# **UMOYA TRUST (UK)**

## **CONNECT AND CARE**

#### CANDIDATE APPLICATION FORM

Thank you for applying for a position with Umoya Trust, Connect and Care

If you are invited for interview we will ask you to bring the following documentation when you attend, or we will be unable to progress with your application:

- Evidence of your National Insurance Number
- Right to work documentation
- A Passport
- Driving license

### In addition to the above

- Proof of address, such as an original recent utility bill, a credit card bill, bank statement or council tax bill. This must include your name and be no older than 3 months.
- Originals of any training or education certificates which are relevant to your application

If you are unable to provide any of the above required documents, please contact for advice

In all cases a DBS will be applied for before work can commence.

Please ensure that you complete the application form in full as we are unable to accept CV's. This form should be completed in black ink and in block capitals. This form will be kept securely and in compliance of data protection.

If you require any special requirements to support you in completing this form, for example large print or additional time please contact the registered manager on 01634786790/01722441564.

Position		
Position applied for		
Location	Kent Salisbury	
Preferred employment type, Part/Full time		
Personal Details		
Surname	First Name	
Date of Birth	Gender	
Current Address, including postcode		
Telephone Number (home)	Telephone Number (Mobile)	
Email Address		
Next of Kin		
Relationship to you		
Contact telephone number		
Own Transport Yes/ No	How long has your licence been held?	
Type of Licence Held		
UK - Full Automatic EU/EEA Full	Automatic Other Full Automatic	
Are you a United Kingdom (UK) European Community (EC) or European Economic Area (EEA) National YES /NO	National Insurance Number	
Nationality	Are you related to a member of staff or service user at connect and care YES/NO	
	If yes do you have a valid work permit? YES/NO	
Pin number of permit		
Pin expiry date		
If applicable, please state your home office/port		
reference number		
Equality Act 2010		
Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long term adverse effect' on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at www.gov.uk/definition-of-disability-under-equality-act-2010.  For the purposes of this application and the interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?		

	Yes/No. Prefer	not to discuss	
School/College University	Dates attended	Examinations passed, qualifications gained and year obtained	Grade or pass mark
		ana year obtained	
Training courses			
completed			
Training provider	Dates attended	Qualification gained	Grade or Pass Mark

Please record below the details of your full emplo	yment history beginning with your current or most
recent employer. Please attach a separate sheet i	f require ensuing that you sign and date each
additional page.	
Name and address of your current or most	
recent employer	
recent employer	
Contact name	
Telephone Number	
Email address	
Start and end date	
Nature of business	
Salary/rate	
Reason for leaving	
Name and address of annular and an to the	
Name and address of employer prior to the one listed above	
one listed above	
Contact name	
Telephone Number	
Email address	
Start and end date	
Nature of business	
Salary/rate	
Reason for leaving	

**Employment History** 

Name and address of employer prior to the	
one listed	
Contact name	
Telephone Number	
Email address	
Start and end date	
Nature of business	
Salary/rate	
Reason for leaving	
Name and address of employer prior to the	
one listed above	
Contact name	
Telephone Number	
Email address	
Start and end date	
Nature of business	
Salary/rate	
Reason for leaving	
Please detail here any gaps in employment and s	tate why:

# **Supporting Statement**

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would be also be of value to describe particular strengths and talents		
that set you apart from others as well as skills gained from work, home and other activities.		

### **REFEREES**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us

Current or most recent employer
Name:
Address:
Postcode:
Telephone number:
Email Address
Job Title:
Previous employer to the one above
Name:
Address:
Postcode:
Telephone number:
Email Address
Job title:
Character reference
Name:
Address:
Postcode:
Telephone number:
Relationship to you:

#### Discrimination

No applicant will be unfairly discriminated against, this includes discrimination on account of age, cultural/religious/political beliefs, disability. Ethnicity, gender, race, relationship status, sexual orientation, and/or trade union membership or stewardship.

### Criminal Record

Workers of the Agency are subject to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges whether proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a Care setting if you are on the DBS register(s)

Please declare all criminal convictions, whether spent or not, charges whether proceeded with or not, and warnings and cautions in the space provided below

### Please read before signing the following:

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek to have unsupervised access to vulnerable people. If the post I have applied for is as a registered nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Umoya Trust, Connect and Care to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as being charged with an offence(other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employments status

Signed		
Date		