Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and / or Trade Union membership or stewardship.
If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time) please contact the Registered Manager on.

Position Applied For:				**Location:**		
Work Preference:	Full Time	Part Time	Bank	Hours Requested:		
I understand this role may include: Shift work, Unsociable Hours, Lone working involved. (Please circle your availability below)				**Yes**		**No**

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Evening		Evening		Evening		Evening		Evening		Evening		Evening	

COMPLETION OF APPLICATION FORM GUIDANCE

- Please ensure that you include full Previous Employment (most recent employer first).
- Please also cover the entire duration of your working career and also include the nature of each business.
- A “full employment history” means a career history from the age of first employment.
- This information may be in the form of a Curriculum Vitae but need not be.
- Please leave NO GAPS in either your previous employment or formal education
- If you are unable to complete fully without gaps in dates of employment you will be required to complete an Opus Care Employment History Declaration Form, which is included with this application.

Personal Details						
First Names:			Address:			
Surname:						
Maiden Name:						
Previous Names:						
Marital Status:						
Gender:			Postcode:			
Place of Birth:			Nationality:			
Telephone number:			NI Number:			
Mobile Number:			Email Address:			
Are you a Driver:	Yes	No	Own Transport	Yes	No	N/A
How long have you had a licence?			Any Endorsements:	Yes	No	N/A
Are you a United Kingdom (UK), European Community (EC), European Economic Area (EEA) National					Yes	No*
*If no, Please detail your current immigration status and the relevant visa currently held (including Visa number)						
Are you related to any of our current members of staff or Service Users?					Yes	No
Equality Act 2010 Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” & “long term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010.						
For the purposes of this application & interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?					Prefer not to say	

Education *(All qualifications will be subject to a satisfactory check).			
School / College / University	Date From:	Date To:	Examinations, Qualifications*
Training Courses attended or completing (evidence of attending courses is required)			
Subject	**Location**	**Date**	**Details**
Professional Memberships/ Registrations			
Name of Organisation	Registration Number	Renewal Date	Details

Employment History

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

Current / Most recent employer					
Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		
Employment History					
Start Date:		End Date:		Salary:	
Job Role:			Employer Name:		
Reason for Leaving:			Contact Name:		
Duties:			Address:		
			Postcode:		
			Telephone:		
			Email:		

Employment History Continued (Copy this page if required)					
Start Date:		End Date:		Salary:	
Job Role:		Employer Name:			
Reason for Leaving:		Contact Name:			
Duties:		Address:			
		Postcode:			
		Telephone:			
		Email:			
Start Date:		End Date:		Salary:	
Job Role:		Employer Name:			
Reason for Leaving:		Contact Name:			
Duties:		Address:			
		Postcode:			
		Telephone:			
		Email:			

Explanation of Gaps Use this section to detail any gaps in employment and why

References: Please provide names, addresses and telephone numbers for referees below who we may approach for a reference.

You must provide references from your two most recent employers. In line with CQC requirements we require references covering your last five years employment. If you have not had more than one employer in the last five years, we require a further reference. Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. 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 matter with us.

	Referee One	**Referee Two**
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Referee Three	**Referee Four**
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		

Safeguarding / Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.		
The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.		
Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	**Yes***	**No**
Do you have any current **UNSPENT** police cautions, reprimands or final warnings in the United Kingdom or in any other country?	**Yes***	**No**

Privacy Statement
We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss.

Declaration			
The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that can seek clarification regarding professional registration details.			
Print Full Name:			
Signature:		**Date:**	

Supporting Statement
Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.

Values Based Screening Questions

This should be completed before attending any interview. It will be discussed as part of the interview process.

If I was a Service User, I would like:	
I believe that the Service User's family and Relatives would like the following:	
I believe that I can support a Service User because:	
As a member of the team, I would feel valued when:	
I believe that a good relationship between me and the Service User depends upon:	
I believe that I learn best when:	**I believe that a good working team is made by:**
I believe that my role in relation to the Service User is:	
My other beliefs and values relevant to my job role are:	

Folkestone Care Centre
50-52 Shorncliffe Road, Folkestone, Kent
CT20 2NB
Tel: 01303 765 700 Fax 01303 765 702 email: admin.fcc@opuscare.co.uk

OPUS CARE LIMITED

Employment History Declaration

During recruitment process it's been noted that I _____ have not identified full concurrent employment history dates and/or full concurrent dates and location of formal education.

Therefore, please accept the entries detailed below as full explanations for any employment/education gaps detailed within either my application form or curriculum vitae.

Employer/Education (School/College/University)	Qualification (If applicable)	Date from:	Date to:

Please use the section below to give a brief statement to explain any gaps in dates between educational enrolment and employment undertaken to date.

Declaration: I _____ can confirm that the above information is correct to the best of my knowledge at the date and time entered below.

Signature: _____ Date: _____
Employee

Signature: _____ Date: _____
For and on behalf of the Employer

Registered in England - Registration No: 03512344 Registered Office Address:
Folkestone Care Centre, 50-52 Shorncliffe Road, Folkestone, Kent CT20 2NB
Tel: 01303 765 700 Fax: 01303 765 702 Email: manager@opuscare.co.uk

Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by Opus Care Ltd purely for monitoring purposes.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Position applying for:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

How would you describe your nationality and/or ethnicity (please tick)?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A White

White UK
Irish
White non-UK
Any other White background
(Please give details)

B. Black or Black British

Black Caribbean
Black African
Any other Black background
(Please give details)

C. Mixed

White & Black Caribbean
White & Black African
White & Asian
Any other Mixed background
(please give details)

D. Chinese or other ethnic group

Chinese
Vietnamese
Any other ethnic Background
(Please give details)

E **Asian or Asian British**

Indian ☐

Pakistani ☐

Bangladeshi ☐

Any other Asian Background ☐

(Please give details)

F. I do not wish to provide This information ☐

Recruitment Monitoring Form continued

Gender

Male ☐ Female ☐ Other ☐

Prefer not to say ☐

(If you are undergoing gender reassignment, please use the gender you identify with)

GENDER IDENTITY: **PLEASE CIRCLE** Prefer not to say ☐

Do you identify as: heterosexual / transgender / transsexual / gay / lesbian / bisexual / asexual

PERSONAL PRONOUNS:

How do you wish to be addressed: **PLEASE CIRCLE**

He/Him/His/Himself ☐ She/Her/Hers/Herself ☐ They/Them/Theirs/Themself ☐

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”. An effect is long-term if it has lasted, or is likely to last, more than 12 months

Do you consider that you have a Disability under the Equality Act

Yes ☐ No ☐ Don’t Know ☐ Prefer not to say ☐

If yes, please give details:

Age Group

16-25 ☐	26-35 ☐	36-45 ☐
46-55 ☐	56-65 ☐	66-70 ☐
Over 70 ☐		