



Job application

Guidance Notes for Applicants

The application form plays a vital role in the selection process, enabling decisions regarding shortlisting and as a basis during the interview itself. It is fundamental to complete all sections as fully as possible, drawing on your relevant experience, knowledge, skills and abilities.

Job Description

This will identify details of the duties that you would be expected to carry out. This enables you to identify if the job is of interest to yourself and if you have the necessary skills and aptitude to meet this challenge.

Person Specification

This will identify the skills, knowledge, qualifications and experience required for the job. Some of this will be experience that you have gained through paid employment or voluntary work. For those who are new to care, life experiences will be taken into account.

Employment History

Write down your career history, describing your main responsibilities with each job. Ensure the dates are correct and in chronological order. If there are any gaps between jobs, please note the reason. If necessary continue on a separate sheet.

Additional Information

This is your chance to tell us why you should be given the job. What experience and skills do you have that would benefit us by employing you?

Completing the form

Type or complete in black ball point pen: ensure that it is neat and clear as this is our first impression of you. Don't forget to sign the form where asked and check all boxes are completed.

Keep a copy for your own records.

Send the form by post to **Paramount Care Agency**
47 Whytescauseway
KIRKCALDY
KY1 1XD

or by email to **info@paramountcare.com**



APPLICATION FORM

Name of Applicant

Position applied for

Where did you hear about this position?

TO BE COMPLETED BY OFFICE STAFF

Shortlisting Details:

Date	Yes	No
If no reasons why:		

Interview Date:.....

Interview Time:.....

Interviewers:

All information provided by applicants is confidential. Any information that is inaccurate or any omissions will prejudice employment.

Remember to answer all questions as fully as possible.

Personal Information

Surname	Forenames
Address	Postcode
	Email Address
Home Tel	Mobile Tel
Next of Kin (NOK)	Tel NOK
Address NOK	Relationship to yourself

Eligibility to Work

Do you need a work permit to take employment in UK ?	Yes	No
Do you have a current and valid passport?	Yes	No
Do you have a full driving licence that allows you to drive in the UK?	Yes	No
Do you have access to a car that you can use for work?	Yes	No
Do you have car insurance that includes business insurance?	Yes	No
Have you ever been banned from driving, or do you have any current endorsements on your licence?	Yes	No

Are you involved in any activity which entitles you to time off eg TA, union representative?		Yes	No
Have you ever worked for the company before?		Yes	No
If yes to any of the above, please give details below			
How many hours are you looking for:	30 +	16 - 30	0 – 16
In what area of care do you wish to work?	Care Homes	Home Care	Both
How far will you travel?	10mile radius	25mile radius	>25mile radius

References

Please provide us with TWO references, one of whom should be your present or most recent employer.

Name	Name
Company Name	Company Name
Position	Position
Address	Address
Tel No	Tel No
Fax No	Fax No
Email Address	Email Address
Capacity and length of time in which they know you (eg line manager)	Capacity and length of time in which they know you (eg line manager)
Can we contact them now?	Can we contact them now?

Education – please give details of all educational & vocational qualifications

School Qualifications	From	To	Examinations & Results
College or University	From	To	Courses and Results

Job related training	Name of organisation	Date	Course / Subject

Further Formal Training	From	To	Courses and Results

NMC PIN Number	Expiry Date
Union Membership	Expiry Date
Name and address of training hospital and any position held there	

Employment Background

(Please continue on a separate sheet if necessary)

Current / Most recent Job		
Employer's Name	Salary	
Job Title	Notice Required	
Reason for Leaving		
Brief Description of Duties	Dates (month and year)	
	From	To
Is this your only job? If no please give full details		



Previous jobs - both paid and voluntary (If there are any gaps between ,jobs please indicate reasons eg childcare, continuing education). Continue on a separate sheet if necessary.

Employer's Name	Reason for Leaving	
Job Title		
Brief Description of Duties	Dates (month and year)	
	From	To
Employer's Name	Reason for Leaving	
Job Title		
Brief Description of Duties	Dates (month and year)	
	From	To
Employer's Name	Reason for Leaving	
Job Title		
Brief Description of Duties	Dates (month and year)	
	From	To



Please list any interests, achievements, leisure activities (eg hobbies, sports, club membership, volunteering)

Additional Information

Please detail any relevant experience you can bring to this role and why you feel you are the best candidate for this position. Please give details of your aspirations, personal strengths and goals for the future. Please continue on a separate sheet if necessary.

