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| KEPA Care Solutions Ltd. **18 Hero Walk. Rochester. ME1 2UZ**  **Web:** [**www.kepacare**](http://www.kepacare)**.com**  **Email:** [**info@kepacare.com**](mailto:info@kepacare.com)  **Mobile: On-Call: 07399126933** |
| **This Form is for employment applications where a DBS check must be carried out.** |

A picture containing text, clipart

Description automatically generated

EMPLOYMENT APPLICATION FORM

### Enhanced Disclosure

#### Please complete this form in black ink and complete all sections

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| **Full Name** in **BOLD CAPITALS** please. | | | |  | |
| Job Applying for, please indicate. | | | Care Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Senior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 🞎  🞎  🞎 |
| National Insurance, **NI** No: | |  | | | |
| Date of Birth: |  | | | | |

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of KEPA Care to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

#### Equality Statement

KEPA Care’s Equality Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation (these are known as “protected characteristics”), or offending background unless, unequal or different treatment can be shown to be justified and is appropriate.

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| Contact Details | | | | | | |
| **Address** |  | | | **Post Code:** | | |
| **How Long at this address:** | | |
| **Telephone** | Home | | Work | | Mobile | |
|  | |  | |  | |
| **Email** |  | | | | | |
| Formal Education and Qualifications | | | | | | |
| Secondary Education  **Name of School/College and Location** | | **List subjects studied at GCE/GCSE and results obtained. Place the highest grade obtained against each subject.** | | | | |
| Further/Higher Education  **Name of School/College/University and Location** | | **Course of Study/Qualification(s) gained e.g. GCSE’s, “A” levels, NVQ, Degree etc.** | | | | **Year qualification obtained** |
|  | |  | | | |  |
| **Relevant Training:** | | | | | |  |

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| Full Employment History (Attach extra sheets if necessary) | | | | |
| **Name of Employer and location** | Dates of Employment | | **Position held and brief summary of duties and responsibilities** | **Reason for leaving** |
| **From** | To |
| **Month/Year** | **Month/Year** |
| **Current Employer First – If not currently employed, leave this line blank** |  |  |  |  |
| **Previous Employer Number 2** |  |  |  |  |
| **Previous Employer Number 3** |  |  |  |  |
| **Previous Employer Number 4**  **(If you need more space, add an extra sheet)** |  |  |  | **If you have attached an extra sheet Insert ✓ Here** |
| Driver’s Licence | | | | |
| **Do you hold a valid and current British Driver’s Licence? Yes No Please ✓ as appropriate**  **If Yes, what type? (E.g. Provisional, Full, LGV, PCV)**  **Do you have any endorsements? Yes No Please ✓ as appropriate If Yes, please give details** | | | | |

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| Reference 1 Your Last Employer **References are normally taken up for candidates selected for interview. Give details of the names/addresses of one and if requested, two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer.** | |
| **Name, Address and Post Code** | |
|  | |
| **Email:**  **Phone: Mobile:** | |
| Relationship to you |  |
| May we contact the above person now? Yes No Please ✓ as appropriate | |

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| **References are normally taken up for candidates selected for interview. Give details of the names/addresses of one Character Referee and, IF REQUESTED, one more employer Referee. The Character Referee Must be a professional and NOT a friend!**  **The second requested must be work related. Can be voluntary, paid, part time or placement** | | |
| **CHARACTER REFERENCE** | | |
| **Name, Address and Post Code** | | |
|  | | |
| **Email:**  **Phone:** | | **Mobile:** |
| Relationship to you | **Please Note: References from FRIENDS or FAMILY members are not acceptable.** | |
| May we contact the above person now? **Yes No Please ✓ as appropriate** | | |

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| Rehabilitation of Offenders Act/Criminal Convictions/Barred Lists |
| **As a general rule, no-one need answer questions about spent convictions. However, this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:**  **“Any office or employment which is concerned with the provision of care services to vulnerable adults.”**  **“Any position which otherwise involves regularly caring for, training, supervising or being solely in charge of children”.**  **You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*** Records will be checked via the Disclosure and Barring Service (DBS) checking procedures **I have no convictions I have convictions (see Note below) Please ✓ as appropriate**  Note  **To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form.**  **Having a conviction does not necessarily bar you from working in the care industry and with KEPA Care, we thank you for your honesty and we will carry out a risk assessment on the nature, severity and repetition of the conviction before deciding to employ you or not.** |
| Criminal Records – Disclosure Certificates |
| **The Disclosure and Barring Service (DBS) has issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate, relating to you, (at the standard, enhanced or “enhanced with lists” level) will be requested from the DBS which will detail all convictions, (if any) including those which would otherwise be “spent”, as well as other information, (if any) such as details of cautions, reprimands, final warnings and presence on “Barred Lists”. You will be advised of the type of certificate being requested and asked to participate in the application process. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment. We will then request that you obtain your ‘Update Service Number’ so that we can continue to check your BDS status on a regular basis without further expense to you for yearly applications for new DBS.** |
| **Immigration, Asylum and Nationality Act 2006** |
| **Under the Act a person commits an offence if he employs another (“the employee”) knowing that the employee is an adult subject to immigration control and that –**  **(a) he has not been granted leave to enter or remain in the United Kingdom, or**  **(b) his leave to enter or remain in the United Kingdom—**  **(i) is invalid,**  **(ii) has ceased to have effect (whether by reason of curtailment, revocation, cancellation, passage of time or otherwise), or**  **(iii) is subject to a condition preventing him from accepting the employment.**  **Any employment offered will be subject to the successful applicant producing appropriate evidence that the Act is not being contravened.**  **Are you eligible to work in the UK? Yes No Please ✓ as appropriate** |
| **Personal Declaration** I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and  * **I give permission for any enquiries that need to be made to confirm such matters as qualifications. experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose;** * **I give permission for the processing of the personal data contained in this form for employment purposes;** * **I understand that any false or misleading information could result in my dismissal.**   **Signed**  **Date** |

