

**Please Return to:**  
Bespoke Care & Support Services  
The Media Centre, 7 Northumberland Street  
Huddersfield HD1 1RL



**EMPLOYMENT APPLICATION FORM**

Position Applying for: **Home Care Assistant**

**PERSONAL DETAILS**

Name: .....

Address: .....

.....

Daytime tel: ..... Home tel: ..... Mobile tel: .....

Date of Birth: ..... National Insurance Number: .....

E-mail Address: .....

**Do you need a visa or work permit to work legally in the UK** Yes / No

**If yes, do you have one? (if you answer yes, please provide copies)** Yes / No

**Do you have your own transportation?** Yes / No

**DRIVING DETAILS**

**Do you have a current, full driving licence?** Yes / No

Driving licence number: .....

How many years have you had your licence: .....

Please give us details of any accidents you've had within the last 5 years:

Date	Details

**QUALIFICATIONS / EDUCATION**

Name of school, college etc.	Please list qualifications gained

**EMPLOYMENT****Last/Current Employer.**

Company name: .....

Address: .....

.....

Phone number: ..... Contact name: .....

Date started: ..... Date left: .....

Job title: ..... Notice period: .....

Reason for leaving: .....

Please provide details of all previous employment (if this information is included in your CV, write 'See CV'):

Company Name	Date Began	Date Left	Brief Duties	Reason for Leaving

**RELEVANT EXPERIENCE / SKILLS**

Briefly, give details of all relevant experience you have and say why you think you would be good at this job

.....  
.....  
.....  
.....  
.....  
.....

Please continue on a separate sheet if necessary

**REFERENCES**

Please give details of 2 work referees

1. Name: ..... Telephone number: .....

Company name: .....

Address: .....

.....

Capacity in which you worked for / with this person: .....

May we contact this person now? Yes / No

2. Name: ..... Telephone number: .....

Company name: .....

Address: .....

.....

Capacity in which you worked for / with this person: .....

May we contact this person now? Yes / No

**Please be aware, all employment is subject to satisfactory references. All references will be taken up.**

OFFICE USE ONLY – PLEASE STAMP TO CONFIRM VERBAL CONTACT WAS MADE	
Reference 1:      Sign: ..... Date: .....	Reference 2:      Sign: ..... Date: .....
Notes:	Notes:

**AVAILABILITY**

At Bespoke Care we try to give people a working pattern so our employees can keep a healthy work / life balance and arrange events or appointments around their rota, this prevents disruption to our service. One of the ways we do this is by operating a week 1 and week 2 rota which also allows for a person to work alternate weekends or have different days off one week to the other.

Please use the table to let us know when you are available for work. Please note that our working day is split up into 4 different shifts (AM, Lunch, Teas & Beds). Mark X where you are available. Please note, if you are successful with your application, we will use the availability information to schedule your shifts.

**If you were successful, would you prefer to work alternate weekends?** Yes / No

**(Please note, alternate weekends are reserved for candidates who are available for work Saturday & Sunday. You cannot select 1 day over the weekend as available and select alternate weekends)**

**Do you understand and agree that appointments should be scheduled around your shifts (Where possible)** Yes / No

**Week 1**

		M	T	W	T	F	S	S
AM	07:00 – 11:00							
LUNCH	11:00 – 15:00							
TEAS	15:00 – 18:30							
BEDS	18:30 – 23:00							

**Week 2**

		M	T	W	T	F	S	S
AM	07:00 – 11:00							
LUNCH	11:00 – 15:00							
TEAS	15:00 – 18:30							
BEDS	18:30 – 23:00							

**How many hours do you want to achieve in a week?** \_ \_

**PRE BOOKED TIME OFF**

**Do you have any holidays planned or booked within the next 12 months?** Yes / No

**Do you have any hospital or GP appointments booked within the next 12 months?** Yes / No

If you circled 'Yes' please provide details:

Date / Time from:	Date / Time to:	Reason (ie Holiday, hospital appointment)

**EMERGENCY CONTACT / NEXT OF KIN**

Surname: ..... First Name: ..... Relationship: .....  
Tel: ..... E-mail Address: .....  
Address: .....

**BANK DETAILS**

Name of Bank / Building Society: ..... Name on Account: .....  
Account Number: ..... Sort Code: ..... - ..... - ..... Roll Number: .....

**DISCLOSURE**

Have you ever been convicted of any criminal offenses, or do you have any charges pending? Yes / No

If yes, please give details: .....

Do you currently hold an advanced Disclosure and Baring certificate? Yes / No

If no, have you ever had a Disclosure and Baring check? Yes / No

Have you ever been convicted / cautioned by the Police in England & Wales? Yes / No

**DISCLAIMER**

Please check all the details you have provided, then read and sign the statement below.

**I understand that if I have given any information that is not correct this may affect my current or future employment with Bespoke Care & Support Services (BCSS). I undertake to inform BCSS straight away of any changes to the information stated here. I also understand that any job offered to me by BCSS is subject to the detail above being correct, to my references being satisfactory and to me passing an initial training and assessment period and then a 6-month probationary period.**

Signed: ..... Dated: .....

