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JOB APPLICATION FORM

### Position Applied For: CARE ASSISTANT - LAUNCESTON

Willing to apply for DISCLOSURE to the Criminal Records Bureau [ ] Yes [ ] No

**Consent to Process Personal Data.**

Your privacy is important to us and we want to communicate with you in a way which has consent and which is in line with UK law on data protection. To comply with the GENERAL DATA PROTECTION REGULATION we now need your specific consent as to how we contact you and collate, retain and transfer your personal data. Please fill in the contact details you want us to use to communicate with you. Please print in capitals, except your signature.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I am consenting to Westcountry Home Care Ltd, collating, storing, processing and transferring my personal data.

I consent to being contacted me by: Post, Phone, Email: and confirm that I have received the document Privacy Notice for Job Applicants.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*You can consent to all the purposes, one of the purposes or none of the purposes. Where you do not grant consent, we will not be able to use your personal data except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.*

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | |
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| Full Name | |  | | |  | | |  | | |  |  | | |  | |  | |  |
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| Address | |  | |  |  | | |  | | |  |  | | |  | |  | |  |
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|  | |  | |  |  | | |  | | |  |  | | |  | |  | |  |
| Telephone Number | | | | Day: |  | | | |  | | Eve: |  | |  | | Mob: | |  | |
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| Address for the last three years | | | | | |  | |  | | |  |  | | |  | |  | |  |
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|  | |  | |  |  | | |  | | |  |  | | |  | |  | |  |
| Date of birth | | |  |  |  | | | Age | |  | | Place of birth | | |  | |  | |  |
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| Next of Kin | |  | |  |  | | | Address | |  | |  | | |  | |  | |  |
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|  | |  | |  |  | | | Telephone number | | | | |  | |  | |  | |  |
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| Are you a citizen of the EU or EEA? | | | | | | | | Yes □ No □ | | | | |  | |  | |  | |  |
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| If “no”, do you have a work permit? | | | | | | |  | | | | | |  | |  | |  | |  |

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| **DRIVING RECORD** | | | | | | | | | | | | | | | |
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| Do you have a current, clean, “FULL” driving licence? | | | | | | | Yes □ No □ | | | |  |  | |  |  |
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| Driving license valid from: | | |  |  | to: |  | | | |  | |  | |  |  |
|  |  |  | |  |  | | |  | |  | |  | |  |  |
| Number of Penalty Points (if any) endorsed on current licence: | | | | | | | | |  | | |  | |  |  |
|  |  |  | |  |  | | |  | |  | |  | |  |  |
| Have you ever been disqualified from driving or had insurance refused? | | | | | | | | | | Yes □ No □ | | |  |  |  |
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| If “yes” please provide brief details: | | | |  |  | | |  | |  | |  | |  |  |
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| **GENERAL EDUCATION** | | | | | |
|  |  |  |  |  |  |
| From | To | Name of School | From | To | Name of College/University etc. |
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| Examination Results/Qualifications Obtained | | | | | |
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| Course/Training attended | |  |  |  |  |
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| EMPLOYMENT | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Name and Address of Current Employer | | | | Job Title and | | | Employment Dates | | |
| (or previous employer if currently unemployed) | | | | Main Duties | | | From | To | |
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| Reasons for Leaving: | |  |  | Average Gross Pay:   £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week/month/annum | | | | |  |
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| FULL EMPLOYMENT HISTORY | Reasons for Leaving |
| 1. |  |
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| 2. |  |
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| 3. |  |
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| **JOB FLEXIBILITY (Please circle as appropriate)** | | | | | | | | | | | | | | | | |
| What days are you prepared to work? | |  | Mon am/pm | | |  | | Tues am/pm | |  | Weds am/pm | |  | Thurs am/pm | |  |
|  |  | |  | |  | | |  |  | |  |  | |  |  | |
|  |  | | Fri am/pm | | |  | | Sat am/pm | |  | Sun am/pm | |  |  |  | |
| What time can you start? | | | |  |  | | | Finish? |  | | How many hours do you require per week? | | |  |  | |
| Details of any other work which you will continue to undertake if you are offered this job position: | | | | | | | | | | | | | | | | |
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| What type of work are you looking for? | | | | | | | | |  | |  |  | |  |  | |
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| Home help |  | | Personal care | |  | | | BOTH |  | | ANY |  | |  |  | |
| (shopping/cooking/cleaning etc.) | |  | (bathing/dressing etc.) | | | |  |  |  | |  |  | |  |  | |
| Do you have any family commitments which may make it difficult for you to work? (e.g. school holidays) | | | | | | | | | | | | | |  |  | |
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| Briefly give reasons why you are interested in this type of work. | | | | | | | | | | | | | | |  | |
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| **Are there any other facts you think will be useful when we consider your application?**  **Available to take up employment from:** |

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| **REHABILITATION OF OFFENDERS ACT, 1974** | | | | | | | | | | | | | |
| Through the 1975 exemptions Order of the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by yourself will remain confidential and considered only in relation to the Job Application: | | | | | | | | | | | | | |
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| With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law? | | | | | | | | | | | | | |
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|  |  |  | Yes | □ | | No | □ | | | |  |  |  |
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| If “YES” please provide approximate date, nature of conviction and sentence received: | | | | | | | | | | | | | |
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| Have you ever been the subject of a formal police caution? | | | | | | Yes | □ | | No | □ | | |  |
| If “YES” please provide approximate date, nature of caution: | | | | | | | | | | | | | |
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| **EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION** | | | | | | | | | | | | | | | | | |
| The organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process. | | | | | | | | | | | | | | | | | |
|  |  | | |  |  |  | |  | |  | |  | | |  | |  |
| In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph. | | | | | | | | | | | | | | | | | |
|  |  | | |  |  |  | |  | |  | |  | | |  | |  |
| Marital Status: | | |  | Single □ | Married □ | Separated □ | | | Widowed □ | | Divorced □ | | | Other □ | |  |  |
|  |  | | |  |  |  | |  | |  | |  | | |  | |  |
| Sex: | Male □ | | | Female □ | Other □ |  | | Age/DOB | |  | |  | | |  | |  |
|  |  | | |  |  |  | |  | |  | |  | | |  | |  |
| Ethnic Origin: | | African □ | | | Afro-Caribbean □ | |  | Asian □ | | European □ | | | Polynesian □ | | Other □ | | |
|  |  | | |  |  |  | |  | |  | |  | | |  | |  |
| Disabilities (specify): | | | |  |  |  | |  | |  | |  | | |  | |  |
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| Registered disabled number (where relevant): | | | | | |  | |  | |  | |  | | |  | |  |

**Please provide the names and addresses of two referees:**

1. Name:  
     
   Address:  
     
     
   Telephone:  
     
   Email:
2. Name:  
     
   Address:  
     
     
   Telephone:  
     
   Email:

*Please ensure this consists of employee and character reference.*

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| **DECLARATION – please read carefully, then sign and date your application** |

I confirm that the information I have provided is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interview(s) arising from this application:

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please bring with you to interview four passport photographs, three forms of ID (i.e. passport/driving license) and valid car insurance details.

*Please return this form via email to:* [*launcestonoffice@westcountrycare.com*](mailto:launcestonoffice@westcountrycare.com)*, send via post to the Launceston branch:*

*Westcountry Home Care, The Granary, Scarne Court, Hurdon Rd, Launceston, Cornwall, PL15 9LR*

**NOTES**