GOOD CARERS AGENCY

APPLICATION FOR EMPLOYMENT: CARE & SUPPORT WORKER

Please complete all sections of this form in block capitals. Accurate completion is a statutory requirement for working in health and social care under Safer Recruitment and CQC Regulation 19 guidelines.

1. Personal Details

Full Name:	
Previous Names (if any): (e.g., Maiden name, name changes)	
Current Address:	
Postcode:	
Telephone Number:	
Email Address:	
National Insurance (NI) Number:	

2. Right to Work & Vetting Status

- **Are you legally eligible to work in the UK?** [ ] Yes [ ] No
- **Do you require a visa/work permit to work in the UK?** [ ] Yes [ ] No

  If Yes, please state visa type, expiry date, and provide your 9-character **Share Code:**

  _____

- **Do you hold a current Enhanced DBS Certificate?** [ ] Yes [ ] No

  DBS Certificate Number: _____ Date of Issue: _____

- **Are you registered on the DBS Update Service?** [ ] Yes [ ] No

  If Yes, please provide your Update Service ID/Certificate ID: _____

3. Full Chronological Employment History

> **CQC Requirement:** *You must provide a full, unbroken history of employment and education since leaving full-time education. Any gaps must be explicitly dated and explained below. Start with your current or most recent employer.*

Current / Most Recent Employer

• Company Name & Address:

_____

• Job Title: _____ Salary/Wage: _____

• Date Started (MM/YY): _____ Date Left (MM/YY, if applicable): _____

• Reason for Leaving / Wishing to Leave:

_____

• Brief Description of Duties:

_____

_____

Previous Employment / Education History (Covering complete history)

1. Employer/Institution Name: _____ Job Title/Course: _____

From (MM/YY): _____ To (MM/YY): _____ Reason for Leaving: _____

2. Employer/Institution Name: _____ Job Title/Course: _____

From (MM/YY): _____ To (MM/YY): _____ Reason for Leaving: _____

3. Employer/Institution Name: _____ Job Title/Course: _____

From (MM/YY): _____ To (MM/YY): _____ Reason for Leaving: _____

Gaps in Employment

Please use this section to explain any periods of time when you were not employed or in education (e.g., career breaks, childcare, travel, unemployment).

• From (MM/YY): _____ To (MM/YY): _____ Reason for Gap: _____

• From (MM/YY): _____ To (MM/YY): _____ Reason for Gap: _____

4. Qualifications & Professional Memberships

Qualification / Training	Awarding Body / Institution	Date Obtained
NVQ / Diploma Level 2/3/5		
The Care Certificate		

NMC PIN (if applicable)	*PIN Number:*	*Expiry Date:*
Other Relevant Training:		

5. Professional References

> **Safer Recruitment Standard:** *Please provide the details of two professional references. One must be your current or most recent employer. If you have previously worked in health and social care, at least one referee must be from that care employer. Character references or relatives are not accepted.*

Reference 1 (Current / Most Recent Employer)

• Contact Name & Job Title:

_____

• Company Name:

_____

• Professional Email Address:

_____

• Telephone Number: _____ Relationship to You:

_____

• Can we contact this referee prior to interview? [ ] Yes [ ] No

Reference 2 (Previous Employer / Care Setting)

• Contact Name & Job Title:

_____

• Company Name:

_____

• Professional Email Address:

_____

• Telephone Number: _____ Relationship to You:

_____

6. Rehabilitation of Offenders Act 1974 (Exemptions)

Because this role involves working with vulnerable adults and/or children, it is **exempt** from the Rehabilitation of Offenders Act 1974. This means you must disclose all convictions, cautions, reprimands, or final warnings that are not 'protected' under the filtering rules.

• Have you ever been convicted of a criminal offence, or received a caution, reprimand, or warning?

[ ] Yes [ ] No

If Yes, please provide details on a separate, sealed sheet marked "Confidential - For the attention of the Director."

7. Declarations & Data Protection (GDPR)

Privacy Notice Summary

The information provided on this form will be processed in accordance with the UK GDPR and Data Protection Act 2018. It will be used solely for recruitment purposes and, if successful, will form part of your personnel file.

Applicant Declaration

- *I declare that the information given on this application form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or deliberate omissions may lead to the withdrawal of an employment offer or immediate dismissal if already employed.*
- *I hereby give permission for the company to conduct necessary pre-employment background checks, including contacting referees and verifying my DBS and Right to Work status.*

• Applicant Signature: _____

• Date: _____

*Please return completed applications to: **info@goodcarersagency.co.uk**