Form Name	APPLICATION FORM	
Reference No.	HRF4	CedarCare

Please use either blue or black ink or type to complete this application form. Once completed, please return via post to **Cedar Care Homes, Mortimer House, Clifton Down Road, Clifton, BS8 4AE** via email to <u>jobs@cedarcarehomes.com</u> or, if already **arranged for an interview**, please bring it along with your required ORIGINAL documents.

## **Please Note**

- The information requested within this Application is essential. Please ensure that you complete ALL of the sections as FULLY as possible.
- Should you require any information or advice on completing the form, please contact the HR department on 0117 9467216, or we can assist in during the interview.
- Please note that we require to see ORIGINAL of all the documents during the interview to verify the information you provide.
- Please see Pg. 12 for the checklist of documents required.

## For office notes only

## PART A: GENERAL INFORMATION

To assist us in our recruitment process, we would like you to complete the following table of information as accurately as possible:

Surname / Family Name			Title		
Forenames(s)					
Post applied for					
Date		Delete as appropriate	Full time	Part time	Bank
How did you become awa	re of this vacancy?				
If you were informed by a their Name and Home whe	· •				
Any other roles you would	d consider				

## PART B: PERSONAL DETAILS

Please tell us about you:

Current Address			Post code	
Alternative contacted telephone number				
Alternative contac mobile number	t			
Email address				
Do you have a UK	valid, full and current driving licence?	•	Yes	No
Do you have the u	se of a car?		Yes	No
Nationality				
If not a UK citizen,	what is your status in the UK i.e. type	e of V	ISA and valid	lity
Please attach a co	py of your documents – work permit, j	pass	oort, endorse	ment, etc.
_		Date	e valid from	
Type of VISA		Date	e valid to	

## PART C: EDUCATION HISTORY

Please provide the most recent education/ training programme first:

C1: SECONI QUALIFICAT		HER AND HIGHER EDUCATION / VOCATIO	ONAL TRAINING AND
Start Date	End Date	Name of School /College/ University attended	Name/ level/ grade or qualifications obtained

Please provide the most recent qualification first:

C2: OTHER		TIONS/ COURSES THAT MAY SUPPORT TH	IE APPLICATION
Start Date	End Date	Name of School /College/ University attended	Name/ level/ grade or qualifications obtained

We are interested to know all Professional Memberships and Registrations that you have regardless of apparent relevance:

C3: PROFESSIONAL MEMBERSHIP/	REGISTRATION		
Name of Professional body	Category of Membership	Membership/ Reference No.	Validity Date

## PART D: WORK HISTORY & REFERENCES

In addition to submitting your curriculum vitae (CV) with this application, please provide details of your current and previous employment below.

For Legal Compliance reasons, we will need to obtain references from your most recent employers. This is a MANDATORY requirement and you MUST therefore provide the information where it is stated as MANDATORY. We will not be able to consider your application without this information.

If this is your first employment and you are just starting after the completion of your education, please proceed to section D4 on Pg. 08.

Please start with most recent previous employment first.

D1: Your Current or N	lost Recent Employer – 1	This informatio	on is MANDATC	ORY:
Company Name				
Address				
Type of business		Position held	1	
Start date		Leaving date (if applicable		
What is your salary?				
What length of notice give?	are you required to			
Brief description of main duties and responsibilities				
Reason for leaving / seeking to leave				
We will need to conta agree to this?	ct this person for a refere	ence. Do you	Yes	No
If "No" please provide	e reasons below			
May we contact the re	eferee prior to your interv	view?	Yes	No
Referee Name		Referee Job Title		
Telephone		Fax		
Email address				

If you have worked for the company detailed in section D1 for over 5 years, you may nominate a Supervisor from the same company to provide a professional reference in the first part of section D2 below.

