



**Riccall Carers is committed to promoting the equality of opportunity and welcomes applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.**

Please complete in clearly written or typed black ink, continuing on separate sheets when necessary.  
If you are returning this form electronically then type your name where the signatures should be.

Please return form to: [care@riccallcarers.co.uk](mailto:care@riccallcarers.co.uk)

Or by post to: The Office Manager, Riccall Carers, 17 Escrick Business Park, Escrick, York, YO19 6FD – Tel: 01904 720700

Position applied for:	
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### Personal details

First name/s:	Last name:
Address:	Home telephone number:
	Work telephone number:
	Mobile number:
	Date of Birth (Optional):
Post Code:	Marital status:
Do you have a current driving licence?(Y/N):	National Insurance Number:
May we ring you at work? (Y/N):	How did you find out about this vacancy?:
Email address:	
Are you related to any present or former employees of Riccall Carers(Y/N)?:	

### References

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Tel Other:	Tel Other:
Is this your current employer (Y/N):	Is this your current employer (Y/N):
Are they related to you (Y/N):	Are they related to you (Y/N):

## Education, training & development

School/College	From	To	Qualifications – include dates & grades

Please supply any details of any relevant training or learning and development you have undertaken. Please supply dates.

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## Employment history – Present or most recent employment

Name of employer:	
Job title:	Salary:
Dates from / to:	
Period of notice / date available to start:	
Key responsibilities:	
Reason for seeking new position/leaving:	

## Previous employment

Please detail your full employment history, starting with your present or most recent job first.

Job title	Name and address of employer	Dates from and to (Month and Year)	Wages/ Rate of pay	Reason for leaving

Please give any details and an explanation for any gaps in your employment history

**Additional information**

Please use this space to tell us about any information that you feel will help your application, including any other skills that you have:

Next of kin emergency contact details	Name:	Tel no:
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Name and address of doctor:

**Availability to work**

Please indicate which days of the week, the start & finish times and the number of hours you would like to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

As an organisation using the Criminal Records Bureau Disclosure service to access applicants' suitability for positions of trust, Riccall Carers complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. Riccall Carers undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.

Riccall Carers is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependents, age, physical/mental disability or offending background.

We have a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.

The post for which you have applied involves working with older people who are considered to be vulnerable and, as such, the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. This exemption requires that you must declare ALL CONVICTIONS regardless of time passed including those convictions which would otherwise be regarded as 'spent'.

No application for employment will be processed unless this declaration has been completed.

A criminal record will not necessarily be a bar to any applicant obtaining the position for which they have applied.

Declaration:

Have you ever been convicted of any offence (YES/NO)?:

If YES, please give details. You MUST include all offences, even those which would otherwise be considered as 'spent':

I declare that the information that I have given is correct and that there are no convictions that have not been included. I understand that if I am offered the post and it is subsequently found that the information given is incorrect, this will be treated as gross 'misconduct' and I will be liable to be dismissed without notice.

Signed:

Full name:

Date:

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**Declarations of Convictions / Disclosure of Information**

Successful applicants will be asked to provide disclosure information as required under section 113 of the Police Act 1997.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining the position applied for.

No offer of employment will be withdrawn without discussion with the applicant.

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Signed:

Date:

**Data Protection Information**

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.

The information will also be used for equality monitoring and statistical purposes.

By signing this application you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal

The purpose of this questionnaire is to assess your fitness as care workers.  
 This is part of our duties under the CARE STANDARDS ACT 2000  
 (Regulation 7,9,19).  
 It is also to comply with the WORKING TIME REGULATIONS 1998.

To be completed by employee:	
Date:	
Name	
Job Title	
Date Employment Began	
Do you suffer from any of the following conditions	Please answer yes or no
Diabetes requiring injections to a strict timetable	
A heart or circulatory disorder which affects your physical stamina	
Stomach or intestinal disorder, such as ulcers	
Any other condition which makes the timing of meals of particular importance	
A medical condition affecting sleep	
A chronic chest condition	
Any medical condition requiring medication on a strict timetable	
Any other medical condition in which the symptoms get worse at night	
Do you suffer from any other medical condition that may affect your ability to perform your job in a safe and satisfactory manner	
Where you have answered yes, please give further details	
<p>I declare that I am physically and mentally fit for the purposes of the work which is to be performed</p> <p>Signature of person making this statement</p> <p>Date of statement</p>	
<p>For Office Use only .....</p> <p>This person has been deemed physically and mentally fit to carry out care worker duties following reference checks, health assessment and satisfactory C.R.B. checks</p> <p>Signed ..... Position.....</p> <p>Name .....</p> <p>Date .....</p>	

**TO ALL NEW EMPLOYEES**

Please note that training is unpaid if you leave the company before completing the 2 month probationary period.

Any training that you have been paid for will be deducted from your last wage should you leave within this qualifying period.

CRB checks are also paid by the employee and are deducted from the first wage.

Shadowing an employee at work is unpaid time, however induction is paid time at work providing the probationary period is completed.

Signature of employee to acknowledge and agree the above terms

Print name:

Signature:

Date:

THIS SECTION TO BE COMPLETED AT INTERVIEW

# RICCALL CARERS LTD

## Equal Opportunities Monitoring Form

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the home properly monitors and conforms with its policies relating to the equality of opportunity.

Information will be used for monitoring and no other purpose.

Our committed aim is to allow staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the home to limit their opportunities.

Please answer yes in the relevant boxes

Would you describe your ethnic origin as:			
White:	European:	Asian:	English:
African:	Caribbean:	Chinese:	Pakistani:
Indian:	Hispanic:	Mixed:	
Other (please specify):			
Prefer not to say:			
Are you	Male:	Female:	
Please indicate your age in the ranges below:			
16 – 21:	22 – 25:	26 – 30:	31 – 35:
36 – 40:	41 – 50:	51 – 60:	61 – 65:
Do you consider that you have a disability? (Yes/No)			
If YES, please indicate the nature of the disability:			



Dear Applicant

## **PROTECTION OF VULNERABLE ADULTS SCHEME**

As you may be aware anyone who works in the Care Sector is required to hold a Criminal Records Bureau check before they can commence any employment involving vulnerable adults.

These checks can take two to three weeks to be completed.

Therefore if you are invited for interview may we ask that you bring with you the following items:-

- 2 Recent passport photographs
- Birth Certificate
- Driving Licence & Valid Insurance Certificate – if held
- Marriage certificate – if applicable
- Valid Passport
- Recent Bank Statement
- Utility bill – (must have your name and address on)
- Recent P60

This will enable swift completion of the C.R.B. check, should you be successful and you accept the position.

**\*\*WHEN RETURNING THE APPLICATION FORM CHECK POSTAGE AS COST IS OFTEN MORE THAN A FIRST CLASS STAMP. PLEASE RETAIN LETTER FOR REFERENCE PURPOSES \*\***