**Please fill in, tick, all times you can work in.**

|  |  |  |  |  |  |  |  |  |
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| **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Bank Holidays** |
| **AM**  **07:00 – 12:00** |  |  |  |  |  |  |  |  |
| **LUNCH**  **12:00 – 14:00** |  |  |  |  |  |  |  |  |
| **PM**  **14:00 – 18:00** |  |  |  |  |  |  |  |  |
| **EVENING**  **18:00 – 22:00** |  |  |  |  |  |  |  |  |
| **NIGHT**  **22:00 – 07:00** |  |  |  |  |  |  |  |  |

**Please state any restrictions.**

**For example: “can’t work during school holidays” or “can’t work during Ramadan”, “must have time to pray”**

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**Notes:**

**Only fill if you have been offered employment!**

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| **Bank Account Details**  In accordance with the conditions of employment, I give below details of my personal account so that my salary may be paid into the account below by direct credit transfer. | | |
| **Name of Bank / Building Society** |  | |
| **Bank Sort Code:** |  | |
| **Bank Account Number** |  | |
| **Building Society Roll Number:** |  | |
| **Name of Account Holder:** |  | |
| **Signed:** | | **Date:** |

**Only fill if you have been offered employment!**

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| **Emergency Contact**  **Please nominate at least one and if possible two people to be contacted in case of emergency.** | | |
| **Name, Address and Post Code** | | |
|  | |  |
| **Email:**  **Phone:** | | **Mobile:** |
| Relationship to you |  | |

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| **DECLARATION OF HEALTH & MEDICAL FITNESS** |

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| --- | --- | --- | --- | --- |
| **Name:** | | | | |
| **Your GP Name & Address Inc. Contact Details:** | | | | |
| ***A: Do you have, or have you ever suffered from, the following:*** | | | | |
| **CONDITION** | **NO** | **YES** | | |
| **Dates** | **Details** | **GP / Hospital** |
| **Typhoid Fever / Paratyphoid Fever / Enteric Fever?** |  |  |  |  |
| **Salmonella Infection?** |  |  |  |  |
| **Dysentery?** |  |  |  |  |
| **TB (Tuberculosis)?** |  |  |  |  |
| **Tropical Diseases e.g. Hookworm?** |  |  |  |  |
| **Hepatitis B or C** |  |  |  |  |
| **HIV +** |  |  |  |  |
| ***B: Have you suffered from any of the following in the last 2 years:*** | | | | |
| **Diarrhea / Vomiting for more than 2 days?** |  |  |  |  |
| **Chronic Bronchitis with Phlegm?** |  |  |  |  |
| **Skin Rash / Eczema / Dermatitis / other Skin Disease?** |  |  |  |  |
| **Recurrent Boils / Types / Septic Fingers?** |  |  |  |  |
| **Discharge from the Ear / Eyes / Nose?** |  |  |  |  |
| **Fits or Blackouts?** |  |  |  |  |
| **COVID – 19 Have you been exposed to anyone who is or has been Corona Positive?** |  |  |  |  |

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| **DECLARATION OF HEALTH & MEDICAL FITNESS** |

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| ***C: Other:*** | | | |
| **CONDITION** | **NO** | **YES** | |
| **Dates ates** | **Details Details** |
| **Have you had treatment for any condition relating to the abuse or misuse of alcohol or drugs within the last 5 years?** |  |  |  |
| **Have you ever had medical insurance refused, or offered but subject to special conditions?** |  |  |  |
| **Have you ever suffered from a back strain, or other back conditions which may affect your ability to undertake lifting and handling activities safely?** |  |  |  |
| **Are you pregnant?**  **If yes, state how many months………………….** | **YES / NO / NA** | | |
| **Are you prepared to undergo a medical examination?** | **YES / NO** | | |
| **Do you give your consent for us to contact your GP?** | **YES / NO** | | |
| ***Any other relevant information:***  **I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge. Any information which is deemed to be false or inaccurate will lead to termination of services.**  ***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*** | | | |

**Equal Opportunities Monitoring Form**

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation 2018. It will help to ensure that the agency properly monitors and conforms with its policies relating to the equality of opportunity.

Information will be used for monitoring and for no other purpose.

Our committed aim is to allow our staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the agency to limit their opportunities.

Please place a tick in the relevant box or boxes: If you wish to decline Please tick this box. 🞎

Would you describe your ethnic origin as: **Only tick boxes which apply to you please**

|  |  |  |  |
| --- | --- | --- | --- |
| **White - British** |  | **Black – British** |  |
| **White - European** |  | **Black – African** |  |
| **White - Other** |  | **Black – Caribbean** |  |
| **Asian - Indian** |  | **Black – European** |  |
| **Asian - Pakistani** |  | **Black - Other** |  |
| **Asian - Other** |  |  |  |
| **Mixed Race – Please specify** |  | **Other – Please specify** |  |
|  | |  | |

Please state your nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your date of entry into UK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You? Male 🞎 Female 🞎 Other 🞎

Please indicate your age range below:

16 – 18 🞎 19 – 24 🞎 24 + 🞎 over 65 🞎

Do you consider yourself to have a disability of any kind? If so please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to decline Please tick this box. 🞎

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| --- | --- | --- |
| For Office Use Only | | |
|  | | Initials |
| **Date Application received** |  |  |
| **Date Application acknowledged** |  |  |
| **Initial Decision** |  |  |
| **Date Applicant informed** |  |  |
| **Date(s) of Interview** |  |  |
| **Decision** |  |  |