

Application Form

Name of the Officer who conducted the Verbal interview?	
How did you hear about us?	

Please add your picture in the box

Position applied for		
Full name		
Date of Birth		
Languages you can speak?		
National Insurance Number		

CONTACT DETAILS

Home Address			
City		post code	
Do you UK /EEA driving licence?	Yes No	Do you have a car?	Yes No
Mobile no:		Home Telephone	
Email Address			

EMERGENCY CONTACT DETAILS

Next Of Kin Name		Relation with you?	
Next Of Kin work Number		Next Of Kin Mobile Number	

Your Covid-19 Vaccination	1 st Vaccination Date	2 nd Vaccination Date

QUALIFICATIONS, SKILLS, EXPERIENCE AND COMPETENCY CHECK

Please reply "yes or no", if your answer is in 'yes' please give details in the below box

Have you been dismissed from any employment?	YES	NO
Have you ever been or currently subject to any investigation or disciplinary action?	YES	NO
Have you ever been convicted, sanctioned, or have an outstanding warrant or caution?	YES	NO
Have you ever left a job without giving required notification to any employer?	YES	NO

Details:

QUALIFICATION IN HEALTH AND SOCIAL CARE (QCF/ NVQ LEVEL 1, 2, 3, 4, 5, 6,7) Have you obtained any qualification in Health and Social Care? <i>If your answer is yes, please write the highest qualification obtained and provide the certificate?</i>	YES	NO
	Year of completion	

Have you obtained any other day trainings in Health and Social Care? <i>If your answer is yes, please write the name and if possible provide the certificates.</i>	YES	NO
Have you completed Skill for Care "The Care Certificate" (15 standards)? <i>(If your answer is yes, please provide the Company name below, if possible provide the Certificate)</i>	YES	NO
	Year of completion	

What experience and skills do you have in Health and Social Care / providing personal care? <i>Have you worked as a Carer?</i>			
Can you read English?	YES	NO	Can you write English?
			YES
			NO
Can you speak English?	<input type="radio"/> Basic <input type="radio"/> Fluently <input type="radio"/> First language <input type="radio"/> cannot speak at all		

Please write your Skills, Attributes and Qualities for the job you have applied for?
Why should we offer you this job?

Please write the details of the highest education in School, College/ University

Education			
Place of completion		Year of completion	
Are you providing the certificates	YES	NO	If no, write the reason

WORK EXPERIENCE FOR LAST 15 YEARS

If you have not been working , please tell us what you have been doing since your 16th birthday?
Please write in detail.

16 - 21

21 - 26

26 - 31

31 - 36

36 - 41

41 - 46

46 - 51

51 - 56

56 - Onwards

Have you worked before applying this job?	YES	NO
If you have never worked before, did you apply any job anywhere before applying with us?	YES	NO

If you have worked before applying this job, you must write the employer's details as referee on next page. We will not accept any personal reference in case you have a work history.

PLEASE NOTE THAT WHOEVER DETAILS YOU PROVIDE BELOW WILL ALSO BE REQUIRED AS REFERENCES FOR YOUR APPLICATION AND WILL BE APPROCHED BY CARE CHAMPIONS

(Most recent) COMPANY NAME		YOUR JOB TITLE	
MAIN DUTIES		START & END DATE	
ADDRESS			
REASON FOR LEAVING THIS JOB			
ANY GAP BETWEEN THIS AND PREVIOUS JOB			
REASON FOR GAP			
(2 nd recent) COMPANY NAME		YOUR JOB TITLE	
MAIN DUTIES		START & END DATE	
ADDRESS			
REASON FOR LEAVING THIS JOB			
ANY GAP BETWEEN THIS AND PREVIOUS JOB			
REASON FOR GAP			
(3rd recent) COMPANY NAME		YOUR JOB TITLE	
MAIN DUTIES		START & END DATE	
ADDRESS			
REASON FOR LEAVING THIS JOB			
ANY GAP BETWEEN THIS AND PREVIOUS JOB			
REASON FOR GAP			

REFERENCES

Professional Reference: if you have worked before, your reference should be from your most recent Employer. Manager / HR. You are bound to provide employer details for the reference. If you cannot obtain reference from them for some reasons, please contact us

Personal Reference: Your reference should be from someone who knows you for minimum 1 year or more, Referee should not be your relative or best friend, your referee should be a professional person. Please contact us if you cannot provide the personal reference for more than a year.

