
Offenders Act 1974
(Exceptions) Order 1975**

Criminal Offences Declaration

To ensure that your application is considered, **this form must be completed and returned** with your job application form.

All new staff involved in personal care their application will only be confirmed following a satisfactory barred list check from the Disclosure & Barring Service.

Because of the nature of the work for which you are applying, this post possibly is exempt from the provisions of s.4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) 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 this application.

SECTION 1 / PERSONAL DETAILS

| |
|------------|
| Name: |
| Post Code: |

SECTION 2 / DETAILS OF CRIMINAL OFFENCE(S)

| | | |
|--|------------------------------|-----------------------------|
| Have you ever been convicted of a criminal offence by a court of law, or had any cautions? (X) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please give details of the date, nature of offence and penalty: | | |

SECTION 3 / DECLARATION

| | |
|--|-------|
| <i>To the best of my knowledge and belief the information contained in this form is true. If I am successful in obtaining a post, and the information is later discovered to be incorrect, I understand that the appointment may be terminated by the home</i> | |
| Signed: | Date: |

You will have to apply for an Enhanced DBS check and barred list check (adult workforce) if your job role includes any form of personal care from the Disclosure Barring Service. Your employment will be subject to you receiving a satisfactory Enhanced check and barred list check (adult) where applicable.

When processed your DBS will be sent direct to you (you will need to give us a copy for our records), once received you are required to use the DBS update service (which you will have to register within 14 days of receiving your DBS otherwise you cannot use the service) this will keep your DBS up to date and portable for a yearly sum of £12

If you already have a portable DBS check please include a copy along with your password for on line checking.

Payment of £60.00 must be made payable to the care home directly or please sign the agreement below to allow this amount to be deducted from your first months wages. Arrangements can be made to have this deducted over your three month probationary period. **Please note this will not be refunded and it will also need to be renewed every 3 years at a cost to yourself unless your portable DBS check is up to date.**

I consent to a DBS check and barred list check being undertaken in respect of me. I agree to the costs being deducted from any payments due to me from the Company.

Signed.....Date.....

DEPARTMENT OF SOCIAL SECURITY DECLARATION

To avoid fraud, your employment at this home will be subject to clearance from the Department of Social Security, that you are not in receipt of any state benefits to which you are not entitled and would be affected by your new earnings,

e. g, Income Support. Please sign and date giving us permission to seek this information, on the form below.

I.....

of.....

.....

D.O.B.....

NI No:.....

Request you to confirm that I am not in receipt of any state benefit for which I am not entitled, and which would affect my employment.

Signed.....

Dated.....

Please return this application form together with the completed Criminal Offences Declaration and the Recruitment Monitoring Form to the home to which you have applied (Address on front sheet)

Recruitment Monitoring Form

Southcare Homes Group and all its constituent homes are striving to ensure equality of opportunity in its employment policies. In order to help us achieve this, we monitor our recruitment practices. Your co-operation in completing this section would be greatly appreciated.

Please note that any information you give will be strictly confidential. You are not obliged to answer any of the questions in this section, but in order for our monitoring policy to be wholly effective, we are hoping for a 100% response.

| | | | | | |
|--|--|--|--|--|--|
| <p>Ethnic Origin (X)</p> <p>I would describe my ethnic origin as:</p> <p>Black of <input type="checkbox"/> African origin <input type="checkbox"/> Caribbean origin <input type="checkbox"/> Other origin*</p> <p>Asian of <input type="checkbox"/> Indian origin <input type="checkbox"/> Pakistani origin <input type="checkbox"/> Bangladeshi origin</p> <p> <input type="checkbox"/> Chinese origin <input type="checkbox"/> Other origin*</p> <p>White of <input type="checkbox"/> British origin <input type="checkbox"/> Irish origin <input type="checkbox"/> Other origin*</p> <p>*please specify:</p> | | | | | |
| <p>Gender (X)</p> <p>I am: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p> <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say</p> | | | | | |
| <p>Dependents (X)</p> <p>Do you have dependents: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, are they: <input type="checkbox"/> Children under 16</p> <p> <input type="checkbox"/> Sick or elderly relative or partner</p> | | | | | |
| <p>Age (X)</p> <p><input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61 +</p> | | | | | |
| <p>Disability (X)</p> <p>Do you consider yourself disabled or as having a disability?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please specify:</p> | | | | | |
| <p>Sexual Orientation (X)</p> <p>I would describe myself as: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual</p> <p> <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Bisexual</p> <p> <input type="checkbox"/> Other</p> | | | | | |
| <p>Media Response</p> <p>Where did you see this post advertised?</p> | | | | | |

Please detach this page and return in a sealed envelope