**Application form**

**Post applied for: Care Assistant**

**PRIVACY NOTICE**

Crossroads Caring for Carers is committed to protecting and respecting your privacy and are registered with the Information Commissioners Office in relation to Data Protection. The General Data Protection Regulation (GDPR) applied from 25 May 2018, when it superseded the UK Data Protection Act 1998.

When applying for a care staff position with Crossroads you will be providing personal and special category data when submitting your application. For the application process the personal and special category data we will hold on you will be the information you supply as part of the application. If you submit your application by post the information we hold on you will be held securely in a lockable filing cabinet. If you submit your application form by email it will be printed and deleted from the password protected computer email address at Crossroads Caring for Carers (Worcestershire) and stored securely in a lockable filing cabinet.

Our lawful bases under Article 6 and Article 9 of the GDPR for retaining and processing your personal and special category data is due to the necessity to fulfil our legal obligations under the Health and Safety at Work Act 1974 and Employment Law.

**Who do we share your information with?**

At the time of application we will not share information about you with third parties without your consent unless the law allows or requires us to do so.

We will share your name for the purpose of seeking references.

If you are successful with your application, we will provide you with a further Privacy Notice to reflect who your Personal and Special Category Datamay be shared with.

In line with safeguarding legislation, we are legally bound to report to the appropriate authorities any incidents we observe or become aware of that are considered abusive as defined in the Crossroads Caring for Carers safeguarding vulnerable adults and children policies.

**Personal and Special Category Data Retention**

If your application is unsuccessful we will retain your personal data for a period of 6 months from the date of your application. Thereafter it will be securely shredded.

**Contact**

If you require more information about how we store and use your personal data or would like to see a copy of the information we hold on you or to discuss anything in this privacy notice, please contact the data protection officers Roger Garland or Helen Simmons on 01905 729293.

**Concerns**

If you have a concern about the way we are collecting or using your personal data, we request that you raise your concern with us in the first instance. Alternatively, you can contact the Information Commissioner’s Office at Wycliffe House, Water Lane, Wilmslow, Cheshire. SK9 5AF Telephone: 01625 545745 Email: [mail@ico.gsi.gov.uk](mailto:mail@ico.gsi.gov.uk) Website: [www.ico.gov.uk](http://www.ico.gov.uk)

**Review**

This Privacy Notice was written May 2018 and replaces Crossroads Caring for Carers “Sharing of Information” form. This document will be kept under review and updated as necessary to reflect any changes in our collection and use of personal data relating to applications.

**Personal details**

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| **Preferred title:** **First name:**  **Surname/family name:**  **Address:**  **Post code:**  **E mail address:**  **Tel. (home):** **Tel. (work or mobile):**  **Do you have legal status to work in the UK: YES / NO** |

**It is a requirement of employment with Crossroads as a care assistant working in the community that you are willing to be/have been vaccinated against COVID-19.**

**Are you willing to be vaccinated against COVID-19? YES/NO**

**Have you received your first COVID-19 vaccination? YES/NO**

**Have you received your second COVID-19 vaccination? YES/NO**

**It is a requirement of employment with Crossroads as a care assistant working in the community that you have a full driving licence and access to a car that is taxed, MOT tested (if necessary) and insured in your name for business use.**

**Do you hold a valid driving licence? YES/NO**

**Country of issue:**

**Do you own a car that you are willing to use in connection with work? YES/NO**

**Ideally how many hours a week would you like to work?**

**Which days are you willing to work? MON, TUE, WED, THUR, FRI, SAT, SUN, ANY**

**Are there any hours during the day when you will not be available?**

**Are you willing to work split shifts? Morning, lunch, evening? YES/NO**

**Our staff generally work between 7am and 10pm are you willing to do that? YES/NO**

**Are you available to work overnight if the need should arise? YES / NO**

**References**

Please give names, addresses and telephone numbers of two people who can provide references for you. They **must** be your last two employers. If you aren’t currently in employment please see the enclosed guidelines on completing this form. Crossroads

reserves the right to contact other previous employers.

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| **Present or previous employer**  **Name:**  **Job title:**  **Organisation:**  **Address:**  **Telephone:**  **E mail address:**  **How is this referee known to you?**  Do you wish to be contacted before we approach this referee?  Yes/No |

**Name:**

**Job title:**

**Organisation:**

**Address:**

**Telephone:**

**E mail address:**

**How is this referee known to you?**

Do you wish to be contacted before we approach this referee?

Yes/No

###### Rehabilitation of Offenders Act 1974 and Exception Order 1975

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and final warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Care Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

Do you have any previous or outstanding convictions, cautions, reprimands or final warnings?

**YES / NO** (please delete as appropriate)

If you do have any previous or outstanding convictions, cautions, reprimands or final warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc if you are invited for interview.

**Dates of any holidays booked at the time of application**: From to 20……

**Please tell us how you heard about this job.**

Newspaper (which one) …………………………… Website (which one) ………………...

Other (please give details) ………………………………………………………………………………..

**Names of any relatives currently employed by Crossroads and their relationship to you**

**Have you signed a current agreement relating to non-compete, trade secrets or confidential information with any other social care employer?** **YES / NO**

**Declaration**

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| I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge. I also confirm that Ihave read the Privacy Notice.  Please note that if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.  **Signed:** **Date:** |

If you downloaded your application from the internet please print it off and sign.

