

Confidential

## Care Assistant Application Form

When you have completed the form to apply, please return it to:

**WICARE HEALTH GROUP LTD**

Silverstream House, Fitzroy street, Fitzrovia London,  
UNITED KINGDOM  
W1T 6EB

Enquires. [beauty@wicarehealthgroup.org](mailto:beauty@wicarehealthgroup.org)

**A PERSONAL DETAILS** Please **type** – or **PRINT** in **BLOCK CAPITALS** and use **BLACK INK** for this boxed section

First Name(s).....Surname .....

Present Address .....

.....Post Code.....

Country .....E-mail .....

Telephone - including full local or international code (daytime) .....

(Evening/Mobile) .....

Date of Birth ...../...../..... Sex: FEMALE ☐ MALE ☐ National Insurance No. ....../...../...../...../.....

Nationality .....

*Applicants from outside the UK – particularly non-EU nationals - may be required to hold special registration or visa to work in the UK. Please confirm that you hold the necessary authority to work in the UK*

Do you require a visa to work in the UK? YES ☐ NO ☐ If yes, I confirm I hold that visa

Do you hold a current driving licence? YES ☐ NO ☐

If YES, state which type: FULL ☐ PROVISIONAL ☐

Number of years held? ..... Would you be willing to drive as part of your duties YES ☐ NO ☐

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## B OTHER DETAILS

a) How did you hear about this position? *Please be as specific as possible.*

b) Note here the number of hours you wish to apply for: (delete as appropriate)

Full-time hours of    hours pw / Part-time of    hours pw

c) When are you available to start?

## C EDUCATION & TRAINING

*Beginning with the most recent, please list fully all schools, colleges and universities and relevant courses attended since the age of 14, showing any qualifications obtained. **Please use extra sheets, as necessary.***

Dates from/to (month/year)	Educational Establishment	Qualification/Certificate And month/year gained

*Please give details of any other short courses or work based training with dates*

Dates from/to (Month/year)	Course or training completed

## **D** OCCUPATIONAL EXPERIENCE

Please list all employment and voluntary work, beginning with the most recent and account for any **gaps** in your employment or education history. **Please use extra sheets, as necessary.**

**N.B. WICARE HEALTH GROUP LTD may contact the person given as part of its selection process. If there is any reason why WICARE HEALTH GROUP LTD should not contact them immediately, particularly the most recent employer, please indicate clearly and state the reason why.**

Dates from/to (Month/year)	Job title and brief description of role held	For each job held, please state clearly: a) Name, full address, and telephone number of the Employer. b) Name and job title and telephone number of your immediate supervisor or manager	Reason for leaving

**Gaps in  
Employment  
and  
Education**

## **E** SELF ASSESSMENT: About you

(Continue on a separate sheet if necessary)

- a) Why do you wish to work for Wicare health group Ltd? Include details of your hopes and expectations, what you think you would learn and enjoy.
- b) What experience do you have, if any, of working with people with learning disabilities, dementia? (Please show how you meet each part of the person specification and job description.)

c) Part of providing support and care for people with disabilities may mean you will need to support some people with physical needs, for example wheelchair users or people with higher mobility needs. This could involve, lifting and physically supporting people with disabilities. Would this be an issue for you and if so, why?

d) We are focussed on providing person-centred care in line with peoples' care and support needs and aspirations. We would like to ensure that your skills and knowledge match the job description/ person specification for this role and that you show a willingness to learn and develop where needed.

- What relevant skills do you have to enable you to offer support to people with disabilities effectively?

- How would your friends describe you?

- What are the things that you enjoy doing?

e) Given that you are applying to be part of a team and not just to do a job, is there anything you would like to tell us about yourself which has not been covered elsewhere on this form?

f) We would like to know more about your areas of expertise and knowledge! Please indicate below any skills that you have or are interested in, to help us match people with shared interests:

- ☐ Food Growing/Gardening
- ☐ Carpentry
- ☐ Education/Teaching/Training
- ☐ IT
- ☐ Sales/Marketing
- ☐ Photography/Art / Crafts
- ☐ Befriending / Buddying

- ☐ Painting/Decorating
- ☐ Languages
- ☐ Events Organising
- ☐ Catering/Cooking
- ☐ DIY
- ☐ Writing
- ☐ Business Development

☐ Music

☐ Other, please specify below:

g) Do you have any questions or concerns?

