

Application Tracking Office use Only	
Status	Date
ID Docs	
DBS paid	
DBS sent	
DBS OK	
Referees contacted & form sent	
Referee 1 Reminded	1 2
Referee 2 Reminded	1 2
Reference OK	

BARTLETT HOUSE  
1075 Warwick Road, Acocks Green  
Birmingham, West Midlands  
B27 6QT, UK

#### APPLICATION FOR EMPLOYMENT

Application for the Post of:

Applicant's Full Name:

Applicant's ID Number:

---



---



---

#### Guidance notes for the completion of application form

To ensure a consistent approach with our recruitment procedure, applicants are requested to fill in their application as detailed as possible within the format. This format will assist our process for short listing and ensure that all applicants are assessed equally. **If your application is hand-written, please use black ink.**

**ALL INFORMATION PROVIDED BY APPLICANTS WILL BE TREATED IN THE STRICTEST CONFIDENCE**

Reliance Care Solutions Ltd. confirms its commitment to equal opportunities in employment. In all its activities as an employer, the Company seeks to ensure that individuals are recruited, trained, promoted and treated fairly during the term of their employment.

Candidate's Initials: .....

## 1. PERSONAL DETAILS:

Title (Mr/Mrs/Miss/Ms)	
Surname	
Forename	
Middle Name	
Other	
Date of Birth	
Nationality at Birth	
Nationality Now (If different)	
Home Address	
Home Telephone No.	
Mobile Telephone No.	
Email Address	
National Insurance No.	
<p>Please provide us with details of your next of kin:</p> <p>Full Name: .....</p> <p>Relationship: .....</p> <p>Address: .....</p> <p>.....</p> <p>Contact No: .....</p> <p>Do you want us to contact the above named person for any urgent situation?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	

Candidate's Initials: .....

Eligibility to work in the UK	Please tick in appropriate box	
	YES	NO
Are you a British/EU Citizen?		
If "NO" do you have a visa that entitles you to work in the UK?		
Date of entry into the UK: .....		
Which following documents do you hold?		
EU/British Passport		
UK Ancestry Visa		
Working Holiday Visa		
Sponsorship Visa		
Student Visa		
Spouse / Dependant		
Asylum Status		
Other (please specify) ..... .....		
Visa expiry date: .....Date Passport issued .....Passport No: ..... Passport expiry date: .....		
Do you have a full UK driving licence?		
Do you have your own car?		
Do you have a disability?		
If 'YES' please specify: ..... .....		

Candidate's Initials: .....

## 2. EMPLOYMENT RECORD:

## A. Present or Most Recent Employment

Job Title:	
Employer's Name and Address:	
Brief description of duties	
Date Commenced	
Length of Notice Required	
Reason for Leaving	

## B. Previous Employment (including voluntary, part-time, etc.)

Reliance Care Solutions Ltd requires your full employment history from the date of leaving full time education. Please explain any **gaps** within this time period. Please use additional sheets if required.

Employer's Name and Address	Post Held/ Designation	Reason for Leaving	Employment Period	
			From:	To:

Candidate's Initials: .....

Employer's Name and Address	Post Held/ Designation	Reason for Leaving	Employment Period	
			From:	To:

Candidate's Initials: .....

## 3. EDUCATION &amp; ACADEMIC QUALIFICATIONS:

Secondary school attended and qualifications attained	Dates	
	From:	To:
Colleges / University Attended	From:	To:
Degrees, Professional Training and Teaching Qualifications (including Class Achieved)	Dates awarded	
Please give details of qualifications for which you are currently studying	Expected completion date	

Please State why you have applied for this vacancy?

Please state any experience gained in this sector.

Candidate's Initials: .....

## 4. DBS CHECK:

Reliance Care Solutions comply fully with the Disclosure & Barring Service (DBS). This service is used to assess the suitability of applicants for positions of trust. It is the policy of Reliance Care Solutions that all appointments are subject to verification from the DBS service and it undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed. In accordance with the Rehabilitation of Offenders Act 1974 we require all applicants to disclose any 'unspent' criminal convictions.

