

**APPLICATION FORM**

Please ensure that you complete the application form in full. Please complete it 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.

Please contact our office if you have any special requirements to support you in completing this form (e.g., the need for large print or additional time).

**AVAILABILITY**

<b>Position Applied For:</b>				<b>Location:</b>		
<b>Work Preference:</b>	<b>Full time</b>	<b>Part Time</b>	<b>Bank</b>	<b>Hours Requested:</b>		
I understand this role may include Shift work, Unsociable Hours, and Lone working involved. (Please circle your availability below)					<b>YES</b>	<b>NO</b>

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
<b>Nights</b>		<b>Nights</b>		<b>Nights</b>		<b>Nights</b>		<b>Nights</b>		<b>Nights</b>		<b>Nights</b>	

Company Reg. No. 13214011  
 ☎ 0207 101 4143, 080 0054 8334  
 ✉ [contactus@schreibercareuk.com](mailto:contactus@schreibercareuk.com)  
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REGISTERED OFFICE  
 Vista Business Centre  
 50 Salisbury Road  
 Hounslow  
 Middlesex  
 TW6 6JQ

SHEFFIELD OFFICE  
 Omnia One,  
 125 Queen Street,  
 Sheffield,  
 S1 2DU

**APPLICATION DETAILS**

PERSONAL DETAILS											
TITLE:				ADDRESS:							
FIRST NAMES:											
SURNAME:											
MAIDEN NAME:											
PREVIOUS NAMES:											
MARITAL STATUS:				POSTCODE:							
GENDER:				DATE OF BIRTH:							
PLACE OF BIRTH:				NATIONALITY:							
TELEPHONE NUMBER:				NI NUMBER:							
MOBILE NUMBER:				EMAIL ADDRESS:							
ARE YOU A DRIVER:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	OWN TRANSPORT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
HOW LONG HAVE YOU HAD A LICENCE?				ANY ENDORSEMENTS:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>	

Are you a United Kingdom (UK) National	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*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 Clients?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Equality Act 2010</b> - Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “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: <a href="http://www.gov.uk/definition-of-disability-under-equality-act-2010">www.gov.uk/definition-of-disability-under-equality-act-2010</a> .				
For the purposes of this application and 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

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**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:		

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**Employment History Continued**

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:		

<b>Explanation of Gaps</b> Use this section to detail any gaps in employment and why



**References:** Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

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		

**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. Schreiber Care UK 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 <b>UNSPENT</b> 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 <b>UNSPENT</b> police cautions, reprimands or final warnings in the United Kingdom or in any other country?	Yes		No	

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### 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 us 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:**

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