



Lantana Care Services
Caring first

APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM RELEVANT TO YOU IN BLACK INK

RETURN TO:

LANTANA CARE SERVICES LIMITED
10 FELL AVENUE
NEWCASTLE UNDER-LYME
STAFFORDSHIRE
ST5 9FR

SCAN AND EMAIL TO:

recruitment@lantanacareservices.co.uk

SECTION 1: PERSONAL DETAILS

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> | | Forename(s) | |
| Surname: | | Maiden Name(s): | |
| Full Address: | | Date of Birth: | |
| | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| | | Do you hold a Full UK Driving Licence Y <input type="checkbox"/> N <input type="checkbox"/> | |
| Postcode: | | | |
| Telephone: | Home: Minicom <input type="checkbox"/> | | |
| Fax: | | | |
| Mobile: | Text Only <input type="checkbox"/> | | |
| Email: | | | |

NEXT OF KIN

| | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Name: | Relationship: |
| Contact No: DAY | Contact No: NIGHT |
| Minicom <input type="checkbox"/> Text Only <input type="checkbox"/> | Minicom <input type="checkbox"/> Text Only <input type="checkbox"/> |

PROOF OF ID & RIGHT TO WORK IN THE UK

We are required by law to check all prospective workers entitlement to work in the UK; therefore you are required to provide original documentation as proof of your ID and eligibility to work.

Please complete the following

| | | | |
|------------------------------------------------|-------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| Are you eligible to work in the UK | Y <input type="checkbox"/> N <input type="checkbox"/> | Do you have a valid Passport | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Do you have a full UK Birth Certificate | Y <input type="checkbox"/> N <input type="checkbox"/> | Do you require a Visa to work in the UK | Y <input type="checkbox"/> N <input type="checkbox"/> |
| National Insurance No: | | | |

LEAVE THIS SPACE BLANK

SECTION 2: EDUCATION HISTORY

Please note that you will be required to show original certificates as proof of qualification if successful

Kindly put your most recent qualification (s) first in order

| Date | University/ College/ School | Degree/ Diploma/ GCSE's |
|------|-----------------------------|-------------------------|
| | | |

VOCATIONAL / OTHER TRAINING COURSES UNDERTAKEN

Original certificates will be required when successful.

*continue on a separate sheet if necessary

| Date | Course Title | Level Attained |
|------|--------------|----------------|
| | | |

COMMUNICATION SKILLS

Example: Sign Language Qualification: please include Deaf-Blind manual if any and dates for each qualification.

SECTION 3: EMPLOYMENT HISTORY

(If necessary please continue on a separate sheet)
 Kindly put the most recent employer first in order

| Employer Name Address & Contact Number | From / To Month/ Year | Name of Supervisor | Positions Held Duties and Responsibilities |
|-------------------------------------------|--------------------------|-----------------------|-----------------------------------------------|
| | | | |

WORK AVAILABILITY

Which period are you available to work: AM PM

MON TUE WED THUR FRI SAT SUN

How many hours are you prepared to work in a week? -----

ACCESS TO OUR SERVICE AND WORK

Do you have any health issues or disability which may make it difficult to access our service and work? Yes No . If yes, please give details below:

Do you require any reasonable adjustments in order to access our recruitment service and to attend interview? Yes No . If yes, please specify:

SECTION 5: CONTINUED

REHABILITATION OF OFFENDERS ACT 1974

The Rehabilitation of Offenders Act 1974 (c.53) enables certain criminal convictions to be ignored after a rehabilitation period. By virtue of the Exception Order 1975 certain professionals and employment are exempt from the Act so individuals are not allowed to withhold details of any previous convictions which one 'spent' and / or 'unspent'. As part of the recruitment process ALL applicants will be required to undertake an enhanced DISCLOSURE AND BARRING SERVICE (DBS) check. Therefore, all convictions, cautions, reprimands, bindovers and final warnings must be declared.

Do you have any 'spent' and/or 'unspent' criminal convictions YES No
If yes, please give full details below:

I hereby understand that in order to work for LCS, I am required to complete an Enhanced DBS check and details maybe discussed with relevant clients. I do understand that it is my responsibility to pay for the Enhanced DBS check at a cost of £50.

If you already have a valid DBS certificate, this is acceptable, and it should be registered to the checkable Update Service.