Institutional Reference: It could be from your Institution (college, University, Training Centre, supervision, assessor, trainer or a teacher).

Please Note we will be sending Reference Forms to all your below mentioned referees

REFERENCE NO 1

Please tick what reference is this	EMPLOYER	PERSONAL	INSTITUTIONAL
REFEREE TITLE & FULL NAME	COMPANY NAME		
REFEREE JOB TITLE	REFEREE CONTACT NUMBER		
FULL WORK ADDRESS			
EMAIL ADDRESS			
IN WHAT CAPACITY / RELATIONSHIP HAVE YOU KNOWN THE REFEREE			
HOW LONG HAVE YOU KNOWN ABOVE MENTIONED PERSON?			

REFERENCE NO 2

Please tick what reference is this	EMPLOYER	PERSONAL	INSTITUTIONAL
REFEREE TITLE & FULL NAME	COMPANY NAME		
REFEREE JOB TITLE	REFEREE CONTACT NUMBER		
FULL WORK ADDRESS			
EMAIL ADDRESS			
IN WHAT CAPACITY / RELATIONSHIP HAVE YOU KNOWN THE REFEREE			
HOW LONG HAVE YOU KNOWN ABOVE MENTIONED PERSON?			

Please ask for additional pages if required for more references to input.

Do you acknowledge we will contact your referees to obtain reference?	YES	NO
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DBS FORM

if you have subscribed online DBS service, please do not fill DBS form.

We charge £85 for DBS which is none-refundable. We advise you to register your DBS online once you receive it.

Title		Full Name	
Country Of Birth		Birth Town	
Have you changed your birth surname?		If "yes", please enter your surname at birth (even if it is the same as that already provided)	
Surname at birth		Mother maiden name <i>Password for DBS form</i>	
The year you change your Surname?		Nationality at birth	
Have you changed your nationality since birth?		If "yes", what is your current nationality?	
PLEASE PROVIDE YOUR ADDRESS HISTORY COVERING THE LAST 5 YEARS INCLUDING OVERSEAS			
CURRENT ADDRESS		CITY	
POSTCODE		COUNTRY	
FROM DATE (MM/YYYY)		TO DATE (MM/YYYY)	
PREVIOUS ADDRESS 1			
CURRENT ADDRESS		CITY	
POSTCODE		COUNTRY	
FROM DATE (MM/YYYY)		TO DATE (MM/YYYY)	
PREVIOUS ADDRESS 2			
CURRENT ADDRESS		CITY	
POSTCODE		COUNTRY	
FROM DATE (MM/YYYY)		TO DATE (MM/YYYY)	

HEALTH-MONITORING

As you will work for vulnerable adult and children and with those people who have mental and physical impairments. To safeguard our service user, we need to know if you are fit to work with them

Are you suffering from any mental health conditions including stress and depression or have a history of mental health issues including stress and depression?	YES	NO
Are you suffering from any contagious disease?	YES	NO
The care assistant job may involve hoist and manual handling service users. would you be able to do this without any difficulty? You are strictly not allowed to lift, push, or pull.	YES	NO
Are you allergic to any chemicals, pet, or any other substances? <i>you may have to use cleaning products. Some service users may have pets.</i>	YES	NO
Are you currently taking any treatment or medication? Do you wish to discuss any issues regarding your health related to the applied post which you think it is a risk to carry out the job on your own or you may be a risk to the vulnerable service users?	YES	NO

If any of your answer is in Yes, please write details here:

Please must disclose to HR if you are pregnant.

Application updated on 02/08/2023

Bank Details for Wages

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wage will be transferred to the below mentioned bank account and any error in the information provided will result in loss of pay and the company will not hold any responsibility.)

Name on account		Name of the bank	
Account Number		Sort Code	

By signing this form, you agree

to provide personal care and support to Clients with a wide range of needs, illnesses and disabilities. Assisting with getting up in the morning and going to bed at night, wash, bath, shower, dress, undress, look after their skin, teeth, hair and nails, toileting, continence management, personal hygiene, support with their medication at the agreed level of support, prepare food and drink for the Client, being aware of the Client's choice, likes/dislikes, nutritional needs and cultural requirements and provide light general household domestic duties, including housework and laundry, as detailed in the care plan or instructed by Management

To use manual handling equipment safely and correctly, take responsibility for the safe handling of property and equipment belonging to the Client, maintain good communication and develop effective working relationships with Clients, provide companionship to the Client, actively talking and listening to them about their interests, help the Client to maintain contact with their family and friends, accompany the Client on trips into the community and to ensure as safe as possible the living environment for the Client, whilst respecting the Client's choice and Rights and payment.

