

SKYLER CARE
PLEASE ENSURE YOU FILL IN ALL SECTIONS

Post Applied for:	Please indicate which business the role is for? • Supported Living • Live-In Care Services • Domiciliary Care • Support Work in the Community	Where did you hear about us ? (circle)
		Job Centre FSC Website Newspaper Friend Name of friend: _____ Other: _____
1. Personal Details and Information (to be completed in block capital please)		
Surname:	Title: Mr / Mrs / Miss / Ms (delete as appropriate)	
Forenames:	NI No.	
Address:		
Postcode:	Email:	
Home Tel No (inc code):	Mobile Tel No:	
2. Additional Information		
Do you possess a valid driving licence for the UK? (please circle) Yes / No	Do you have use of a car for work? (please circle) Yes / No	
Do you have the legal right to work in the UK? (please circle) Yes / No		
If 'Yes' but there are conditions attached, please specify (e.g. start/finish dates/WRS etc.):		
If 'No', please note we are unable to recruit anyone who does not have the legal right to work in the UK.		
Are you related to or do you know anyone who works for Skyler Care? (please circle) Yes / No		
If 'Yes' please give the name of the employee and the relationship to them.		
Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered employment by Skyler Care? (please circle) Yes / No (if yes, please advise details at interview)		
3. Criminal Record Declaration		
The nature of the work you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are applying for a post involving access to persons in receipt of care services, your offer of employment will be subject to a satisfactory enhanced Disclosure and Barring check. It is therefore a requirement that all previous convictions are declared, even those which would otherwise be regarded as 'spent'. (Any such information will be treated confidentially). Please read the above carefully and then answer the following questions:		
Have you ever been convicted of a criminal offence? (please circle) Yes / No		
Have you ever received any official cautions, reprimands or warning? (please circle) Yes / No		
To your knowledge, are you currently the subject of any criminal proceedings or any police investigation? (please circle) Yes / No		

If you have answered yes to any of these 3 questions, please provide details below (include driving offences):

4. Education, Training, Qualifications and Current Learning

Secondary
Education:

Qualifications/grades obtained:

Further/Higher
Education

Qualification/grades obtained:

Other relevant training, professional qualifications or work-related skills (including dates)

Any details of membership to professional bodies (please provide details including any offices held)

5. Employment History

Current/most recent employment

Employer's Name:		Start date:	End date:	
Address:				
Postcode:		Tel. No		
Job Title:		Final pay / salary:		
Reason for leaving if applicable:				
Brief description of duties and responsibilities:				
Full Employment History (most recent first with any gaps explained) please continue of an additional sheet if required				
Dates		Job Title	Employer's Name and Address	Reason for Leaving
From	To			

6. Relevant Experience

Please use this section to state how your skills, experience and training would enable you to meet the requirements of the role for which you are applying. Please make reference to the person specification. Please use a continuation sheet if necessary.

7a. AVAILABILITY (Only complete this section if you are applying for a DOMICILIARY)					
	Mornings	Afternoons	Evenings	Sleep Over	Wakeful Nights
Weekdays					
Saturday					
Sunday					

7b. AVAILABILITY (Only complete this section if you are applying for a Live-in Care Services Care Worker position.) Please state your preferred work pattern (e.g. two weeks on / two weeks off or four weeks/ one week off etc. (If you are flexible then state this.))

Geographical area /specific counties you are interested in working? Please note the more flexible you are with location, the easier it may be to place you e.g. in Live-In Care.

Type of work you are interested in (delete as appropriate) Personal Care / Domestic / Support in the Community. You can tick all.

Ideal number of hours you would like to work per week:

8. References

Please provide the names and contact details of referees: the first must be your present or most recent employer (minimum reference should be 2). We will not contact any referee without your permission or until an offer of employment has been accepted. *Also, if you have previously been employed in a position which involved working with vulnerable adults or children for more than three months then one of the references you provide must be from this agency/employer. (In accordance with the Health and Social Care Act 2008).*

Personal referees such as relatives, friends, neighbours etc ARE NOT acceptable as referees

1. CURRENT OR LAST EMPLOYER	2. PREVIOUS EMPLOYER	3. PREVIOUS EMPLOYER
Company Name:	Company Name:	Company Name:
Referee's name and position:	Referee's name and position:	Referee's name and position:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Tel no:	Tel no:	Tel no:
Fax no:	Fax no:	Fax no:
Email address:	Email address:	Email address:
Relationship to you (e.g. manager / supervisor)	Relationship to you (e.g. manager / supervisor)	Relationship to you (e.g. manager / supervisor)
Reason for leaving:	Reason for leaving:	Reason for leaving:
Can referee be contacted prior to interview YES/NO	Can referee be contacted prior to interview YES/NO	Can referee be contacted prior to interview YES/NO

9. Applicant Declaration (Please read carefully before signing the application)

- 1) The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This equally applies to any medical questionnaires I may complete.
- 2) I confirm that I have not been subject to any cautions or convictions (other than those given above), investigation, disciplinary action, or enquiry into adult/child protection matters or inappropriate behaviour, and that the information I have given in the Criminal Record declaration section is to the best of my knowledge correct.

Name (please print): **Signed:** **Date:**.....

What happens now:

- If you wish to return this application by post please send to Skyler Care, Lawrence House, 37 Normanton Road, Derby, Derbyshire DE1 2GJ.
- If you have downloaded this application form, please email to admin@skylercare.co.uk
- You are able to return this application form to Skyler Care; a full list of addresses can be found at www.skylercare.co.uk
- If you have not received any correspondence within 14 days then please assume on this occasion you have been unsuccessful, and your application form will be kept on file for 6 months

Thank you for your application