



Sandcastle Care Ltd
49 Whitegate Drive
Blackpool
FY3 9DG
t: 01253 829966
w: sandcastle-care.co.uk



Please complete in full and return to the above address

| | | | |
|--|------------|--|------------|
| APPLICATION FOR THE POST OF: | | | |
| AT (NAME OF HOME/LOCATION): (if known at this time) | | Ref: | |
| CLOSING DATE: | | | |
| PERSONAL DETAILS | | | |
| Last Name: | | Title (E.g. Mr/Mrs/Miss/Ms): | |
| Forename(s): | | Date of Birth: | |
| Home Address: | | | |
| Postcode: | | | |
| Telephone No (Daytime): | | Mobile: | |
| National Insurance Number: | | E-mail: | |
| Are you eligible to work in the UK? | YES | If appointed do you require a work permit to work in the UK? | YES |
| | NO | | NO |
| Direct/indirect canvassing in relation to this application will render you liable to disqualification | | | |
| Are you related to any person employed by, or connected with Sandcastle Care? | | YES | NO |
| Name: | | Job Title: | |
| Relationship: | | | |

Please set out below how your knowledge, skills and experience from both your employment & personal life equip you to carry out the role:

QUALIFICATIONS & TRAINING

SECONDARY/HIGHER EDUCATION

Short listed candidates will be asked to provide original certificates where relevant

| From | To | School/College | Certificates/Qualifications Awarded & Dates |
|------|----|----------------|---|
| | | | |

TRAINING & DEVELOPMENT

Please give details of any qualifications or training courses that you have completed which support your application.

Include any on the job training and formal courses

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DRIVING LICENCE

| | | | | |
|--|------------|--|-----------|--|
| Do you hold a full current driving licence? | YES | | NO | |
| Have or have you had any driving convictions/penalty points in the last three years? | YES | | NO | |

CRIMINAL CONVICTIONS

| | | | | |
|--|------------|--|-----------|--|
| Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? | YES | | NO | |
|--|------------|--|-----------|--|

If you have answered YES to the above question, please complete the attached Rehabilitation of Offenders form, place it in an envelope and return it with your completed application form.

REFERENCES

*Please provide the contact details for two referees one of whom must be your current and/or last employer and the other from a previous employer (none of whom should be close friends or family), who should be able to comment on your suitability for the post for which you are applying. One of these must be your present or last employer. We will request references from all referees named and reserve the right to request additional references. **All offers of employment will be subject to the receipt of satisfactory references.** NB: It is imperative for speed of process that you make your referees aware that you have named them and that they should complete and return requests as soon as possible.*

Present/last employer:

Name: _____ **Job Title:** _____

Address: _____

Postcode: _____ **Tel No:** _____

Email address: _____

I **do not** wish my present employer to be approached at this stage
(**Tick Box**)

Previous Employer:

Name: _____ **Job Title:** _____

Address: _____

Postcode: _____ **Tel No:** _____

Email address: _____

Disability

The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act's definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities and which has lasted or is likely to last more than 12 months. Should you be shortlisted for interview we will make adjustments or special arrangements, if required, to facilitate your attendance at the interview.

Do you have a disability you wish us to know about at this stage? Yes No

If yes, please let us know what access requirements you may have:

DECLARATION

I declare that the information contained in this application form is complete and correct.

I understand that if I have knowingly given false or incomplete information my application may be rejected or, if appointed, I may be dismissed. I understand that the information I have given may be processed in accordance with the Data Protection Act 1998 and I give permission for my details to be retained.

Signature of applicant: _____ **Date:** _____

Print Name: _____

Please note if we do not contact you within 4/6 weeks of the published closing date (or in the absence of a closing date, within 4/6 weeks of the date on which you submitted your application), then you have not been short listed for an interview.

All applicants' details are kept on file for 6 months and considered for future vacancies within Sandcastle Care as and when they may occur.

In the meantime, may we take this opportunity to thank you for your application and for your interest in Sandcastle Care Ltd.

Declaration of Offences

Before completing this form, please read the following notes carefully.

Rehabilitation of Offenders Act 1974

This post is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means you must declare on this form all offences, convictions, cautions, reprimands, warnings and bind overs except those which are "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. You must also declare any court cases you may have pending. Convictions will not necessarily be a bar to employment with the Company.

As this post involves working with or has access to children or vulnerable adults and/or their records, the successful candidate will require an Enhanced Disclosure from the Disclosure & Barring Service in accordance with the Rehabilitation of Offenders Act 1974, the Police Act 1997 as amended by the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been disqualified from working with children or vulnerable adults? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have any court cases pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you do not have any, please write none.

| Details of offence(s) | Place and date of Judgement(s) | Sentences(s) |
|-----------------------|--------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

Possession of a conviction or caution reprimand, warning or bind overs will not necessarily mean that you won't be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may after appointment lead to disciplinary action, which could lead to my dismissal without notice.

Name (Please print)

Signed

Date

IMPORTANT

PLEASE SEAL THIS FORM IN AN ENVELOPE MARKED "CONFIDENTIAL – REHABILITATION OF OFFENDERS ACT" AND STAPLE THE ENVELOPE TO YOUR COMPLETED APPLICATION FORM.

THIS PAGE IS INTENTIONALLY BLANK

EQUAL OPPORTUNITIES

Sandcastle Care is committed to becoming an equal opportunities employer. All suitably qualified applicants will be considered regardless of race, gender, disability etc. As part of this process, we need to monitor our recruitment process. It would be very helpful if you could complete the following information which relates only to monitoring, NOT selection. This information is treated as confidential.

On receipt it will be separated from the application form before short listing takes place.

Application for the post of:

Where did you see this post advertised?

Please give the following information about yourself:

| | | | |
|---|--------------------------------------|--|------------------|
| a) Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| b) Date of Birth: | Age: | | |
| c) Nationality: (Please specify) | | | |
| d) Do you consider yourself to be disabled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, please give details: | | | |
| Please quote registered disabled number where applicable: | | | |
| e) How would you describe your ethnic origin? Please tick appropriate box | | | |
| White | Black | Asian | Other |
| European | Afro-Caribbean | Chinese | (Please specify) |
| North American | African | Bangladeshi | |
| Other (specify) | Other (specify) | Indian | |
| | | Pakistani | |
| | | Other (specify) | |
| Have you any comments on the content of this Application Form? | | | |

Sandcastle Care considers the employment of staff to be on the basis of equal opportunity and treatment for all. It is, therefore, intended that no job applicant or employee shall receive less favourable treatment because of any condition or requirement, which cannot be shown to be justifiable. The company also condemns inappropriate conduct which detracts from the working environment of employees and is committed to the promotion of a climate in which harassment is wholly unacceptable.