# 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 the appropriate home 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:

Heatherdene 30 The Highlands, Bexhill on Sea East Sussex TN39 5HL Tel: 01424 224518 heatherdene@southcarehomes.com	Highbury House Steyning Road, Rottingdean East Sussex BN2 7GA Tel: 01273 309447 highbury@southcarehomes.com	
Freshford Cottage Dane Road, Seaford East Sussex BN25 1DU Tel: 01323 897845 freshford@southcarehomes.com	Lime Tree House Lewes Road, Ringmer East Sussex BN8 5ES Tel: 01273 813755 limetree@southcarehomes.com	
Grasmere 49 Grange Road, Sutton London SM2 6ST Tel: 020 8642 8612 grasmere@southcarehomes.com	Parkside Lodge28 Wykeham Road, WorthingWest SussexBN11 4JDTel: 01903 235393parksidelodge@southcarehomes.com	

# **SOUTHCARE HOMES GROUP - LIVING OUR VALUES**

Southcare Homes Group is a family-run business proudly providing excellence in care across our six residential care and nursing homes. Situated across Surrey and Sussex, Southcare Homes Group is registered for 148 beds, and employs over 200 members of staff. We recognise the value of every individual and are committed to exceeding expectations by supporting our staff, residents and their families by living our values every day.

# 1. support

We recognise that offering comfort, encouragement & approval is key to giving our residents the best out of life.

# 2. passion

Love & enthusiasm are at the heart of Southcare Homes – it's the driving force behind our high quality, loving care.

# 3. attention

The little things can go a long way, so we make every effort to meet the needs of our residents, no matter how small.

# 4. dedication

Every resident is different. That's why we're committed to exceeding their expectations in every possible way.

# 5. empathy

We strive to put ourselves in the shoes (or slippers) of our residents to better understand their experience of care.

#### 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)	Mr	Ms	Mrs	Miss	Other (please state)
Surname:					
Forename(s)	:				
House Numb	per or Nar	ne:			
Street:					
Town:					
County:					
Post Code:					
Email:					
Telephone N	lumber(s)	- please incli	ude STD code	e(s)	
Day:			Мс	obile:	

#### 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, activities and workplace values:		

#### 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, activities and values:		

Date Started:	Date Left:	
Job title:		
Employer:	Salary:	
Reason For Leaving:		
Main responsibilities, activities and values:		

Date Started:	Date Left:
Job title:	
Employer:	Salary:
Reason For Leaving:	
Main responsibilities, activities and values:	

#### 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 **values**, 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? If Yes, please specify:	Yes/No
Do you have any relatives working here? If Yes, please specify:	Yes/No
If offered a post, would this be your only job? If No, please give details of other employment:	Yes/No

# Declaration

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.

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)	Yes	🗌 No
If yes, please give details of the date, nature of offence and penal	ty:	

# SECTION 3 / DECLARATION

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

Signed: Date:
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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.....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.

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

Please detach this page and return in a sealed envelope