To give us 2 weeks' notice before leaving the job. To whistleblowing if you witness any wrong practice, to collect your PPE regularly from office. You will not put yourself at risk and will not carry-out any task that you are not trained. To attend all the training, you will be offered to carry-out your work.

The payment will be 30th of every month after the cutoff. Cutoff is last Sunday of the month. You won't get paid for the same month you worked; you will get paid the following month you have worked. If any confusion contact manager or Finance Department.

Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work. I understand that providing false/inaccurate information may result in the termination of employment. If you are not selected, the application and documents will be destroyed safely.

Any comments or anything you want to tell us before signing your application

NAME		SIGNATURE	
DATE		For office use HR Signature	

We will not be able to offer you the job if your Competency, DBS, References, Documents and Right to work are not satisfactory.

We need following documents to process your Application.

- ☐ Passport, Photo ID
- ☐ Visa or biometric if you don't have British or EEU passport
- ☐ 2 proofs of address (utility Bill or bank statements etc. one letter should not be later than 3 months.)
- ☐ National Insurance number Proof (NI card or any Social Benefit letter)
- ☐ Previous DBS (must be online registered, if not we will apply it for you and you will meet the cost of £85)
- ☐ Training Certificates (if you have any)
- ☐ P45 (if there is any) if you don't have from previous employer, we will give you P46 to fill. UTR if you are self-employed. Please speak to finance Department about your UTR
- ☐ 2 referees' details. (We will send the forms for referee to fill.)
- ☐ Education or qualification evidence/certificate, University letter if you are overseas student
Any other documentation to support your application

Further employment processing. We will contact your referees and apply for DBS if required. If you are a successful candidate, you will be booked in for a training course which will be either in person or internet based. You will need to go for shadow training. We **DONOT** pay for any training or shadowing attended to as this is a requirement which you will need to meet. If you wish to obtain a Training Certificates, there will be a charge for this.

Please return the filled form to

hr@carechampionssupport.com

If you have any inquiry, please contact HR



Section one To be completed by the employee

Please complete section one and then hand back the form to your present employer.
If you later receive a form P45 from your previous employer, please hand it to your present employer.

Your details Please use capitals

National Insurance number

This is very important in getting your tax and benefits right.

Date of birth

Name

Title - enter MR, MRS, MISS, MS or other title

Address

Postcode

Surname or family name

House or flat number

Rest of address including house name or flat name

First or given name(s)

eMAIL Address

Are you male or female?

Male ☐ Female ☐

Your present circumstances

Please read all the following statements carefully and tick **the one** that applies to you.

A - This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

☐

OR

B - This is now my only job, but since last 6 April I **have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

☐

OR

C - I have another job or receive a state or occupational pension.

☐

Student Loans

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your student loan, tick box D. (If you are required to repay your Student Loan through your bank or building society account do **not** tick box D.)

☐

Signature and date

I can confirm that this information is correct

Signature

Date

Section two To be completed by the employer

Guidance on how to complete this form, including what to do if your employee has not entered their National Insurance number on page 1, is in your Employer Helpbook E13 Day to day payroll and at www.hmrc.gov.uk/employers/working_out.htm#part4

Bank details Please use capitals

Sort Code

Bank Name

Account Number

Name on Account

Employer's details Please use capitals

Employer's PAYE reference

 /

Address

Postcode

E10 6AW

Employer's name

CARE CHAMPIONS

Building number

100

Rest of address

**LEA-
BRIDGE**

Tax code used

If you do not know the tax code to use or the current tax threshold, please go to www.hmrc.gov.uk/employers/rates_and_limits.htm

Box A ticked

Emergency code on a **cumulative** basis

☒ ☐

Box B ticked

Emergency code on a **non-cumulative**
Week 1/Month 1 basis

☐ ☒

Box C ticked

Code BR

☐ ☒

Tax code used

Please send this form to your HM Revenue & Customs office on the first pay day. However, if the employee has ticked box A or box B and their earnings are below the tax threshold, do not send the form until their earnings exceed the tax threshold.