

Genus Care

Application Form

Please write all details clearly with all information requested.

Position Applied For: Residential Care Worker	Closing Date:
Successful candidates will be expected to undertake an Enhanced DBS Disclosure.	All applicants must hold a full driving licence and be 21 and over.
<p>On Completion please return this form to: Genus Care Ltd Helen Tossell 23, Park Avenue Glynneath SA11 5DP</p> <p>helen.tossell@genuscare.co.uk</p>	

Personal Details

Title	Full Name:	
Any previous names and the date used from-to (i.e. maiden name, adoption)		
Place of Birth:		
Address		
Postcode	Date you moved into this address:	/ /
Home Tel	National Insurance No	
Mobile	D.O.B	
Email:	Age:	

Address

If not as above please give addresses covering last five year leaving no gaps

Address	
Postcode	Date you moved into this address:
Address	
Postcode	Date you moved into this address:
Address	
Postcode	Date you moved into this address:

References

(References will not be requested until after interviews, **Please complete all boxes**, if you don't have more than one employer you need to add 3 character references.)

Please write all details clearly

CURRENT / MOST RECENT EMPLOYER	PREVIOUS EMPLOYER
Name:	Name:
Occupation:	Occupation:
Organisation:	Organisation:
Address:	Address:
Post Code:	Post Code:
Day Time Tel:	Day Time Tel:
Email Address:	Email Address:

CHARACTER REFERENCE	CHARACTER REFERENCE
Name:	Name:
Occupation:	Occupation:
Organisation:	Organisation:
Address:	Address:
Post Code:	Post Code:
Day Time Tel:	Day Time Tel:
Email Address:	Email Address:

Employment History

(Starting with the most recent, please give full employment history details of any work paid or voluntary that you have undertaken explaining any gaps. Please use continuation sheet if necessary.)

Employer's Name & Location:	
Worked there From-To: month & Year	
Reason For Leaving:	

Job Title and Main Duties:

Employer's Name & Location:	
Worked there From-To: month & Year	
Reason For Leaving:	
Job Title and Main Duties:	

Employer's Name & Location:	
Worked there From-To: month & Year	
Reason For Leaving:	

Job Title and Main Duties:

Employer's Name & Location:	
Worked there From-To: month & Year	
Reason For Leaving:	
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Employer's Name & Location:	
Worked there From-To: month & Year	

Employer's Name & Location:	
Worked there From-To: month & Year	

Employer's Name & Location:	
Worked there From-To: month & Year	

Employer's Name & Location:	
Worked there From-To: month & Year	

Employer's Name & Location:	
Worked there From-To: month & Year	

For employment dating 10 years and over please state Employers name, address, and the date you worked there only.

Education

(Starting with the most recent, please give details of university, college and school education. Please use continuation sheet if necessary.)

Name and Location of School / College	
From (Month + Year)	
To (Month + Year)	
Course Attended	
Qualifications / Grades Obtained	

Name and Location of School / College	
From (Month + Year)	
To (Month + Year)	
Course Attended	
Qualifications / Grades Obtained	

Name and Location of School / College	
From (Month + Year)	
To (Month + Year)	
Course Attended	
Qualifications / Grades Obtained	

Other Training

(Starting with the most recent, please give details of any relevant courses/workshops attended. Please use continuation sheet if necessary.)

Date Attended	Course / Workshop Title	Qualification/Cert. Received

Questions

(Working with Young people in a residential setting requires you to be forward thinking, imaginative and to always be proactive. With this in mind please answer the following questions.)

You are in the house with two young people and no other member of the team, it is 9pm and there is a power cut. What do you do?

You are a good distance away out on a trip 1 to 1 with a young person. You realise that you have forgotten their medication. What do you do?

At 3pm two members of the team inform you they are not going to make the evening shift due to sickness. What do you do?

Additional Information

(The following question is designed to help us determine whether you meet the requirements in the person specification. Please give examples where possible and use a continuation sheet if necessary.)

Please state what personal attributes, skills, knowledge and experience you have that are relevant to this position.

Do you know anyone who works for the company?	Name:
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Have you applied to work for Genus Care previously?	Y	or	No
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Do you hold a full driving licence?	Y	or	No
Are you willing to travel to work?	Y	or	No
Would you be confident in driving company cars?	Y	or	No

Are you willing to work shifts and sleep in?	Y	or	No
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Convictions / Cautions

Have you ever been convicted of a criminal offence, had a caution, reprimand, or a police investigation that may impede your suitability to work within Genus Care.

Do you have any convictions / cautions to disclose?	Yes / No
If you answered YES to the above question, please give details below.	

Declaration

I confirm that the statements made are true and correct and understand that any misrepresentations will invalidate my application and, if employed, could lead to dismissal. I confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of this post.

Data Protection Act 1998

By signing and returning this application form, you consent to Genus Care using and keeping information about you provided by you or by third parties, relating to your application or future employment. Such information may include details relating to your health, ethnic origin and criminal record. The information will be held securely in a relevant filing system. The information will not be disclosed to any third party without your specific consent.

Print Name:

Signature of applicant:

Date: