



CARE SOLUTIONS

EST. 1992

APPLICATION FORM: Please complete in BLOCK CAPITALS apart from email address which must be printed in lowercase e.g. fred.smith@gmail.com

Position Applied for	HEALTH CARE ASSISTANT
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Date:

Title:	
First Names:	
Surname:	
Address:	
Postcode:	
Telephone number(s):	
Email: please print in lowercase	

National Insurance Number:	
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How did you hear about us?

(Please tick all that apply)

Employee referral:	
Website:	
Facebook:	
Advertisement:	
Web search:	
Other (Please specify)	

Other:



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RIGHT TO WORK IN THE UNITED KINGDOM:

Are you legally entitled to work in the UK?	Yes	No
Nationality:		

NEXT OF KIN:

Full Name:	
Relationship to Applicant:	
Telephone number:	
Address:	

AVAILABILITY:

Preferred locations of work: <i>e.g., Wakefield, Pontefract etc</i> <i>If you have no preferences, please write "Any"</i>	Please list all:
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PREFERRED HOURS OF WORK:

PLEASE TICK THE BOXES YOU ARE USUALLY ABLE TO WORK. IF YOUR AVAILABILITY IS ANY SHIFT, PLEASE TICK THIS BOX

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/lunch	AM/lunch	AM/lunch	AM/lunch	AM/lunch	AM/lunch	AM/lunch
Tea/Bed	Tea/Bed	Tea/Bed	Tea/Bed	Tea/Bed	Tea/Bed	Tea/Bed



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DRIVERS:

		Yes	No
Do you hold a valid driving licence?	Full Provisional		
Do you have access to a vehicle?			

IF YOU ANSWERED YES TO THE ABOVE 2 QUESTIONS, PLEASE PROVIDE THE FOLLOWING

Copy of...	Please tick the box to confirm you have provided:
Driving Licence	
MOT	
Car insurance to include business use	
Road Tax	

EDUCATION:

Formal Education and Qualifications				
Name of School/College/University and Location	Dates of attendance		Course of Study/Qualificatin(s) Gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		



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TRAINING HISTORY/PROFESSIONAL STATUS:

(Please supply copies of certificates and membership details)

Date of qualification:	Location/details:	Notes

PLEASE PROVIDE YOUR FULL EMPLOYMENT HISTORY FROM LEAVING SCHOOL:

Name of current or most recent employer:		Address:	
Start date – Month/Year		End date – Month/Year	
Nature of business:			
Position held and reason for leaving:			
Salary/Rate:			

Name of employer prior to the employer listed above:		Address:	
Start date – Month/Year		End date – Month/Year	
Nature of business:			
Position held and reason for leaving:			
Salary/Rate:			



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Name of employer prior to the employer listed above:		Address:	
Start date – Month/Year		End date – Month/Year	
Nature of business:			
Position held and reason for leaving:			
Salary/Rate:			

Name of employer prior to the employer listed above:		Address:	
Start date – Month/Year		End date – Month/Year	
Nature of business:			
Position held and reason for leaving:			
Salary/Rate:			

Name of employer prior to the employer listed above:		Address:	
Start date – Month/Year		End date – Month/Year	
Nature of business:			
Position held and reason for leaving:			
Salary/Rate:			



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PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT IN THE BOX BELOW e.g. FULL TIME PARENT, VOLUNTEERING, TRAVELLING OR JOBSEARCHING.

Reason for Gaps	From – Month & Year	To – Month & Year

ASSISTANCE WITH INTERVIEW AND ASSESSMENT:

Do you require us to make any special arrangements for you to participate in the recruitment process?
E.g., large print forms, or additional time to complete the forms? **Yes** **No**

If yes, please give details:

REFEREES:

You must provide references from your two most recent employers. Additionally, please provide two character referees that are not a family member, a partner or someone who already works for Care Solutions. **All will be contacted, therefore please inform the referees of the fact that you have used their name.** If you are unable to provide the required references, please discuss the reasons with us.

