



Job Application Form

Please return the completed application form to Prof-Care Ltd, Ebor Court, Room 2G, Westgate, Leeds, LS1 4ND or email to admin@prof-care.com, phone: 01134360254, 07714785276

Job Title: HCA/Support Worker

Please tell us how you heard about this vacancy:

1. Personal details

Last Name:

First Name:

Address:

Postcode:

Have you ever been known by any other name? Yes No If Yes, give details

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Address Post Code.....

Home Telephone No.

Daytime Contact No.

E-mail address:

Mobile Number

National Insurance No.

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Nationality:Date of Birth: / / .

Country of Birth.....

Emergency Contact

Next of kin: Relationship:.....

Address:

Contact: Daytime number Nighttime Number

Are you eligible to remain and take employment in the UK: Yes No

You will be required to provide appropriate documentary evidence of this at interview.

Please complete this section if you are not a British citizen:

Do you have a UK residence permit

Yes	No
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Do you have a work permit

Yes	No
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Are there any UK immigration controls

Yes	No
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If Yes, please explain

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Do you hold a full, clean driving licence valid in the UK? Yes No

2. Education/Qualifications

High School	Dates	Qualification and Grade	Date Obtained
College/University	Study Dates	Qualification and Grade	Date Obtained
Ongoing Professional Development	Study Dates	Qualification and Grade	Date Obtained

Training and Development

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

Training Course	Course Details (including length of course/nature of training)

Current Membership of any Professional Body/Organisation

Please give details:

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3. Employment History

Previous Employment: Please include any previous experience (paid or unpaid) for the last five years, starting with the most recent first. You may continue on separate sheet.

Current or most recent employer 1

Name of Employer:

Address:

Postcode:

Position Held:

Date Start Date Left

Reason for Leaving: Notice Period

Brief description of duties:

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Previous employer 2

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode:

Position Held:

Date Started:

Date Left:

Reason for Leaving:

<input type="text"/>	Notice Period	<input type="text"/>
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Brief description of duties:

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Previous employer 3

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode:

Position Held:

Date Started:

Date Left:

Reason for Leaving:

<input type="text"/>	Notice Period	<input type="text"/>
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Brief description of duties:

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Upon offer of employment, Prof-Care will require an enhanced Disclosure and Barring Service check (DBS). For documents required for DBS processing click here <https://www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide->

To ensure the safety of our clients/members a Disclosure and Barring Service (DBS) check must be completed for all positions. A criminal record will not necessarily be a restriction to obtaining a position at Prof-Care Limited. If a check is returned and reveals any information, this will be discussed with the applicant. The Chief Executive will make a decision as to whether the offer of employment should be withdrawn.

Data Protection

The information that you provide on this application form and on your CV (if any) will be used by Prof-Care to provide you work.

Should we provide this service to you, you hereby give consent to your personal data being included on a computerised database and consent to Prof-Care transferring your personal details to our clients. We may share or check the information you have provided with third parties or with other information held by us or third parties. We may also use or pass information to third parties or other organisations that regulate our services.

Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986

We would draw your attention to the following statement:-

“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence(s) is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests).

Have you at any time been convicted of an offence? Yes No If Yes, please give details below

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4. References

Please give the names and addresses of your two most recent employers (if applicable). Professional Emails are required NOT individual emails. If you have no employer references, we will take up references with named individuals at colleges where you have studied, or people who know you in a professional capacity. Please do not put down family members or people you live with you as referees

Reference 1

Reference 2

<p>Name:</p> <p>Job Title:</p> <p>Organisation:</p> <p>Address:</p> <p>Contact No:</p> <p>Email:</p> <p>How is this person known to you:</p> <p>Do you wish to be consulted before this referee is approached:</p> <p>Yes No</p>	<p>Name:</p> <p>Job Title:</p> <p>Organisation:</p> <p>Address:</p> <p>Contact No:</p> <p>Email:</p> <p>How is this person known to you:</p> <p>Do you wish to be consulted before this referee is approached:</p> <p>Yes No</p>
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We reserve the right to contact any of your other previous employers within the last three years.

5. Availability

Holidays Booked:

Shifts Preferred:

(Please number in order of preference)

Day (early/late):

Night:

Saturday:

Sunday:

6. Declaration

Statement to be Signed by the Applicant (Candidates selected for interview will normally be notified within two weeks of the closing date.)

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not signed and dated, your application will not be considered.

I agree that PROF-CARE Ltd can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998. I also understand that my application is subject to the receipt of two satisfactory references. I hereby give Prof-Care Limited authority to perform any additional checks they deem necessary in relation to this role.

I confirm that all the information given by me on this application form is true and correct and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:

If you return this form by email, you will be asked to sign your application at interview

Please ensure your Bank details are completed accurately. BACS payment will be made to you account.

Bank Account Details	
Branch Name	
Account Holder Name	
Sort Code	
Account Number	
Bank Address	
Post Code	