



Vernies Staffing & Social Care  
VSSC

## Application Form Carers

### **STRICTLY CONFIDENTIAL** Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

### 1 PERSONAL DETAILS

Surname		First names	
Address		Previous Names	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			
Are you a citizen of the EU?	Yes	No	
Do you need a work permit?	Yes	No	
Current driving licence?	Yes	No	
Do you have a car for work use?	Yes	No	

### 2 NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

### 3a PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all




**4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS**

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No
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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:		Date:	
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**Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.**

**5 ADDITIONAL PERSONAL DETAILS**

<p>Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.</p>

**6 REFERENCES**

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	<b>Name</b>	<b>Status</b>	<b>Address and Telephone No</b>
1			
2			
3			

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked \_\_\_\_\_

Period of notice required in the present post \_\_\_\_\_

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VERNIES STAFFING & SOCIAL CARE LTD  
CONTACT: ADMIN @VERNIESSTAFFINGSOCIALCARE.CO.UK  
WEBSITE: WWW.VERNIESSTAFFINGSOCIALCARE.CO.UK  
TELEPHONE: 02036335441



Earliest start date \_\_\_\_\_

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:		Date:	
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**FOR OFFICE USE ONLY**

Applicant shortlisted	Yes	No
Interview Date:		
References requested:		
Verbal reference check	Yes	No
Date:		

**Additional Notes from application**

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

**Notes for interview**

**Equal Opportunities Monitoring**

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
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Gender	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Female
	<input type="checkbox"/>	I do not wish to disclose this

### Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick)

Asian or Asian British		Mixed Raced		Other Ethnic Group	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	I do not want to disclose this
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other missed background		
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British		
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Any other Black background		

### Employment Equality Regulations 2003

Please select the option which best describes your sexuality.

<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Atheism	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Judaism
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Other
<input type="checkbox"/>	<b>I do not wish to disclose this</b>	<input type="checkbox"/>	Jainism	<input type="checkbox"/>	<b>I do not wish to disclose this</b>

### Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.



Have you ever had or suffered from:	Yes	No
Epilepsy/Blackouts		
Nervous Mental Disorders		
Migraine/Headaches		
Sensory Impairment		
Skin Allergies		
Back pain/Previous Back Injury		
Heart Condition		
Asthmatic or respiratory ailments		
Recurring Incidence of Illness		

Are you registered disabled?	Yes	No
If yes, please detail		

Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)	
1	
4	
3	

Please List below any vaccinations or immunisations	
Date	
Immunisation	
Expiry	



Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:		Date:	
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Send Application to address below  
 20 Wenlock Road, London , N1 7GU  
 Or you can scan documents and send to [Staffing@verniesstaffingsocialcare.co.uk](mailto:Staffing@verniesstaffingsocialcare.co.uk)

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