



INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please contact a member of Eden Brook Home Care Ltd

- Please complete all pages of this form.
- If more space is needed to complete any question, use a separate piece of paper.
- Print clearly using black ink. Incomplete or illegible applications may not be processed. Please return the completed application form to: **Eden Brook Home Care Ltd**

Position Applied For: _____

PERSONAL DETAILS

Surname: Mr / Mrs / Miss / Ms / Other (Please Circle)	First Names:
Present Address:	National Insurance Number:
Postcode:	Email Address:
Telephone Number:	Mobile Number:
Do you hold a full current driving licence? YES / NO	Former Name/s:
Do you have access to reliable transport? YES / NO	When could you take up appointment?
Date of birth:	
What interests you about this position?	
What are your hobbies and interests? (We need to know as much as possible so we can match the interests of client to carers).	
Have you worked for Eden Brook Home Care before? YES / NO If yes, please provide details:	
How did you hear about Eden Brook Home Care?	

EDUCATION AND TRAINING: From age 11. Please show most recent first.

Date (MM/YYYY)		Name and Address of Schools / Colleges	Examinations / Awards with subjects and dates	Results
From	To			

EMPLOYMENT HISTORY: Please list in chronological order with present or most recent first. Give details of all full and part time work as well as particulars of all paid and unpaid employment experience e.g. commercial experience, raising a family, youth work, voluntary work or periods when you were not employed. **PLEASE DO NOT LEAVE ANY GAPS IN THE HISTORY**

Dates (MM/YYYY)		Name & Address of Employer	Job Title and Duties	Reason for Leaving
FROM	TO			

Gaps in work history

Please explain all gaps in your employment history whether is raising children, caring for someone, unforeseen incidents or any other reason. Please specify

SKILLS AND EXPERIENCE

Describe any training you have had that is applicable to this position.

Describe any work history applicable to this position.

What do you like (or think you would like) about working with older adults?

What do you consider to be the challenges when working with older adults?

Eden Brook Home Care prides itself on the quality of our carers and therefore, as part of recruitment process, we ask for a minimum of three references, one personal and two professional, one of which must be your present or most recent employer. Applications will not be considered unless details of three referees are provided, however we will not ask for references until after you have attended an interview.

PERSONAL REFERENCES:

Full Name (Please do not include relatives)	Email & Phone Number	Best time to call	Relationship to you	Number of years known
1)				
2)				
3)				

PROFESSIONAL REFERENCES:

1) Line Manager's Name Present or most recent employer	Company Name & Address	Email & Telephone Number

2) Line Manager or other contact	Company Name & Address	Email & Telephone Number

3) Line Manager or other contact	Company Name & Address	Email & Telephone Number

Working Time Regulations aim to improve health and safety by controlling the hours employees work. Central to the Working Time Regulations is the worker's statutory right to a maximum average working week of 48 hours. Workers (at the moment) can **voluntarily agree** to opt out of the 48-hour limit. Please sign below if you wish to opt out.

Signature: _____

You may terminate the Opt Out at any time by giving us not less than seven days' notice in writing. Unless you inform us in this way, the Opt Out shall remain in force until your employment with us ends.

Eden Brook Home Care seeks to offer employment opportunities irrespective of physical or mental disabilities wherever possible and will endeavour to make any reasonable adjustments to ensure that disabled people can compete equally with non-disabled people.

You are not compulsorily required to answer the following two questions.

Do you consider yourself to have a disability that is relevant to the position for which you are applying? Yes / No

If yes, please give brief details of the effects of the disability and any assistance you would need?

Do you consider yourself to be generally in good health, both mentally and physically? Yes / No

If no, please provide details:

The position you have applied for is exempt from the provision of section 4 of the Rehabilitation of Offenders Act 1974, which means that you are not entitled by law to withhold information about any civil or criminal convictions which for other purposes are "spent" under the provisions of the act. In the event of employment, any failure to disclose such convictions may result in dismissal. Any information given will be completely confidential and will be considered only in relation to this application. In view of this would you please answer the following question:

Have you any previous civil or criminal convictions, cautions, reprimands, final warnings or any pending prosecutions? Yes / No

If yes, please give details on a separate sheet.

Do you need a permit in order to work in the UK? Yes / No

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I understand that any offer of employment will be subject to the receipt of a satisfactory enhanced disclosure and a minimum of 2 satisfactory references.

Signature: _____ **Date:** _____

Thank you for taking the time to complete this application form.

DIVERSITY DEVELOPMENT MONITORING FORM
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Eden Brook Home Care is committed to the equality of opportunity in employment in accordance with the codes of practice issued by The Equality and Human Rights Commission (EHRC) relating to the Equality Act 2010. Please answer the questions below, this information is used for monitoring purposes only, and will not be shared with third parties other than in appropriate circumstances.

All questions are optional.

All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

Ethnic origin – I would describe my origin as:

African Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Black other please specify_____
European (Inc. UK) <input type="checkbox"/>	Chinese <input type="checkbox"/>	White other please specify_____
Indian sub-continent <input type="checkbox"/>		Asian other please specify_____

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Co-Habiting <input type="checkbox"/>
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Sexual Orientation: How would you describe yourself?

Heterosexual / Straight <input type="checkbox"/>	Gay woman / Lesbian <input type="checkbox"/>	Prefer not to declare <input type="checkbox"/>
Bisexual <input type="checkbox"/>	Gay man / Homosexual <input type="checkbox"/>	

What is your religion?

Jewish <input type="checkbox"/>	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Hindu <input type="checkbox"/>	Not prepared to say <input type="checkbox"/>
None <input type="checkbox"/>	Sikh <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Other <input type="checkbox"/>	