ISSUE 10







Staff **FS 500330**

Essex Care Consortium Ltd, Maldon Road, Birch, Colchester, Essex CO2 0NU Tel: 01206 330308 Fax: 01206 331811 Email: info@ecarec.co.uk

ANY FORMS THAT ARE NOT COMPLETED IN FULL WILL NOT BE CONSIDERED

JOB APPLICATION FORM								
Please read carefully the attached job description and Equal Opportunities Policy before filling in this form. Please return to: Essex Care Consortium Ltd, Maldon Road, Birch, Colchester, Essex CO2 0NU								
Position yo	u are app	olying for:						
Surname:			Mr. Mrs	s. Miss. Ms. Oth	ner (please o	ircle appropriate)		
Forenames:				Maiden	name of any p	orevious nar	mes:	
Full Addres	ss Includi	ng Post Code:						
Tel. No:				Mobile No:				
Email Address:								
Sex:	Male	Female	Full Driving Lic	cence	Yes	No	(please circle ap	propriate)
Do you need a permit to work in the UK?				Yes	No	(please circle appropriate)		
If Yes you must enclose a copy with this application form								
National Insurance Number								
							Tick Yes	Tick No
Have you been referred to The Independent Safeguarding Authority or are you barred by Independent Safeguarding Authority to work with vulnerable adults or children?								
Have you received any training in Safeguarding?								







JOB APPLICATION FORM (continued)

THIS SECTION MUST BE COMPLETED IN FULL.

Employment History (include voluntary work)

Please list your FULL employment / work experience beginning with the most recent and finishing at the end of your higher / school education. Also detail the reasons for any breaks in employment including voluntary or unpaid work.

(Please use an additional sheet if necessary)

THERE SHOULD BE NO GAPS. ANY FORMS WITH GAPS WILL NOT BE CONSIDERED.

Please sign here to say that this is an accurate record.

Signature:	Signature:				
Dates From / To	Employer (Name and Address	Position Held	Brief summary of duties and responsibilities	Reason for leaving	







JOB APPLICATION FORM (continued) **Employment History (include voluntary work) continued Dates From Brief summary of duties Position Held Employer (Name and Address** Reason for leaving and responsibilities /To

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JOB APPLICATION FORM (continued)				
Education and qualifications Please list Secondary Schools, Colleges and Universities attended. Give qualifications obtained if applicable				
Date	School / College / University	Qualifications		
Please list train	ing courses you have attended and dates, relevant to the	nis position e.g. NVQ, Safeguarding etc.		







JOB APPLICATION FORM (continued)				
Job Requirements				
Are there any particular areas of work you would like to develop within this job?				
What attributes and abilities can you bring to this work place?				
How many periods of sickness / absence have you had over the last two years?				
How many days in total?				
References Please give the name and address (including postcode) of 3 referees. One MUST be younged by the postcode of 3 referees. One MUST be younged by the postcode of 3 referees.	our last	employe	er.	
Reference 1 (Last Employer – ESSENTIAL)	Contac	ct Name:	:	
Company Name:				
Full Address (incl. post code):	Role:			
Phone Number:				
Reference 2 (Business)	Contac	ct Name	:	
Company Name:				
Full Address (incl. post code):			Role	
Phone Number:				
Reference 3 (Personal) This can be a personal reference from someone who has known you for at least 5 year	s			
Name:	Relatio	onship:		
Full Address (incl. post code):		•		
Phone Number:				
Are you related to anyone employed by Essex Care Consortium Ltd? If yes, please give details	Yes	No	Please circle appropriate	
Do you know anyone employed by Essex Care Consortium Ltd? If yes, please give details	Yes	No	Please circle appropriate	
Were you recommended by a current member of staff? If yes, please give the staff name	Yes	No	Please circle appropriate	







JOB APPLICATION FORM - DISCLOSURE AND BARRING SERVICE

Do you have an Enhanced Disclosure and Barring Service (DBS) check which is less than 12 months old? Yes / No (please circle appropriate)

If yes, you must enclose a copy with this Job Application Form

If your application is successful, a contribution towards the cost of the DBS will be deducted from your first full month's salary.

Please note, if you are offered a position at Essex Care Consortium Ltd and you do not take up the post, you will be invoiced for the cost of the DBS (currently £60.00)

Signature	Date	

JOB APPLICATION FORM - ETHNIC ORIGIN Please tick what you consider to be the appropriate box for your ethnic origin **British Black and White Chinese White** Irish **English Mixed Race Scottish** Indian or British Indian Welsh Pakistani or British Pakistani Cornish Bangladeshi or British Bangladeshi White Other Asian or British Asian **Mixed Asian** Cypriot Greek Caribbean **Turkish African** Irish Traveller Other Black or British Black Other White **Mixed Black** White and Black Caribbean Chinese White and Black African African - no colour defined White Asian Middle East **Black and Asian** Arab **Black and Chinese Any Other Group**

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Equal Opportunities Policy

Essex Care Consortium Ltd is committed to achieving a working and living environment which provides equality of opportunity and freedom from discrimination on the grounds of race, religion, sex, class, sexual orientation, age, size, disability or special needs. Essex Care Consortium Ltd is also committed to building a workforce which is diverse and reflects the community around us.

Essex Care Consortium Ltd adheres fully to *Standard 38 – Ethos of the National Minimum Standards for Care Homes for Younger Adults*, which relates to the degree to which a commitment to equal opportunities is made within a home.

The Policy will be implemented through an equal opportunities programme in accordance with the Institute Personnel Management Equal Opportunities Code. This will include:

- Wide publication of the Policy Statement
- Continuous dialogue and consultation with staff
- Discussions with consumers and clients
- Inclusion in the staff recruitment, induction and other training and monitoring arrangements

Rehabilitation of Offenders Act 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of 2.4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the employer. Any information given will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted of a criminal offence by a court of law (with the exception of minor motoring offences or offences as a juvenile under the age of 16)?

YES NO

If yes, please give details including the offence and date:

Offence	Date

Declaration

I confirm the above statements are true and correct and I understand that any misrepresentation will invalidate my application and, if employed, could lead to dismissal. I am prepared to undergo a medical examination if required and confirm that, to the best of my knowledge, there are no medical reasons which would prevent me from undertaking any duties.

Signature Date







DOCUMENTATION FOR DBS

To enable the necessary checks to be made with the Disclosure and Barring Service (DBS) list we require sight of certain original documentation, which acts as proof of your identification.

Can you produce any documentation from group 1?

YES, then 3 Documents must be produced

2 further Documents from Group 1, 2a or 2b; one of which must verify your current address

NO, then 3 Documents must be produced from Group 2

1 Document from Group 2a and 2 further documents from Group 2a or 2b, one of which must verify your current address

Group 1: Primary identity documents Document	Notes
Passport	Any current and valid passport
Biometric residence permit	UK
Current driving licence – photo card with counterpart where one is issued	UK / Isle of Man / Channel Islands and EU (full or provisional) (Please note some European countries do not issue counterparts)
Birth certificate – issued at time of birth	UK and Channel Islands – including those issued by UK authorities overseas e.g. embassies, High Commission and HM Forces
Adoption Certificate	UK and Channel Islands

Group 2a: Trusted government documents Document	Notes
Current driving licence – photo card (where a counterpart	All countries (full or provisional)
has been issued by no counterpart is presented)	All licences must be valid in line with current DVLA requirements
Current driving licence – paper version	UK / Isle of Man / Channel Islands and EU (full or provisional) All licences must be valid in line with current DVLA requirements
Birth certificate – issued after time of birth	UK and Channel Islands
Marriage / civil partnership certificate	UK and Channel Islands
HM Forces ID card	UK
Firearms licence	UK, Channel Islands and Isle of Man

Group 2b: Financial and social history documents Document	Notes		Issue date and validity	
Mortgage statement	UK or EE	A	Issued in the last 12 months	
Bank or building society statement	UK and C	hannel Islands or EEA	Issued in the last 3 months	
Bank or building society account opening confirmation letter			Issued in the last 3 months	
Credit card statement	UK or EE	A	Issued in the last 3 months	
Financial statement e.g. pension or endowment	UK		Issued in the last 12 months	
P45 or P60	UK and C	hannel Islands	Issued in the last 12 months	
Council tax statement	UK and C	hannel Islands	Issued in the last 12 months	
Work permit or visa	UK		Valid up until expiry date	
Letter of sponsorship from future employment provider	Non-UK or non-EEA only – Valid only for applicants residing outside of the UK at time of application		Must still be valid	
Utility bill	UK – not	mobile telephone bill	Issued in the last 3 months	
Benefit statement e.g. Child Benefit, Pension	UK	·	Issued in the last 3 months	
Central or local government, government agency, or local council document giving entitlement e.g. from the Department for Work and Pensions, the Employment Service, HMRC	UK and C	hannel Islands	Issued in the last 3 months	
EU National ID card			Must still be valid	
Cards carrying the PASS accreditation logo	UK and Channel Islands		Must still be valid	
Letter from head teacher or college principal		UK – for 16 to 19 year olds in full time education Only used in exceptional circumstances if other documents cannot be provided		







ESSEX CARE CONSORTIUM LTD

DECLARATION

The post you are applying for is one that may require you to carry out the following tasks:

- Manual lifting and moving of heavy objects. The Clients living at Essex Care
 Consortium Ltd and Clients using Access include some who suffer epileptic seizures
 and who may need to be moved to ensure their safety
- Physical personal assistance for Clients who may need help to perform normal day to day tasks including the need to bend to assist Clients with bathing
- Take part in physical activities including swimming, walking, gardening and playing games e.g. football
- Undertake training in physical intervention techniques and to be able to use them
 effectively in the event of clients becoming aggressive and requiring some restraint
 to protect themselves and others
- Read medication records and give out prescribed medications according to instructions
- Write care plans, deliver a service against the plans and prepare and write reports

Please sign below to indicate you understand the requirements of this post and that you consider yourself fit to complete such tasks.

Print Name	
Signature	
Date	