CURRENT OR MOST RECENT EMPLOYER:

Contact name:	
Name of company:	Full address:
Email: please print in lowercase	
Telephone number:	
Job Title:	



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PAST EMPLOYER 2:

Contact name:	
Name of company:	Full address:
Email: please print in lowercase	
Telephone number:	
Job Title:	

CHARACTER REFERENCE 1: *All character references must be someone who has known you for at least 3 years, but not a family member or anyone already working for Care Solutions.*

Name:	Relationship to you:
Full address:	
Telephone number:	Email: please print in lowercase:

CHARACTER REFERENCE 2:

Name:	Relationship to you:
Full address:	
Telephone number:	Email: please print in lowercase:



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APPLICANT INFORMATION RELEASE

In connection with my application for employment with Care Solutions Ltd, I hereby agree as follows:

I hereby authorise any person, educational institution, or company I have listed as a reference on my employment application form to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Care Solutions Ltd, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Applicant/Employee

Signed

Print Name

To be signed by Care Solutions

Signed

Print Name

BANK DETAILS:

Bank name:	
Account holders name:	
Sort Code:	
Account number	

PROOF OF RIGHT TO WORK:

The UK Government requires us to check that all employees are eligible to work within the UK. Please confirm that, if you are offered a position at Care Solutions, which of the following documents you would supply to us and allow us to check the original and retain a copy in your staff file.

You must supply either 1 document from list 1 or two documents from the combination list 2, below



List 1:

List 1 – 1 document needed	Please tick which one you will supply
A British passport	
A Home Office issued residence permit	
A passport or other document endorsed and issued by the Home Office stating that the holder has a current right of residence in the UK as the family member of a named national who has a residence in the UK	
Home Office Share code	
Confirmation of indefinite stay in the UK	
A Home office issued Application Registration Card for the asylum seeker stating that the holder is permitted to take employment	

List 2:

List 2 – Combination A Document 1, plus one from the other 7	Please tick which one you will supply
1. A document giving the persons permanent National Insurance Number and name. This could be a P45, P60, National Insurance Card, past wage slip or a letter from a Government Agency	
2. A full Birth Certificate issued in the United Kingdom, which must include the names of the holders parents.	
3. A Channel Islands, Isle of Man or Ireland issued Birth Certificate	
4. A Registration or Naturalisation Certificate confirming the holder is a British Citizen	
5. A Home Office issued letter to the holder confirming that the named person is entitled to indefinite stay in the United Kingdom or has no restriction on their stay	
6. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to indefinite stay in the United Kingdom or has no time restriction on their stay	
7. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and it allows them to undertake the type of work they have applied for	
8. A Home office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work we are offering.	



Or alternatively

List 2-Combination B. Document 1, Plus 1 from the other two	Please tick
1. Work Permit or other approval to take employment issued by Work Permits UK	
2. Passport or other travel document endorsed, showing the holders entitlement to stay in the United Kingdom and can take the work permit in question	
3. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom and can take the work permit employment in question	

Note: Minimum age legislation dictates that care workers must be 18 years old or older. Please inform your interviewer immediately if you do not meet these requirements.

1. Terms and Conditions

I confirm that the information given in this application is true to the best of my knowledge

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of three satisfactory references and enhanced disclosure from Criminal Records Bureau.

I undertake to inform Care Solutions should I be convicted of an offence in the future.

I undertake to inform Care Solutions immediately if I am engaged through their introduction, including offer of permanent employment following a temporary assignment.

I will respect the confidentiality of Service Users and any other information I may always have access to.

I am clear that Care Solutions cannot guarantee assignments and that they have no responsibility to pay for hours not worked.

I understand that my registration with Care Solutions can be terminated at any time following unsatisfactory work reports.

Signature..... Date.....



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2. WORKING TIME REGULATIONS

In accordance with the Working Time Regulations 1998 (as amended), I consent to work more than 48 hours per week. I understand that I may withdraw this consent by giving Care Solutions not less than three months' notice.

Signature..... Date.....

3. Data Protection

I agree that Care Solutions retains the right to hold this application and any other data required to process it and to pass on to any other authorised third party the details held within, and also to retain these details for as long as reasonably necessary in accordance to the Data Protection Act.

Signature..... Date.....

4. BANK DETAILS

I have completed my bank details and confirm that they are correct. I understand that any incorrect or incomplete details can result in a delay of my payment.

Signature..... Date.....

Use this checklist to check that you have provided all details we require

Item	Tick box
Proof of ID – Passport, driving licence and Birth Certificate	
Proof of National Insurance – P45, P60, letter, past wage slip	
2 Proof of Address – (less than 3 months old) Bank Statement, Utility Bill	
Eligibility to work in the UK – UK Passport, residence permit etc	
Mandatory Training Certificates ¹	
Senior Carer – Medication certificate ²	

Thank you for your time in applying and we wish you the best for the future.

The Care Solutions team

¹ Applies to carers with care experience

² Applies to carers who are currently qualified and trained Senior Healthcare assistants