



## APPLICATION FOR EMPLOYMENT

APPLICANT NAME .....

Westwood Homecare Northwest Ltd are required to comply with the Data Protection Act 1998 (“DPA”) up to and including 24 May 2018, and from 25 May 2018, the General Data Protection Regulation 2016 (“GDPR”) (the DPA and GDPR are together referred to as the “Data Protection Legislation”).

Your personal data includes all the information we hold that identifies you or is about you, for example, your name, email address, postal address, date of birth, location data and in some cases opinions that we document about you, as well as special categories of data including, but not limited to, medical and health records and information about your religious beliefs, ethnic origin and race, sexual orientation and political views.

Everything we do with your personal data counts as processing it, including collecting, storing, amending, transferring and deleting it. We are therefore required to comply with the Data Protection Legislation to make sure that your information is properly protected and used appropriately.

We will retain your personal data for 6 years. We retain your information for this period in case any issues arise or in case you have any queries. Your information will be kept securely at all times. Following the end of the 6-year period, your files and personal data we hold about you will be permanently deleted or destroyed.

By completing this application form you are giving consent to Westwood Homecare Northwest LTD GDPR Policy.

Title of post applied for: \_\_\_\_\_

Please write clearly in black ink or type. Any information provided will be treated in the strictest confidence.

**PERSONAL DETAILS**

Surname:		First Name(s):	
Address:			
Email:			Post Code:
Contact Tel. No:	Mobile Tel No.		
Nationality:	If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.		
Do you need a work permit to be employed in the UK	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post)	
Preferred work arrangements:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
If YES, please give further details including dates:			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Have you any convictions that are not spent under Rehabilitation of Offenders Act 1974?			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this Company before?			YES/NO
If YES, please give full details			
Have you applied for employment with this Company before?			YES/NO
How much notice are you required to give to your current employer?			

## EDUCATION

Schools attended since age 11	From	To	Examinations and Results	
College or University	From	To	Courses and Results	
Further Formal Training	From	To	Diploma/Qualification	
Professional Training	Qualifications/Formal	From	To	Grade

**PRESENT OR LAST EMPLOYER**

Are you currently employed?:	YES/NO
Name of present or last employer:	

Address:	
	Post Code:

Telephone No:	
Nature of business:	
Title of Post and outline a brief description of your duties:	
Reason for Leaving or wishing to leave:	
Period of notice required to terminate present employment:	

Length of Service:	From:	To:
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Date		Employer	Position held	Salary & Benefits	Reason for leaving
From	To				

## REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?	YES/NO
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Name:
Position:
Address:
Post Code:
Telephone Number:
Email:

Name:
Position:
Address:
Post Code:
Telephone Number:
Email:

How did you hear of this vacancy?
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If you consider yourself as having a disability, is there any support you would require to attend for interview? <b>Please specify e.g. wheelchair, accessible rooms etc.</b>	
Are you related to any employee of this organisation?	YES/NO
Have you applied for any other post in this organisation in the last year?	YES/NO

## KNOWLEDGE, SKILLS AND EXPERIENCE

Please tell us why you would succeed in this position, setting out relevant knowledge, skills and experience you have gained from current/previous employment or voluntary/community work. You should also provide any other information that may be of interest and relevant to the position. Please also describe your aspirations and ambitions.

***Please remember to address the criteria mentioned in the Job Description and/or Person Specification when completing your application***

## ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

## AVAILABILITY FOR EMPLOYMENT

Please complete this form specifying the times of your availabilities.

Morning runs can start as early as 7.00 am and evening runs can finish as late as 10.30pm and your night sits are either 9.00 pm – 7.00 am or 10.00 pm – 8.00 am.

Please note we do ask that all carers work 1 full weekend and 1 or 2 evenings within any 2 week period. We do our best to give you work within the availability you indicate, however this is not guaranteed due to the nature of the business.

The availability on this form will be effective from your start date, however if you do need to change this we do require at least 4 weeks' notice.

	MORNING	LUNCH	TEA	BED	NIGHTSIT
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Hours per week:

Signature:

Date: