



Eagle Care Alternatives Ltd

Application Form

Please note that the information provided on this form will be processed in accordance with the Data Protection Act 1998.

You should complete all sections in Black Ink or Electronically. We will use this form to help us decide your suitability for the job so please make sure it is accurate and complete.

Personal Details	
Title Mr / Mrs / Ms / Miss / Other (Please state)	First Name(s):
Surname	Any Previous Name(s):
National Insurance Number	Date of Birth:
Nursing Council PIN number	
Address, including post code	Tel (home):
	Tel (work):
	Mobile:
	Fax:
	Email:

Availability
<p>Please tell us when you are unavailable to attend Test/ interview in the next three weeks. We are not always able to offer alternative dates so please make arrangements to be available on Test/ interview dates, where advertised.</p> <p>Please tell us the days/time you are available to work:</p>

Education	
School/College /University	Examinations Passed/ Qualifications gained
	<i>(Please supply copies of certificates)</i>

Training history / Professional Status

Date of Graduation / Qualification	Location /Details	Notes
	<i>(Please supply copies of certificates / membership details)</i>	

Short Courses attended

Subjects	Location

Employment

A. Current Employer (or last employer if you are not currently employed)

Please give details of your current employer (or last employer if you are not currently employed) along with a brief description of your duties, i.e. tasks, objectives and responsibilities. You should note that we may ask your employer to confirm the details you provide in your application in a job reference.

Job title	Pay & other benefits
Employer's name and address	Name & position of your Manager
Date started	Notice required or date left
Brief description of duties	
Reason for leaving	

Employment

B. Previous Employment

Give details here of all previous periods of employment, starting with the most recent first. We may check the information you have given or may request a reference from any of your previous employers.

Employer	Job Title	From	To	Reason for leaving

Employment

C. Voluntary or Unpaid Work

Please tell us about any voluntary or unpaid work you are currently, or have been, involved with.

Organisation	Role	From	To

D. Gaps in Employment

Tell us about any gaps in your employment history.

From	To	Reason

Supporting Evidence

Please tell us how you meet the requirements detailed in the enclosed person specification / job advert.

Give as much relevant evidence as you can in support of each of these criteria. You should include examples from paid, unpaid or voluntary work, or details of relevant training or short.

Continue on additional sheets if required and attach them securely to your application form. Curriculum vitae (CVs) are not accepted.

Verification Information

Please note that answering YES to the questions in the verification information section will not necessarily prevent you from being considered for the post. Please delete answers as appropriate.

A) Dismissal from Employment (paid and voluntary)

- Have you ever been dismissed from any previous employment?

Yes No

- Have you left any previous employment under a compromise agreement in the past?

Yes No

If YES, please give details

We reserve the right to check details relating to your dismissal with the organisation in which you were previously employed.

- Have you or anyone living at your address being disqualified / banned from working with children?

Yes No

B) Disciplinary Action

- Have you been the subject of a formal disciplinary sanction in your current employment?

Yes No

- Are you in the process of on-going disciplinary proceedings in your current employment?

Yes No

- Have you been the subject of a formal disciplinary sanction in any previous employment?

Yes No

The Council may discuss the reasons for this with you and your current or previous employer should you be called for interview.

C) Driving Licence - Only fill in this section if a driving licence is an essential requirement on the enclosed Person Specification.

- Do you hold a current driving licence?

Yes No

If YES, please state which type (e.g. 'full', 'provisional', 'PSV' etc).

- Do you have any motoring convictions (spent or unspent)?

Yes No

(If you have answered YES to this question, please provide details in a sealed envelope marked 'Confidential' showing your name and the post number you have applied for. Answering 'YES' will not necessarily prevent you from being considered for this post. If you are e-mailing your application, please send these details in a sealed envelope marked CONFIDENTIAL with your name and the post title for which have applied. Send this to Eagle Care Alternatives LTD 1 The Crescent, King Street, Leicester. LE1 6RX

Verification Information

D) Relationship with Members of Staff

- Please tell us if you are related to, or are a partner of, an employee of Eagle Care Alternatives Ltd

Yes No

If Yes, please give brief details

E) Criminal Record

The Rehabilitation of Offenders Act 1974 aims to ensure that offenders who have not re-offended for a period of time since their conviction are not unfairly discriminated against when applying for jobs. The post you are applying for is exempt from this Act due to the nature of the work to be undertaken. This means you are NOT entitled to withhold information about convictions, cautions, reprimands and final warnings, which for other purposes would be regarded as spent.

If you are unsure about whether to include any details in this section, please contact Ruth Olugbenga Eagle Care Alternatives Ltd or via (ecal69@yahoo.com).

- Have you been convicted by the Courts, cautioned, reprimanded or warned for any criminal offence?
Yes No
- Are you currently the subject of any Police investigations following allegations made against you?
Yes No
- Are you included on either the Protection of Children Act or the Protection of Vulnerable Adults lists of individuals considered to be unsuitable for working with children or vulnerable adults?
Yes No

If you have answered YES to any of the above questions, please give details of offences, penalties, dates and country in which they occurred, or of allegations made against you, in a sealed envelope marked with your name and the post you have applied for, and attach this to your completed application form. Answering 'YES' will not necessarily prevent you from being considered for this post. If you are e-mailing your application, please send these details in a sealed envelope marked **CONFIDENTIAL** with your name and post you have applied for and send this to Eagle Care Alternatives Ltd, 1 The Crescent, King Street, Leicester. LE1 6RX.

Monitoring

Eagle Care Alternatives Ltd is committed to a policy of equality of opportunity and we undertake specific monitoring to ensure that this is upheld. Applicants are therefore asked to complete this form which will be held for one year by the Nominated Individual of the setting solely for the purpose of monitoring. The form is anonymous and will be separated from your application on receipt.

<p>A) Media Source Where did you see/hear about this vacancy?</p>																																			
<p>B) Equal Opportunities Monitoring</p> <p>Age: 18-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/></p> <p>Gender (delete as appropriate) Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/></p>																																			
<p>C) Disability (delete as appropriate)</p> <p>The Disability Discrimination Act (DDA) 1995 defines a person with a disability as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day-to-day activities’.</p> <p>Under this definition, do you consider yourself to be disabled? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																			
<p>D) Religion (Please state)</p>																																			
<p>E) Ethnic Origin</p> <p>Please insert a tick next to the description that portrays your ethnic origin most closely</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">White</th> <th style="text-align: left; width: 20%;">Mixed</th> <th style="text-align: left; width: 20%;">Asian or Asian British</th> <th style="text-align: left; width: 20%;">Black or Black British</th> <th style="text-align: left; width: 20%;">Chinese or other ethnic group</th> </tr> </thead> <tbody> <tr> <td>British <input type="checkbox"/></td> <td>White & Black Caribbean <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td>Caribbean <input type="checkbox"/></td> <td>Chinese <input type="checkbox"/></td> </tr> <tr> <td>Irish <input type="checkbox"/></td> <td>White & Black African <input type="checkbox"/></td> <td>Pakistani <input type="checkbox"/></td> <td>African <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Other White <input type="checkbox"/></td> <td>African <input type="checkbox"/></td> <td>Bangladeshi <input type="checkbox"/></td> <td>Other Black <input type="checkbox"/></td> <td>Please state:</td> </tr> <tr> <td>Please state:</td> <td>White & Asian <input type="checkbox"/></td> <td>Other Asian <input type="checkbox"/></td> <td>Please state:</td> <td></td> </tr> <tr> <td></td> <td>Other mixed <input type="checkbox"/></td> <td>Please state:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Please state:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group	British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>	Other White <input type="checkbox"/>	African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	Please state:	Please state:	White & Asian <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Please state:			Other mixed <input type="checkbox"/>	Please state:				Please state:			
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<p>F) Consent Please delete the inappropriate answer</p> <p>Please tell us below if you do not give consent to the Equal Opportunities information given in this application form being used for the purposes of promoting Eagle Care Alternatives Ltd Equal Opportunities Policy.</p> <p>I give consent Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																			

Monitoring

Next of kin

Full Name:

Relationship:

Tel No:

Address:

Capacity to work in the UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in UK

Yes No

If yes, please provide details.

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet this specification.

References

You should provide details of two people who are prepared to act as referees for you. Your first referee should be your current manager (or last manager if you are not currently working). If you have just left full time education, you should give details of your course tutor. Please indicate in all cases their relationship to you e.g. manager or supervisor etc. Referees will normally be contacted for applicants short-listed to attend for interview (unless your application form has been marked to show an approach should not be made at that time). You should ensure your referees are in a position to respond promptly. Please provide an additional character referee.

First Referee	Second referee
Name	Name
Relationship to you	Relationship to you
May we contact prior to interview Yes No	May we contact prior to interview Yes No
Position held by referee	Position held by referee
Organisation	Organisation
Address	Address
Telephone	Telephone
Fax	Fax
Email	Email
Character Reference	
Name:	
Address:	
Post Code:	
Telephone:	
Relationship to you:	
Declaration	

By signing this declaration you are confirming the statements given below which may be referred to if required in the future.

- I confirm that the details that I have provided in this application form are correct, and that I have not deliberately withheld any relevant information. I have not canvassed any employee of the Eagle Care Alternatives Ltd either directly or indirectly in connection with this application.
- I understand that the deliberate falsification of information, failure to disclose relevant information or act of canvassing on my part, may lead to my application being rejected, any offer of appointment being withdrawn or, actual appointment being terminated.
- I give consent for Eagle Care Alternatives to obtain details of my attendance record over the last two years, including periods of sickness and the reasons behind them, for reference purposes, and held in accordance with the Data Protection Act 1998.
- I note that the information provided on this application form may be held, further processed or verified in accordance with the Data Protection Act 1998.

Signature _____ Date _____

Dear,

As our new staff, we will like to have your Bank details as this will help us to process your salary. Please fill this form and return it back to the office ASAP Below are the details needed:

Name: _____

Bank name: _____

Account No: _____

Sort Code: _____

Date _____ Signature _____

Returning your application form

Late applications will not normally be considered.

Return completed application forms by post to:

Eagle Care Alternatives, 1 The Crescent King
Street, Leicester LE1 6RX

Or via email to:

✉ Ecal69@yahoo.com

Acknowledgement of Application Form

If you do not hear from us within three weeks of the closing date, you should assume that your application has been unsuccessful.