

DAALLO CARE SERVICES LTD

Are you applying for a job share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a job share partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Application for Employment:

The recruitment process within this Organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. **PLEASE COMPLETE FULLY AND IN CAPITALS**

Job applied for:		Reference No:	
-------------------------	--	----------------------	--

It is important that you read the guidance notes before completing this application form. Please fully complete this form using type or black ink. A curriculum vitae is not an acceptable form of application unless stated otherwise. Applications received after the closing date will not normally be considered.

Return the completed application form to:
DAALLO CARE SERVICES LTD
Concordia community centre Arches 420-421 Burdett Rd
London E3 4AA

Telephone: 0203441257
E-mail: admin@daallocare.com
www.daallocare.co.uk

The information you supply on this form will be treated in confidence

Personal details

Last name:	
First name(s):	
Address:	
Post code:	Email:
Moved to this address on (date):	

Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.

Moved to this address on (date):	
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of	
Home telephone:	Daytime telephone:
Mobile telephone:	
National Insurance No:	

Position applied for:	
Approx. no. of hours wanted	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only (please circle which you are able to work)

Are you able to take up employment in the UK with no current immigration restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Dates not available for interview: (If these dates clash with the interview date we will try to re-arrange but cannot guarantee to do this)	
---	--

If you are successful you must provide evidence of the above details prior to your appointment

Current or most recent employment/voluntary work

Employer:	
-----------	--

Job Title:	
------------	--

Address:	
----------	--

Post code:		Current start date:	
------------	--	---------------------	--

Current/last salary:		Grade:		Benefits:	
----------------------	--	--------	--	-----------	--

Reason for leaving:	
---------------------	--

Period of notice:	
-------------------	--

Brief description of main duties/responsibilities.
(Please continue on a separate sheet if necessary)

--

Previous Employment or Work Experience Record

Please provide full details of all your previous paid and unpaid employment in date order since leaving full-time education, explaining any breaks.

Name of employer and type of business	Position held, duties and responsibilities	Reason for leaving	Dates from - to
---------------------------------------	--	--------------------	-----------------

--	--	--	--

Health			
Please state number of days you have been absent from work due to sickness in the past twelve months:			
How many periods of absence does this represent?			
Please note, a successful candidate will be required to complete a medical questionnaire and may be asked to attend for a medical examination.			
Education Qualifications & Training obtained from schools / colleges / universities			
Name of Schools, Colleges, Universities etc.	Name of Course	Dates -from - to	Qualifications and Grades obtained
Other relevant qualifications or records of achievement			
Please provide details of any other relevant qualifications or records of achievement (e.g. courses attended), including membership of professional bodies. (Please note, if you are appointed we will need to see your original qualification certificates. Continue on a separate sheet if necessary).			
Professional Qualifications and Memberships of Professional Bodies	Qualifications and / or Grades obtained	Dates from - to	Level of achievement

Personal Statement		
Abilities, skills, knowledge and experience		
Please use this section to explain in detail how you meet all of the requirements of the Person Specification and why you consider yourself suitable for the post. This should include all aspects of your education and experience, including paid or voluntary work, study or training that are relevant to this position.		
References		
Please give the names and addresses of two people who are willing to provide references relating to your work experience and suitability for the post you have applied for. One must be your present or most current manager. <i>Please note that we reserve the right to approach any of your previous employers for a reference.</i>		
Reference 2		
Name:		
Job title:		
Work relationship:		
Organisation:		
Address:		
	Post code:	
Telephone:		
E-mail:		
May we approach them at this stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reference 1

Name:			
Job title:			
Work relationship:			
Organisation:			
Address:			
	Post code:		
Telephone:			
E-mail:			
May we approach them at this stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Driving Licence Details

The post details will state whether a driving licence is required for the post

Do you hold a full, clean, current driving licence which enables you to drive in the UK?

Yes No

If yes, please state the type of licence:

If you are successful you will be required to provide evidence of the licence prior to your appointment.

Criminal convictions

Do you have a Criminal Conviction(s) or police caution(s)?

Yes No

CRIMINAL RECORD

Workers of Daallo care services are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

Data Protection Act 1998

Under the Data Protection Act 1998, Daallo care services ltd reserves the right to collect, store and process personal data about applicants in so far as it is relevant to your application.

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people.

If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Declaration:

I confirm that the information recorded on this application form is true and complete to the best of my knowledge.

SIGNED: _____ Date: _____

Name: _____