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| Glow Social Care  32 George Street  Bathgate  Eh48 1PD  Telephone: 01506325258  Mobile: 07428717396  Email: info@glowsocialcare.com  Web: www.glowsocialcare.com |

A sun and water with rays

Description automatically generated with medium confidence

Glow Social Care

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| Application Form |

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| --- |
| ATTACH  YOUR  PHOTO  ID  (2 Copies) |

Care Workers, Social Care Workers, Support Workers, Housing Officers, Project Workers, Domestic Workers

|  |  |
| --- | --- |
| **Vacancy Title**: |  |
| Please tell us how you heard about this vacancy: |  |

|  |
| --- |
| Personal details |

|  |  |
| --- | --- |
| Title Forename: | Surname: |
| Maiden Name if applicable): | Mobile Number: |
| Home Address: | Home no: |
|  | Email Address |
|  | Nationality: |
| Are you registered disabled YES \_\_\_ NO \_\_\_ | NI No |
| If yes please give full details: |  |
|  | |

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| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK? | Yes |  | No |  |
| You will be required to provide appropriate documentary evidence of this at the interview. For examples of acceptable documents please see [www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk) – Valid Passport – Valid Visa – Biometric Card | | | | |

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| --- | --- | --- | --- | --- |
| Driving Licence, clean driving licence valid in the UK? | Yes |  | No |  |
| |  | | --- | | Education/Qualifications | | | | | |
|  |  |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **High School** | **Study Dates** | **Qualification**  **and Grade** | **Date Obtained** | |  |  |  |  | | **College/University** | **Study Dates** | **Qualification**  **and Grade** | **Date Obtained** | |  |  |  |  | | **Ongoing Professional Development** | **Study Dates** | **Qualification**  **and Grade** | **Date Obtained** | |  |  |  |  | | | | | |

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| **Training and Development** |
| Please use the space below to give details of any training or non-qualification-based development which is relevant to the post and supports your application. | |

|  |  |
| --- | --- |
| **Training Course** | Course Details  (including length of course/nature of training) |
|  |  |
|  | |
| Current Membership of any Professional Body/Organisation | |
| Please give details: | |
| Employment History | |
|  | |

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or most recent employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please print details of all employers within the last 10 years. Please start with your most recent and provide details for any gaps. | | | | |
| Name and Address of Employer | Dates of Employment – Month Year | | Position held and brief summary of duties and responsibilities | Reason for leaving and last wage |
| From | To |
|  |  |  |  |  |

Please use this section to demonstrate and include relevant information why you think you would be suitable for the post by reference to the job description and person specification.

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| Skills, Qualities, Experience and Abilities |

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| --- |
| Health Record |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccinations   |  |  | | --- | --- | | Date | Name | |  |  | |

Please state any periods of absence over the last 12 months giving number of days lost and reasons for each of these.

|  |  |  |  |
| --- | --- | --- | --- |
| Reason | | | Dates |
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| Convictions/ Disqualifications |

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| Upon offer of employment we reserve the right to request a Criminal Records Bureau Disclosure at Standard level and this disclosure will include details of cautions, reprimands or final warnings as well as convictions. |

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| Please provide details below of any convictions which are not spent under the terms of the Rehabilitation of Offenders Act 1974: |

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| Disability Discrimination Act |

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| The Disability Discrimination Act 1995 protects people with disabilities from unlawful discrimination. We welcome applications from people with disabilities. The DDA defines a disabled person as ‘someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities’. |

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| --- | --- | --- | --- | --- |
| Do you have a disability? | Yes |  | No |  |

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| If yes, please give details: |

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| If, as a result of your disability, you should require any specific arrangements to be made for your interview please give details below: |