OFFICE USE ONLY – PLEASE STAMP TO CONFIRM PHOTO ID HAS BEEN WITNESSED	
IDENTIFICATION 1:  Sign: ..... Date: .....	IDENTIFICATION 2:  Sign: ..... Date: .....
Notes:	Notes:

**Bespoke Care & Support Services** 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.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

**Gender** Man  Woman  Intersex  Non-binary  Prefer not to say  If you prefer to use your own term, please specify here .....

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**Are you married or in a civil partnership?** Yes  No  Prefer not to

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say

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

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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**

English  Welsh  Scottish  Northern Irish  Irish   
British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian   
 Prefer not to say  Any other mixed background, please write in:

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

**Other ethnic group**

Arab  Prefer not to say  Any other ethnic group, please write in:

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**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

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**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to say  If you prefer to use your own term, please specify here .....

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**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

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**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

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**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  Compressed hours

Homeworking  Prefer not to say  If other, please write in:

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**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

**DISCLOSURE AND BARRING INFORMATION**

In order to run a disclosure and barring check on you we require further information. If you already have an enhanced disclosure and barring certificate and you have it with you please provide it to your interviewer for inspection and move to page 9/9.

**Have you ever changed your name?** Yes / No

**If yes, what year did your name change?** ( \_ \_ \_ \_ )

**What was your name prior to this?** .....

**What is your country of birth?** .....

**What is your town / city of birth?** .....

In order to process an application to the disclosure & barring bureau, we need your address history for the past 5 years. Please provide as much detail as possible.

**What month and year did you move to your current address?** ( \_ \_ / \_ \_ \_ \_ )

**Have many years have you lived at your current address?** ( \_ \_ )

**If less than 5 years please continue with address history**

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Address (2)

**Street Address:** ..... **Post Code:** .....

**What month and year did you move to your current address?** ( \_ \_ / \_ \_ \_ \_ )

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Address (3)

**Street Address:** ..... **Post Code:** .....

**What month and year did you move to your current address?** ( \_ \_ / \_ \_ \_ \_ )

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Address (4)

**Street Address:** ..... **Post Code:** .....

**What month and year did you move to your current address?** ( \_ \_ / \_ \_ \_ \_ )

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Address (5)

**Street Address:** ..... **Post Code:** .....

**What month and year did you move to your current address?** ( \_ \_ / \_ \_ \_ \_ )



**This agreement is in line with the General Data Protection Regulation**

**Introduction**

Bespoke Care & Support Services (BCSS) is committed to protecting and respecting your privacy. This statement sets out how any personal information that you provide to BCSS or that we obtain from you when you are completing your application pack will be treated by us. Please read the following carefully to understand how we will treat your personal information.

**How We Use Your Personal Information - We will use your personal information in the following ways:**

We will use the information given on your application form (and any supplementary information provided by you) in order to process your application to the next stage of our recruitment process. We will use your email address or contact telephone number in order to communicate with you about progress with your application. In the event you are successful, we will share your mobile telephone number with other members of staff you will be shadowing and/or working with.

We will, with your permission use the information in the references section of the application form to contact your current or previous employer(s) and any character references you supply us with. We will seek to obtain your dates of employment, role, reason for leaving and whether your previous employer would rehire you. We will also request information regarding your performance at work during your time with them.

We will use your photo identification and information submitted in your application form and disclosure and barring application to run a disclosure and barring check. Any certification obtained following the completion of the check will be sent to you via post and we will only need to see it if we are informed it holds information of past or pending convictions or barring information.

We will use information which you choose to give about your gender, ethnicity and/or any disabilities that you may have on the "Disability" and "Equal Opportunities" pages of the application form in order to monitor the effectiveness of our diversity policy.

Your personal information will only be used for the purposes listed above.

**Sharing Your Personal Information**

Except as set out below, we will not share your personal information with any third party.

We will share or disclose your personal information if we are under a duty to do so in order to comply with any legal or regulatory requirement or as otherwise permitted to do so by law.

**Retention of Your Personal Information**

If your application is unsuccessful, we will keep your application form on file for the purpose of our internal records for no more than six months. In addition, we may keep a record of the outcome of your application for no more than two years for reference when considering any later application for employment that you may make. If your application is accepted, we will retain your application form as part of your employment record.

**Security**

We have implemented technical and organisational measures designed to keep the personal information which you provide to us secure. However, the transmission of information via the internet is not completely secure. Although we will do our best to protect your personal information, we cannot guarantee the security of your data.

**Your Rights**

You have the right to be given a copy of personal information relating to you which is held by us. If you wish to request a copy of personal information relating to you which is held by us, please contact us at [info@bespoke-care.co.uk](mailto:info@bespoke-care.co.uk). You also have the right to ensure that we correct or delete any inaccurate or out of date personal information which we have. If you believe that any personal information which we have about you is inaccurate or out of date and you would like us to correct or delete it, please contact us at [info@bespoke-care.co.uk](mailto:info@bespoke-care.co.uk). You can also change your personal details or add supplementary information to your completed application form here.

**Contact us**

Questions, comments or requests regarding this privacy statement are welcome and should be addressed to [info@bespoke-care.co.uk](mailto:info@bespoke-care.co.uk).

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_