New Enhanced DBS Applicant – Complete the attached DBS form ONLY

Update Service Applicant - Complete the attached Update Service Consent Form ONLY

SECTION 6: PAYMENT DETAILS

The following information is required to ensure that your wages are paid correctly. Are you engaged as follows:

PAYE Umbrella Company Self Employed Ltd Company

Name of Bank or Building Society:

| | |
|-------------------------------------------------------------------------------------|--------------------------------|
| Account Number: | Sort Code: |
| Account Name: | Reference/ Roll Number: |
| Self Employed: Please provide Unique Tax Reference (UTR) number: | |
| Ltd Company: Please provide Certificate of Incorporation and VAT Certificate | |

SECTION 7: HEALTH DECLARATION

Please provide the latest dates of Vaccinations/ Immunisations
 Complete this section ONLY if it is applicable to your role

| | Yes | No | Date | | |
|----------------------------------------------|--------------------------------|-------------------------------------------|-----------------------|------------|--|
| Measles | | | | | |
| Mumps | | | | | |
| Rubella (German Measles) | | | | | |
| Tetanus | | | | | |
| Tuberculosis | | | | | |
| Chicken Pox- have you had the disease | | | | | |
| Typhoid | | | | | |
| Cholera | | | | | |
| Diphtheria | | | | | |
| Yellow Fever | | | | | |
| Hepatitis B | Date of last injection | Booster 1st | 2nd | 3rd | |
| | Date of last blood test | Result (titre value) IUL | | | |

NB: Proof of Vaccination/ Immunisation will be required at Interview

SECTION 8: CONFIDENTIALITY

Completing and signing this application form implies your acceptance to adhere to LCS 's confidentiality and data protection policy.

By virtue of the nature of your engagement with our Clients you may be privy to certain information which may be of the greatest importance to us and our Clients.

Under no circumstance are you allowed to divulge such information to any third party or colleague without the said authority of Clients and LCS.

SECTION 9: EQUAL OPPORTUNITY STATEMENT

LCS is governed and adheres to the Equality Act 2010. As an Equal Opportunities employer we are committed to ensure all employees, job seekers and applicants have a fairer opportunity to go through our stringent recruitment process.

We are committed not to hold any of the following against any individual. Discrimination based on Age, Disability, Gender, Race, Religion and Beliefs, Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Sex and Sexual Orientation.

To enable us to monitor the effectiveness of our policy, we would be grateful if would complete the monitoring section below.

ALL INFORMATION PROVIDED ARE KEPT CONFIDENTIAL AND ARE FOR STATISTICAL GATHERING ONLY

EQUAL OPPORTUNITY MONITORING FORM (Please tick as appropriate)

| GENDER | | ETHNIC ORIGIN | | RELIGION/ BELIEF | |
|-------------------------------------------------|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> African | <input type="checkbox"/> White UK | <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| SEXUAL ORIENTATION | | <input type="checkbox"/> Asian | Other (please specify) | <input type="checkbox"/> Buddhism | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Person of Opposite Sex | | <input type="checkbox"/> Black UK | <input type="checkbox"/> Declined | <input type="checkbox"/> Christianity | <input type="checkbox"/> Sikhism |

| | | | | |
|-------------------------------------------------------|---------------------------------------------------|-----------------------------------|------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Person of Same Sex | <input type="checkbox"/> Caribbean | | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Same and Opposite Sex | <input type="checkbox"/> Mixed Race UK | | <input type="checkbox"/> Islam | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Non-Above | DISABILITY | | <input type="checkbox"/> Jainism | |
| | <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Declined | State the nature of Disability | | | |

SECTION 10: DECLARATION

I confirm that the information I have given on this form is true and correct to the best of my knowledge. I understand that from time-to-time LCSL may require me to update this information.

I understand that all my details from the application will be stored on a computer or in a paper file marked Private and Confidential. If unsuccessfully my application will be destroyed after six (6) months.

I will inform LCSL immediately of any changes to the information provided on this form that may affect my right to work, health, awaiting prosecutions or convictions, whilst I am still employed with LCSL.

I authorise LCSL to request for work references on my behalf.

I authorise LCSL to pay any wages due into the bank or building society account detailed in this application.

I authorise LCSL to forward my CV/Profile to any prospective Clients that they deem suitable for relevant / applied positions similar to those I am looking for.

I consent to LCSL processing the information given on this form, including any sensitive information as may be necessary during the recruitment and selection process.

I consent to LCSL releasing information to a third party solely for security reasons as and when required.

I fully understand that providing false information is an offence which could result in my application being rejected or my appointment being terminated, and this amount to a criminal offence.

Applicants Signature:

Date:

APPLICANT INTERVIEW CHECKLIST

When attending an interview please ensure you bring along the following original documents which are applicable.

| | |
|----------------------------------------------------------------------------|--|
| | |
| Valid Passport with Visa (if applicable) or | |
| UK Full Birth Certificate | |
| National Insurance (NI) Number | |
| 2- Passport Size Photographs (within the last six (6) months) | |
| 2- Proof of address (mobile phone/ internet statements are not acceptable) | |
| All Educational Certificates | |
| All Currently Valid Training Certificates | |
| Statement of Entry (Qualified Nurse) and PIN Card (where applicable) | |
| P45, P60 or HMRC Letter with Tax Code | |
| DBS Check Required Information- Address History for last 5 years | |
| Indemnity Insurance Certificate | |
| Professional Association / Body Letter or Certificate | |
| Unique Tax Reference (UTR) Number (Self Employed Only) | |

| | |
|------------------------------------------------------------|--|
| Certificate of Incorporation (Limited Company Only) | |
| VAT Certificate (Limited Company Only) | |
| Bank / Building Society Details | |