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| --- | --- | --- |
| APPLICATION CHECKLIST | | |
| Application Form | Completed and signed |  |
| NI National Insurance | Number and (attach copy if available) |  |
| ID - Identity | Valid Passport |  |
| Proof of Address | Utility Bill, Bank Statement |  |
| Right to Work | Valid Visa – Passport – Biometric Card – COS Number |  |
| Qualifications | Certificates Scanned Copies |  |
| 2 ID Photos | Passport OR Driving license – Paper or Digital Accepted |  |
| Vaccination Record | Hepatitis B – Covid 19 |  |
| References x2 | Current or Previous Employer and Character |  |
| PVG Application | 1. Completed PVG Application Form 2. Copy of Current PVG/ If new to care you can put N/A |  |
| SSSC | 1. Copy of Current Status of Registration including Reg Number 2. If not available willing to Register |  |
| Supporting Documents | Attach Copies of information that you think is relevant to supporting your application |  |

Send Completed application form to - Email – [info@glowsocialcare.com](mailto:info@glowsocialcare.com)

If Y

HR will aim to get back to you within 2 Weeks allowing your References to respond

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| --- |
| References |

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| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. |

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| --- | --- | --- |
| **Reference 1** |  | Reference 2 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:  Job Title:  Organisation:  Address:  Contact No:  Email:  How is this person known to you:  Do you wish to be consulted before this referee is approached:   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | Name:  Job Title:  Organisation:  Address:  Contact No:  Email:  How is this person known to you:  Do you wish to be consulted before this referee is approached:   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |

We reserve the right to contact any of your other previous employers within the last three years.

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| Declaration |

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| Statement to be Signed by the Applicant  Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered. I agree that M and J Care can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998. I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn, or employment terminated. |

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| Signed: |  | Date: |  |
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| Candidates selected for interview will normally be notified within four weeks of the closing date.  If you return this form by email, you will be asked to sign your application at interview. |

Equal Opportunities

Name: ...................... Surname: ..................................

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.

What is your sexual orientation?

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

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

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 fill in: ………………………………………………………….

What is your current working pattern?

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

What is your flexible working arrangement?

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

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

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 🗆

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| |  |  |  | | --- | --- | --- | | OFFICE USE ONLY | | | |  |  | Staff Initials | | Date Application Received: |  |  | |  |  |  | | Date Position Confirmed: |  |  | |  |  |  | | Interview Date: |  |  | |  |  |  | | NOTES | | |  |  |  |  | | --- | --- | --- | | Date | Interview | | | Attitude to role, capability and appearance | | | |  | | | | Area of Experience: | | | |  | | | | General Availability: | | | |  | | | | General Comments: | | | |  | | | | Training Needs: | | | | OFFER OF EMPLOYMENT | | | | Date reference was sent 1: 2: | | Date reference received 1: 2: | | Disclosure checked YES \_\_\_ NO \_\_\_ | | Bank details received YES \_\_\_ NO \_\_\_ | | Letter of regret sent: YES \_\_\_ NO \_\_\_ | | Welcome pack sent YES \_\_\_ NO \_\_\_ | | Identification badge issued YES \_\_\_ NO \_\_\_ | | Date Entered on database | |
|  |

**BANK DETAILS FORM**

**Essential Information**

The following information should be provided at your earliest possible convenience it is essential to enable ourselves to setup your personal / pay files on our systems.

**1. Bank Details**

**ACCOUNT HOLDERS NAME (IN CAPITALS)**

|  |
| --- |
|  |

**BANK / BUILDING SOCIETY NAME**

**ONLY NEEDS TO BE COMPLETED IF YOU HAVE A BUILDING SOCIETY SAVINGS ACCOUNT**

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|  |

**SORT CODE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | \_ |  |  | \_ |  |  |

**ACCOUNT NUMBER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**BUILDING SOCIETY ROLL NUMBER – FOR SAVING ACCOUNTS ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |
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**2. Payment of wages into someone else’s account**

**Should you not have your own bank account and would like your wage paid into another persons account we need you to sign the declaration below stating you agree your wages can be paid into their account.**

**3. Tax Details**

Please provide parts 2 and 3 of any P45 supplied by you previous employer, if you do not have a P45, please complete (on both sides) and return the enclosed P46 form. Students should complete and return the enclosed P38 form.

**I AUTHORISE MY WAGE TO BE PAID INTO THE ABOVE ACCOUNT**

**Print Name: - ……………………………………………**

**Signed: - …………………………………**

**Date: …………………………………………**