Rehabilitation of Offenders Act 1974

Our recruitment process is compliant with “The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 as amended” and entitles us as providers of care services, to conduct the appropriate level of disclosure check to confirm candidates suitability for employment in this sector. You are therefore required to provide details of all convictions whether they be current, pending or expired. You should be aware that any convictions including for example – unpaid TV licence/council tax, driving convictions, including speeding offences, admonished convictions and any warnings or cautions you have received since the age of 16 will be highlighted on your disclosure certificate. Further information can be obtained from www.disclosurescotland.co.uk on Disclosure Scotland’s ‘code of practice.

Have you read the above statement?	Yes	No
Have you ever been the subject of disciplinary action with the HM forces and / or professional bodies, including the police force	Yes	No
Have you ever been convicted of a criminal offence?	Yes	No
Do you have any pending charges you wish to declare to us?	Yes	No
If you have answered ‘yes’ please state when, the court, the offence and disposal below;		

PLEASE NOTE THAT ALL STAFF ARE REQUIRED TO INFORM THE OFFICE MANAGER OF ANY CONVICTIONS SUBSEQUENTLY OBTAINED AFTER THEIR APPOINTMENT.

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

Name	Signature	Date
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Declaration of Applicant

I confirm that the information is correct within my application. I understand that any false information or deliberate omission will disqualify me from employment or may render me liable for dismissal. I consent to Paramount Care using and keeping information I have provided on this application form or elsewhere as part of the recruitment process and / or personal information supplied by third parties such as referees, relating to my application of future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that Paramount Care will retain the form for as long as is deemed necessary.

Name	Signature	Date
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Health Declaration

Please complete this questionnaire as fully as possible. Please circle the correct answer. If you answer "Yes" to any of the questions, please give further detail overleaf.

Do you, or have you ever, suffered from:

- | | | |
|---------------------------------------|-----|----|
| 1. Heart Disease? | Yes | No |
| 2. Asthma? | Yes | No |
| 3. Epilepsy fits or faints? | Yes | No |
| 4. Diabetes? | Yes | No |
| 5. Kidney Problems? | Yes | No |
| 6. Gynecological Problems? | Yes | No |
| 7. High Blood Pressure? | Yes | No |
| 8. Back or Neck Problems? | Yes | No |
| 9. Any Allergies? | Yes | No |
| 10. Mental Illness, e.g. Depression? | Yes | No |
| 11. Alcohol or Drug Related Problems? | Yes | No |

Are you taking any medication? Give details. Yes No

Have you had any hospital admissions or operations?
(If "Yes", please write on separate sheet) Yes No

Are you registered disabled? Yes No

How many days off due to illness in past 12 months? _____

Have you ever been immunized against the following?

- | | | | |
|--|-----|------|----|
| 1. Tetanus? | Yes | Date | No |
| 2. Polio? | Yes | Date | No |
| 3. Hepatitis B? (required if working in Hospitals) | Yes | Date | No |
| 4. TB? | Yes | Date | No |
| 5. Rubella (German measles)? | Yes | Date | No |

May we contact your family doctor regarding any of the above answers? Yes No

Name of GP _____

Surgery Address _____

Tel. No. _____

I confirm I have answered the above questions truthfully to the best of my knowledge.

SIGNED _____

DATED _____



EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its equal opportunities statement, Paramount Care will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

In order to enable the Agency to ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the short listing for interview stage and at the appointment stage. Once an appointment has been made, the data given on this form will be stored on computer in an anonymised format and the form will then be destroyed.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by the Human Resources department for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Thank you for your assistance in completing this form.

Post title:			
Gender:	Male	Female	Prefer not to say
Marital status:	Married	Single	Other (please specify)
	Prefer not to say		
Age band:	Under 18	18-29	30-39
	40-49	50-59	60-69
	70+	Prefer not to say	
Sexual orientation:	Heterosexual	Homosexual	Bisexual
	Transsexual	Prefer not to say	
Disabilities :	None	Physical Disability	Mental Disability
	Prefer not to say		
Race/nationality/ethnic origin:	White	English	Scottish
		Welsh	Irish
		Other white background (please specify)	

	Mixed	White and Black Caribbean	White and Black African
		White and Black British	White and Asian
		Other mixed background (please specify)	
	Asian	Indian	Bangladeshi
		Pakistani	British
		Other Asian background (please specify)	
	Black	Caribbean	British
		African	Other black background (please specify)
	Chinese	Other ethnic group (please specify)	Prefer not to say
	Religion:	Christian	Catholic
Sikh		Muslim	Hindu
Buddhist		Rastafarian	None
Other religion		(please specify)	Prefer not to say

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

SIGNED _____

DATED _____