**Education & work history**

**Education and qualifications:** please tell us about the school/college/ university you attended, starting with the most recent.

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| --- | --- | --- |
| **Name of school/**  **college/university** | **Dates you started and finished** | **Qualification and grade** |

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| **Voluntary work**  Please give details of any voluntary work or community activity |

**Training:** Do you hold current certificates in….

|  |  |  |
| --- | --- | --- |
| **Course title and content**  Manual Handling: YES/NO  First Aid: YES/NO  Infection Control: YES/NO  Medication Administration: YES/NO  Safeguarding for adults: YES/NO  Food Hygiene : YES/NO  Common Induction Standards / Care Certificate (please state which): YES/NO | **Organisation that ran training** | **Date attended** |
| **NVQ/Diploma:** Do you have NVQ/Diploma in Health and Social Care? **YES/NO**  If YES which level? | | |

**Present or most recent employment**

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| **Employer’s name and address:**  **Dates of employment including month and year:**  **Post title:** **Reason for leaving:**  **Please tell us about what you did in your job:**  **Notice required: No of hours worked: Hourly Rate:** |

If you need more space for any of these sections please continue on a separate sheet

**Past employment** please give details of your entire work history. You do need to account for any gaps in employment.

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| **Employers name and address:** | **Dates**  **from & to**  **month & year:** | **Job title & brief description of duties:** | **Reason for leaving:** |

If you need more space please continue on a separate sheet of paper

**Information in support of your application** please use this space to tell us how your skills, experience and knowledge match those in the job description and person specification.

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If you need more space please continue on a separate sheet of paper

**Equal Opportunities Monitoring Form**

**Crossroads Caring for Carers** wants to meet the aims and commitments set out in its equality policy.

This includes not discriminating under the Equality Act 2010 and building an accurate picture of the

make-up of the workforce in encouraging equality and diversity. We would appreciate your help and

co-operation to enable us to do this, but filling in this form is voluntary. If you would like to complete the

form please return together with your application. Please do not write your name on the form.

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**Post applied for:**

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| 1 | **What is you ethnicity?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box. | | | | |
|  | **White** | |  | **Mixed/multiple ethnic groups** | |
|  | English |  |  | White and Black Caribbean |  |
|  | Welsh |  |  | White and Black African |  |
|  | Scottish |  |  | White and Asian |  |
|  | Northern Irish |  |  | Prefer not to say |  |
|  | Irish |  |  | Any other mixed background (*please specify*) |  |
|  | British |  |  | **Black/African/Caribbean/**  **Black British** |  |
|  | Gypsy or Irish Traveller |  |  | African |  |
|  | Prefer not to say |  |  | Caribbean |  |
|  | Any other white background  (*please specify*) |  |  | Prefer not to say |  |
|  |  |  |  | Any other Black/African/  Caribbean background (*please specify*) |  |
|  | **Asian/Asian British** | |  | **Other ethnic group** | |
|  | Indian |  |  | Arab |  |
|  | Pakistani |  |  | Prefer not to say |  |
|  | Bangladeshi  Chinese |  |  | Any other ethnic group (*please specify*) |  |
|  | Prefer not to say |  |  |  | |
|  | Any other Asian background  (*please specify*) |  |  |  | |

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| 2 | **Age** | | | | |
|  | 16-24 |  |  | 45-49 |  |
|  | 25-29 |  |  | 50-54 |  |
|  | 34-40 |  |  | 60-64 |  |
|  | 35-39 |  |  | 65+ |  |
|  | 40-44 |  |  | Prefer not to say |  |

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| 3 | **Gender** | | |  | |  | | |
|  | Man |  | |  | | Woman |  | |
|  | Intersex |  |  | | Non-binary | |  |
|  | Prefer not to say |  |  | | If you prefer to use your own term, please specify here | |  |
| 4 | **Do you consider yourself to have a disability or heath condition?** This includes people with long term health conditions. What is the effect or impact of your disability or health condition on your ability to give your best work? Please write here:  The information in this form is for monitoring purposes only. If you believe you need a “reasonable adjustment” then please discuss this with the manager running the recruitment process. Email [care@crossroads-worcestershire.org.uk](mailto:care@crossroads-worcestershire.org.uk) who will be able to advise you of the named manager. | | | | | | |
|  | Yes |  | No | | Prefer not to say | |  |
| 5 | **What is your sexual orientation?** | | | | | | |
|  | Heterosexual |  |  | | Bisexual | |  |
|  | Gay |  |  | | If you prefer to use your own term, please specify here | |  |
|  | Lesbian |  |  | | Prefer not to say | |  |

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| 6 | **What is your religion or belief?** | | | | |
|  | No religion or belief |  |  | Jewish |  |
|  | Buddhist |  |  | Muslim |  |
|  | Christian |  |  | If other religion or belief please specify |  |
|  | Sikh |  |  | . |  |
|  | Hindu |  |  | Prefer not to say |  |

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| 7 | **Do you have caring responsibilities?** If yes, please tick all that apply. | | | | |
|  | None |  |  | Primary carer of older person |  |
|  | Primary carer of a child/ children (under 18) |  |  | Secondary carer (another person carries out the main caring role) |  |
|  | Primary carer of disabled child/children |  |  | Prefer not to say |  |
|  | Primary carer of disabled adult (18 and over) |  |  |  |  |