## **F** DISCLOSURE OF CRIMINAL BACKGROUND

### **For England and Wales:**

*Due to the sensitive nature of this role, you are required to disclose details of any criminal record as the role is exempt from the Rehabilitation of Offenders Act 1974 which means that all convictions, cautions, reprimands, and final warnings on your criminal record must be disclosed to Wicare health group Ltd. This means that spent offences must also be disclosed.*

*All successful applicants will be required to undergo a Disclosure check additionally applicants from outside the UK will also be required to provide a Letter of Good Conduct from the Police Authority of their home country.*

*In line with Wicare health group Ltd Equal Opportunities Policy we do not discriminate against applicants on the grounds of their criminal record unless it is relevant to their suitability to work with vulnerable people. Wicare health group Ltd uses information about criminal convictions solely to assess suitability for employment purposes.*

*Any role offer is subject to a Disclosure check and therefore any offer may be withdrawn, or employment terminated if Wicare health group Ltd believes information about criminal convictions renders the individual unsuitable for work with vulnerable people.*

**Do you possess, or have you ever possessed, any convictions for criminal offences, including any conditional discharges, bind overs or cautions?**

YES ☐ NO ☐

***If 'YES', please give full details on a separate sheet, clearly marked with your name and the date of this application and signed.***

### **For Scotland:**

*Because Wicare health group Ltd involve assistants spending substantial time with vulnerable people, you must declare on this application form any unspent convictions/cautions, and the sentence you received. Spent convictions must also be disclosed on this application form **only** if the offence appears on the 'Offences Which Must Always Be Disclosed' list issued by Disclosure Scotland. Please consider this list before disclosing any spent convictions. At this stage, a spent conviction for an offence that does not appear on that list **should not be disclosed**. Should a conviction not on this list be disclosed unnecessarily at this stage, it will not play a role in our recruitment decision, and we will not record the conviction in our files. Should a criminal records disclosure reveal you have a spent conviction which appears on the separate 'Offences Which Are to Be Disclosed Subject to Rules' list issued by Disclosure Scotland, it may be taken into consideration by us at a later stage, however, you should not disclose it on this application form.*

*For further information, you should refer to the Disclosure Scotland website [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)*

*Successful applicants will be asked to undergo a check through the relevant Disclosure authority.*

*In line with Wicare health group Ltd's Equal Opportunities Policy, Wicare health group Ltd does not discriminate against job applicants on the grounds of their criminal record unless it is relevant to their suitability to work with people who are at risk of harm. Wicare health group Ltd uses information about criminal convictions solely to assess suitability for employment.*

*Any offer of employment is subject to a Disclosure Scotland check and any job offer may be withdrawn or employment terminated if Wicare health group Ltd believes information about criminal convictions renders the individual unsuitable for work with adults at risk of harm; and likewise, if the PVG Vetting and Barring authority withdraws your registration.*

**Do you possess, or have you ever possessed, any convictions requiring declaration at this stage to a Scottish Social Care employer such as Patkay care services for criminal offences, including any conditional discharges, admonitions, bind overs or cautions?**

YES ☐ NO ☐

***If 'YES', please give full details on a separate sheet, clearly marked with your name and the date of this application and signed.***

## **G** REFEREES

Please give details of three referees for whom we have your consent to contact regarding your application. At least one referee, and if possible, all three, should have known you for more than 3 years. **They should not be members of your family or friends.** Please PRINT in BLOCK CAPITALS for this section and check that emails addresses are correct.

If you have had any previous care experience of more than three months, please include them as a referee.

- 1 This person must be your current or most recent employer/supervisor. If you have not had full-time employment, please give the name of a referee from any significant vacation employment or volunteering work.**

Title: Mr / Mrs / Miss / Ms Other ..... First Name (s): .....  
(Please delete as appropriate)

Surname: .....

Address .....

..... Postcode ..... Country.....

Telephone No. (Daytime) ..... (Evening) .....

Email .....

How many years has this person known you? .....

How have you known them e.g. Employer  
Teacher  
Other (please specify)

- 2 Previous employer reference or other reference (e.g., tutor, supervisor) if no other previous employer**

Title: Mr / Mrs / Miss / Ms Other ..... First Name (s): .....  
(Please delete as appropriate)

Surname: .....  
.....

Address .....

..... Postcode ..... Country.....

Telephone No. (Daytime) ..... (Evening) .....

Email .....

How many years has this person known you? .....

How have you known them e.g. Employer,  
Teacher,  
Other (please specify)

**3 Previous employer reference or other reference (e.g., tutor, supervisor) if no other previous employer**

Title: Mr / Mrs / Miss / Ms Other ..... First Name (s): .....  
(Please delete as appropriate)

Surname: .....

Address .....

..... Postcode ..... Country .....

Telephone No. (Daytime) ..... (Evening) .....

Email .....

How many years has this person known you? .....

How have you known them e.g. Employer, Teacher,  
Other (please specify)

**Please Note: We will contact your referees prior to interview unless you ask us not to do so**

## **H DECLARATION**

I declare that the information I have given on this form, which includes disclosure of criminal background, is correct and complete and that any misleading statements may be sufficient for disciplinary action including dismissal and cancellation of any offer or agreements made.

Additionally, I give permission for this personal information to be stored and processed for the purposes of arriving at a selection decision and that the information provided will be used to form the basis of personnel records if I should take up a role.

I agree to Wicare health group Ltd taking up any references in connection with this application, and understand that these will be confidential to the referee and Wicare health group Ltd.

I agree to any Disclosure or Police checks which may be required as part of Wicare health group Ltd recruitment procedures.

**Signature:**

**Date:**