Have you ever been convicted of any criminal offence other than a spent conviction under the Rehabilitation of Offenders Act 1974? *(Please tick as appropriate)* ☐ YES ☐ NO

Are you currently under investigation for a criminal act?

If YES please give details below:

5. LANGUAGE ABILITY *(Spoken Languages in addition to English):*

Languages	Please tick in appropriate box			
	Verbal only	Verbal and reading	Verbal, reading and writing	Excellent in verbal, reading and writing

Candidate's Initials: .....

## 6. REFERENCES:

Please can you supply details of at least 1 professional and 1 character reference people of a senior position to you, including your present and most recent employer, whom we may approach for a reference (this is not to include relatives or friends). They must be able to provide a credible comment on your ability to undertake the duties of the position applied for. Students must state a previous employer or course tutor. Clinical staff must provide referees who have supervised their work and who can give a clinical reference of employment within the last 6 months.

Professional ReferenceCharacter Reference

Title: .....	Title: .....
Name: .....	Name: .....
Company Name: .....	Company Name: .....
.....	.....
Job Title: .....	Job Title: .....
Address: .....	Address: .....
.....	.....
.....	.....
Post Code: .....	Post Code: .....
Tel.: .....	Tel.: .....
Email(essential/preferred): .....	Email(essential/preferred): .....
.....	.....
How is this person known to you (important): .....	How is this person known to you (important): .....
Can we contact the above prior to interview?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Can we contact the above prior to interview?  <input type="checkbox"/> YES <input type="checkbox"/> NO



Candidate's Initials: .....

**DECLARATION:**

I declare that all statements given in this form are true and correct to the best of my knowledge. I understand that should I make any false statement or knowingly give incorrect information or conceal any fact relevant to this application I will, if appointed, be liable to dismissal.

Signed: ..... Date: .....

**Data Protection Act 1998 and Inspection**

I hereby consent to information relating to me being processed by the Company (RCS Ltd and its subsidiaries) in order that it may properly carry out its duties, rights and obligations. I understand that such processing will principally be for personnel, administration and payroll purposes.

I also understand that the term 'processing' includes the obtaining, recording or holding of information or data carrying out any operation or set of operations on the information data, including organising, altering, retrieving, consulting, using, disclosing, combining or destroying the information data.

I confirm that I have read and understood this explanation of the processing of data relating to me by the Company and that I consent to the processing of such data.

From time to time Reliance Care Solutions is audited by outside contracted clients and Agencies (Local Authorities/NHS/CQC) that requires your consent.

I consent to outside clients and outside Agencies having access to information held on my personal file for inspection purposes.

For the purpose of recruitment decisions some or all of the information contained in this application form may be shared with clients for the purpose of finding suitable work.

I agree for the Company to check and verify my ISA registration on ISA website and receive updates should any become available.

I hereby agree to the above.

Signed: ..... Date: .....

**HSC 2002 /008 – Pre and Post Employment Checks on all Persons working in the Health and Social Care Sector in England**

**DECLARATION FORM - A - DIRECT OFFICE STAFF DBS Required (Standard or Enhanced)**

Before you can be considered for appointment in a position of trust with **Reliance Care Solutions Ltd** we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this Declaration Form. If you require further information, please contact the RCS office on 0121 706 0032. All enquiries will be treated in confidence.

**NOTES ON CRIMINAL RECORDS CHECK:**

RCS employs staff only after a satisfactory enhanced disclosure Criminal Records Bureau check. If endorsements are discovered and these have NOT been disclosed in advance, RCS will view this as dishonest and your application will be terminated. If endorsements are declared in advance, RCS will discuss these with you and make an individual judgement about continuing your application. If your application is unsuccessful, RCS will not refund the DBS fee.

**Individual responsibilities regarding DBS check**

The individual is responsible for the following:

- Paying for the check, whether or not your employment application is successful. (In case of financial difficulty, RCS may come to an individual arrangement to pay the DBS fee and then deduct it in instalments from future wages.
- Because you will be working with vulnerable people, we require that you also disclose any 'spent' convictions.
- You must provide all documents outlined in the DBS document checklist, and you must supply information for all addresses in the last five years.
- You should check the information on the online application for accuracy before it is submitted.

