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W: www.train2careacademy.org

Application Form

Please complete fully in CAPITALS

Position applied for:		No. of hours wanted:	
Full-Time / Part-time (please circle your reference)		Mornings Afternoons Evenings Nights Weekends only (please circle your preference and availability)	
Surname:		First Name(s):	
NI Number:		Date of Birth:	
<i>Previous surnames: (supply documentary evidence e.g. marriage certificate, deed of name change etc.)</i>			
Current address including Post Code:		Date Moved to this address MM/YY	
<i>If less than five years, please provide your previous address or addresses: If necessary, use another sheet of paper.</i>			
1st Previous address including post code:		2nd Previous address including post code	
From:		To:	
Home Tel: No:		Mobile No:	
Do you have a car?	(Yes/No):	Do you have current driving licence: (Yes/No):	
How long have you had a licence?		No of endorsements on your driving licence if any:	
No of years: _____		_____	
Do you have PCO licence(Yes/No):		No of years PCO licence held: _____	

Education

School/College/University	Qualifications gained

Training History/Professional Status

Date of Qualification	Location/Details	Notes

Additional Courses Attended

Subjects	Location

Employment History

Employer	Job title and Duties	Dates:	Reasons for leaving	Salary/Rate
		From mm/yy:		
		To mm/yy:		
		From mm/yy:		
		To mm/yy:		
		From mm/yy:		
		To mm/yy:		
		From mm/yy:		
		To mm/yy:		
		From mm/yy:		
		To mm/yy:		

Criminal Record

- ❖ Workers of Train2Care Academy are subject to the Health and Social Care Act 2008, 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 to work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spend or not, charges, whether proceeded with or not, and warning and cautions in the space provided below.

Signature and Declaration – Important – READ BEFORE SIGNING

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 any of 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 the employment will be subject to a satisfactory criminal record check from the DBS.

By my signature, I authorise Train2Care Academy Limited 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, the administering of a warning, criminal conviction, referral to any register or barred Care workers, or withdrawal of any registration required by my employment status.

Signed:

Date:

Health Declaration/Medical Questionnaire.

Do you suffer from any of these?	Examples	If yes, please complete this box: details/Dates
Mental Health Condition that requires hospital treatment and/or drug treatment?	Depression, Bipolar disorder, Schizophrenia, Anxiety, Alcoholism, Drug dependency	
Chest complaint, breathing, pain or condition that required hospital treatment or surgery or is being treated with drugs?	TB, Cancer, Asthma, Emphysema, Angina, Heart condition, Heart attack, High Blood pressure	
Back pain that is receiving hospital treatment and/or drug treatment?	Sciatica, Spondylitis, Disc degeneration	
Arthritis that is receiving hospital treatment or drug treatment?	Rheumatoid Osteo	
Epilepsy, blackout, vertigo receiving (received) hospital treatment and/or drug treatment?	Fits, Giddy attacks	
Stomach, kidney or bowel condition that required hospital treatment and/or drug treatment?	Cancer, Colitis, Pancreatitis, Gall bladder, Hernia	
Diabetes, thyroid or other glandular problems that required hospital treatment and/or drug treatment?		
Infectious or contagious disease that required or requires hospital treatment and/or drug treatment?	Hepatitis, HIV, AIDS, MRSA, Diarrhoea, Vomiting, Skin disease, Dysentery	
Do you suffer from any allergies?	Hay fever, Reaction to drugs, food and/or fumes.	
Is your eyesight and hearing good?	Do you wear glasses or a hearing aid?	

Are you pregnant?: (please circle) YES / NO			
Have you had surgery in hospital in the past 2 years?			
Are you a hospital outpatient receiving treatment? If so – please give details:			
How many days have you taken in sick leave in the past 2 years?			
Have you been inoculated for any of the following:			
Inoculations	Date	Yes	No
Tuberculosis BGC			
Hepatitis B			
Rubella			
Tetanus			
Flu			

Train2Care Academy may wish you to have a course of vaccinations against Hepatitis B, if this is the case we will discuss this with you in further detail.

Application Declaration	
<ul style="list-style-type: none"> • I certify that the information I have provided is accurate and that I am in good health and fit to carry out the duties as described in the Care Worker’s job description. • The information in this form is true and complete. I agree that any deliberate omissions, falsifications and misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal if employed. 	
Name:	
Signed:	
Date:	

Please return this application form with the following:

- ❖ Valid passport
- ❖ 2 recent proofs of address
- ❖ Proof of National Insurance number or right to work
- ❖ 1 passport picture
- ❖ 2 references, one of which should have a company stamp

Equal Opportunities Monitoring Form

- ❖ Train2Care Academy is committed to promoting equal opportunities for all its employees and all prospective employees.
- ❖ To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a 'tick' in the appropriate box. This will allow us to monitor our policies.

PLEASE NOTE:

- ❖ You do **NOT** have to complete this form. The information is given on a voluntary basis and the information provided will only be used for monitoring purposes.

What is your gender?	(Please tick)	Do you consider yourself to have a disability	(Please tick)
Male		Yes	
Female		No	
Non Binary/Trans		Don't know	
Prefer not to say		Prefer not to say	

Ethnic Group

White		Black or Black British		Asian or Asian British		Mixed		Other	
English, Scottish or Welsh		Caribbean		South Asian		White and Black		Other ethnic group	
Irish		African		East Asian		White and Asian		Prefer not to say	
Other White background		Other Black background		Other Asian background		Other Mixed background			
What is your age group (please tick)									
16-17		18-21		22-30		31-40		41-50	
51-60		61-65		66-70		71+		Prefer not to say	
What is your sexual orientation (please tick)									
Heterosexual/Straight		Lesbian		Gay		Bisexual		Prefer not to say/Others	

PLEASE RETURN THE APPLICATION FORM TO:

THE RECRUITMENT OFFICER

TRAIN2CARE ACADEMY

Alhijra Centre

85 St. Ann's Road, London, N15 6NJ

EMAIL: admin@train2workacademy.org