D2: Recent Previous	Employers – This info	rmation is MANDAT	ORY:	
Company Name				
Address				
Type of business		Position held		
Start Date		Leaving Date		
Reason for leaving				
We will need to cont agree to this?	act this person for a ref	erence. Do you	Yes	No
If "No" please provid	de reasons below			
May we contact the	referee prior to your int	erview?	Yes	No
Referee Name		Referee Job Title		1
Telephone		Fax		
Email address				
Company Name				
Address				
Type of business		Position held		
Start Date		Leaving Date		
Reason for leaving				
We may need to con agree to this?	tact this person for a re	eference. Do you	Yes	No
If "No" please provid	de reasons below			
May we contact the	referee prior to your int	erview?	Yes	No
Referee Name		Referee Job Title		1
Telephone		Fax		
Email address			1	

Please provide the details of your employment preceding the above mentioned spanning back to the beginning of your working career, in descending date order in the following section D3 provided below. The provision of **Referees** for these employers is **OPTIONAL**.

The following section **MUST** be completed even if you are submitting a copy of your curriculum vitae (CV). Please use a continuation sheet if necessary.

D3: Further Employr	nent History			
Company Name		Job Title		
Start Date		Leaving Date		
Reason for leaving				
you first?	referee prior to interview, wit		Yes	No
Referee name		Referee Job Title		
Telephone		Fax		
Email address				
Company Name		Job Title		
Start Date		Leaving Date		
Reason for leaving				
May we contact this you first?	referee prior to interview, wit	thout contacting	Yes	No
Referee Name		Referee Job Title		
Telephone		Fax		
Email address				
Company Name		Job Title		
Start Date		Leaving Date		
Reason for leaving				
May we contact this you first?	referee prior to interview, wit	thout contacting	Yes	No
Referee Name		Referee Job Title		·
Telephone		Fax		
Email address				

Company Name		Job Title		
Start Date		Leaving Date		
Reason for leaving				
May we contact this contacting you first?	referee prior to interview, wit	thout	Yes	No
Referee Name		Referee Job Title		
Telephone		Fax		
Email address			1	
Company Name		Job Title		
Company Name Start Date		Job Title Leaving Date		
Start Date Reason for leaving	referee prior to interview, wit	Leaving Date	Yes	No
Start Date Reason for leaving May we contact this		Leaving Date	Yes	No
Start Date Reason for leaving May we contact this contacting you first?		Leaving Date thout Referee Job	Yes	No

# If there are any GAPS in your Employment History – please provide details below:

Start Date	End Date	Reason

If this is your first job and you are unable to provide us with employer references, two character references MUST be provided instead. This would preferably be your teacher or mentor.

Character References can also be provided from professional persons (Doctors, Lawyers, Experts, etc.) who have been relatively close to you (family friend or neighbour). If you have been a part of a volunteer scheme or clubs and societies, they are also considered to be source of character reference.

Please provide the details of your referees in the table below:

May we contact this you first?	s referee prior to interview, without contacting	Yes	No
Referee Name	Referee Job Title		
In what capacity does the referee know you?	For how long the referee has known you?	From	То
Telephone	Fax		
Email address			
Email address			
May we contact this	s referee prior to interview, without contacting	Yes	No
	s referee prior to interview, without contacting Referee Job Title	Yes	No
May we contact this you first? Referee Name In what capacity	Referee Job Title For how long	Yes From	No
May we contact this you first? Referee Name In what capacity does the referee	Referee Job Title For how long the referee has		
May we contact this you first? Referee Name In what capacity does the referee know you?	Referee Job Title For how long the referee has known you?		
May we contact this you first? Referee Name In what capacity does the referee	Referee Job Title For how long the referee has		

## PART E: Reason for applying for the position

## PART F: REHABILITATION OF OFFENDERS

All staff that are successful will be offered employment subject to the return of an enhanced DBS Check. If you have been convicted of any crime, either in the UK or outside of the UK (other than motoring offences) regardless of whether it would be a "spent" offence under the Rehabilitation of Offenders Act, you are required to disclose it below:

The provisions relating to the non-disclosure of criminal convictions or cautions do not apply to				
certain occupations. The job for which you are applying is included in the excepted types of				
employment under the Rehabilitation of Offenders Act (Exception Order) 1975.				
Have you ever been convicted or cautioned of any criminal Yes No				
offence in your own country of origin or any other country?				
(Admitting an offenc	e does not automatically exclu	ude you from b	eing offered	
employment)				
If yes, please give details				
and dates:				
Failure to disclose any criminal offence could lead to your application being rejected, or				
if you are appointed, to dismissal if it is subsequently learned that you have had previous				
convictions or cautions.				

It is also a requirement that any Overseas Employee intending to work in Nursing Homes must submit a Police Clearance Certificate from their country of origin if they have lived in the U.K. for less than six months.

Do you have a Police Clearance Certificate dated no longer	Yes	No
than three months before date of arrival in the UK?		
If no, are you able to obtain one?	Yes	No

If you have answered no to the above question, we would be unable to proceed with your application.

## PART G: PRIVACY NOTICE

We only collect information that is required by law or is required for us to comply with contractual obligations. Following the collection of the personally sensitive data, we ensure that it is securely stored and only processed by trained staff who are aware of their personal and our corporate responsibilities for complying with the GDPR.

We never share your personally sensitive information with persons outside of Cedar Care unless we are obliged to do so (e.g. HMRC, Accountants for payroll purposes, CQC, or the Safeguarding Adults Team for contact purposes to assist in investigations, etc.). Where information is shared, we only share the information that is necessary to satisfy the purposes for which it was shared.

Similarly, we only retain personally sensitive data for the minimum period and regular reviews ensure that data is destroyed at the appropriate times.

By signing this document, you confirm your consent to us collecting, storing and sharing when required, your personal data. You may withdraw your consent at any time, but this may adversely affect our ability to continue your employment.

If you have concerns about our policy, in the first instance, you should contact the person who has issued this form to you. If your concerns are not dealt with satisfactorily, you should contact Mrs Minal Desai at <u>enquiries@cedarcarehomes.com</u>, or by writing to her at **Cedar Care Homes, Mortimer House, Clifton Down Road, Clifton, BS8 4AE**.

#### **DECLARATION OF APPLICANT**

I confirm that all the information in this application is correct to the best of my knowledge. I realise that should any information prove to be false at a later date, this could constitute grounds for withdrawal of any job offer.				
Signed		Dated		
Print Name				

## **OPTIONAL INFORMATION: EQUAL OPPORUNTITIES MONITORING**

### EQUAL OPPORTUNITIES IN EMPLOYMENT

Cedar Care does not discriminate, and our employment procedures ensure that we are complying with Equal Opportunities Policies. To this end we would be grateful if you could please fill in this questionnaire and return it with your application form. Your information will remain confidential at all times. The information given is only used for statistical purposes and is not a part of the selection process. Thank you for your co-operation in this area.

Application for post of					
Please indicate your answer by ticking the appropriate box.					
Sex	Male			Female	
Date of birth					
Marital status	Single				
	Married				
	Divorced				
Registered disabled	Yes			No	
Any other disability	Yes			No	
Have you any dependants	Yes			No	
Please tick the box beside the Ethnic Group which you consider that you belong to. If you					
wish, you can write further details beside the box. Please tick only one box.					
White (UK & N. Ireland)			Black (Caribbea		
White (Europe & Eire)			Black (African)		
Asian		Oriental			
Other					

## DOCUMENTS TO SEND OR BRING WITH YOUR APPLICATION

DOCUMENT	Essential	Advised	Tick lf available
PASSPORT	Х		
BIRTH CERTIFICATE (If UK national with no passport)	х		
IDENTITY CARD		Х	
UK DRIVERS LICENCE	Х		
PROOF OF ADDRESS (i.e. Bank Statement, Utility Bills, etc.)	х		
PROOF OF PREVIOUS ADDRESSES (Last 5 years)	Х		
REFERENCES FROM LAST TWO EMPLOYERS, IF NOT AVAILABLE TWO CHARACTER REFERENCES FROM PEOPLE WHO ARE NOT FRIENDS OR RELATIONS	Х		
CERTIFICATE OF SECONDARY EDUCATION		Х	
CERTIFICATES OF HIGHER EDUCATION		Х	
CERTIFCATES OF OTHER TRAINING		Х	
CURRENT OR RECENT DBS CERTIFICATE (Enhanced)		Х	