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998, and will only be used for the purpose of determining your application for this position. Once a decision has been made concerning your appointment, we will not retain this Declaration Form longer than is necessary.

Please will you answer **all** of the following questions? If you answer **"Yes"** to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

**FUTURE REFERENCE**

Please be informed that the RCS Limited will be providing the information (i.e. disciplinary, grievances, performance, reason for leaving) to the employer to ensure the transparency.

The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered “spent”

[With the exception of question 8] answering ‘Yes’ to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.

---

1. Are you currently bound over or have you ever been convicted of any Offence by a Court or Court-Martial in the United Kingdom or in any other country?

Note: You do not need to tell us about parking offences.

NO ☐

YES ☐

If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

2. Have you ever received a police caution, reprimand or final warning?

NO ☐

YES ☐

If **YES**, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with a parking offence.

NO ☐

YES ☐

If **YES**, please include details of the nature of the offence with which you are charged, date on which you are charged, and details of any on-going proceedings by a prosecuting body.

4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police.

5. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you?

**NO** ☐

**YES** ☐

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

6. Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following fitness to practice proceedings by a regulatory or licensing body in the United Kingdom?

**NO** ☐

**YES** ☐

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

7. Are you currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

**NO** ☐

**YES** ☐

If **YES**, please include details of the reason given for the investigation and/or Proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

8. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

**NO** ☐

**YES** ☐

If **YES**, please include details of the nature of the prohibition, restriction, or limitation, when and by whom it was made.

If you have answered **“yes”** to **any** of the questions above, please use this space to provide details. Please indicate **clearly** the number(s) of the question that you are answering:

## DECLARATION

I, ..... have read the “Guidance Notes for Applicants” that accompanied my application form, and I consent to the information provided in this Declaration Form being used by **Reliance Care Solutions Ltd** for the purpose of assessing my application.

I, ..... confirm that the information that I have provided in this Declaration Form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or if I am appointed, in my dismissal. I understand that I shall indemnify the company against any claims in respect of damage, nuisance or annoyance I may cause to other persons (RCS clients/staff/contractors) and repay to the Company, on demand, the cost of making good any damage or claims I may cause to the clients or to any of their properties, staff, service users, or any other valuables.

I, ..... declare that I will be of good behaviour and conduct myself appropriately in any given situation or circumstances.

Furthermore I, ..... enters into a contract / commitment with Reliance Care Solutions Ltd not to act in an antisocial manner that causes or is likely to cause harassment, alarm or distress to one or more persons from now onwards.

(Please sign and date this form as follows)

SIGNATURE .....

NAME .....

(in block capital)

DATE .....

JOB REF NO .....

POST APPLIED FOR .....

Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact the **RCS LTD Office, Bartlett House, 1075 Warwick Road, Acocks Green, Birmingham, B27 6QT.**



Available time throughout the week: *(Please tick the appropriate box)*

Day	Time															
	Morning Call					Lunch Call				Tea Call			Evening Call			Night Shift only available on 24 hour care packages
	7:00- 8:00	8:00- 9:00	9:00- 10:00	10:00- 11:00	11:00- 12:00	12:00- 13:00	13:00- 14:00	14:00- 15:00	15:00- 16:00	16:00- 17:00	17:00- 18:00	18:00- 19:00	19:00- 20:00	20:00- 21:00	21:00- 22:00	
Mon																
Tue																
Wed																
Thus																
Fri																
Sat																
Sun																

Total hours	Per Week
-------------	----------

I am willing to give personal care to the opposite sex (*v=yes and x=no*) ☐

### Declaration

I am aware that it is the policy of Reliance Care Solutions Ltd, that staff availability change requests can only be made twice in the year and if I am employed by RCS in accordance to this availability I will not be able to change this for 6months after starting with the company, I am also aware that the company does not have to accept any changes to my availability. (There is a separate form that needs to be filled in for Holiday requests)

Signature:

Name:	Date:
Address	
Home Phone:	Mobile:

**There is a separate form that needs to be filled in for Holiday requests**