

## Real Care 24 Limited - Application Form

Real Care 24 Limited is an equal opportunity employer. All applicants are considered for employment based upon their skills and abilities without regard to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or other legally protected status.

Please complete all sections of this application as accurately and thoroughly as possible before submitting the application (Please be advised, if you begin the onboarding process with Real Care 24 and withdraw at any time, we will be liable to charge for any onboarding costs inc. DBS Certificates. We will also be liable to charge should you not work more than 100 hours before leaving Real Care 24)

All information provided on this form will be kept private and confidential.

<p><b>Please state which position you are applying for including any vacancy reference number:</b></p>	
<p><b>Where did you see this vacancy advertised?</b></p>	

### Personal details

<p><b>Surname:</b></p>		<p><b>First Name:</b></p>	
<p><b>Home Address:</b></p>		<p><b>Title: (Mr/Mrs/Ms/ Miss/Mx/ Other)</b></p>	
<p><b>Post code:</b></p>		<p><b>National Insurance Number:</b></p>	
<p><b>Daytime Telephone Number:</b></p>		<p><b>Mobile Telephone Number:</b></p>	

<p><b>Are there any restrictions on your continued residence or employment in the UK? (If yes, please give details)</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<b>What period of notice are you required to give your present employer?</b>	
<b>Do you have a current driving licence?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have your own vehicle?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you consider yourself to have a disability under the Disability Discrimination Act?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Would you require any particular arrangements to attend an interview? (If yes, please give details)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>How many hours a week are you able to work?</b>	
<b>Do you have any friends or relatives that work for the Company? (If yes, please give details)</b>	

**Employment details (please use additional sheets if required)**

<b>Employer (full business name and address)</b>	<b>Date from and to</b>	<b>Job title &amp; brief description of duties</b>	<b>Current/last salary and reason for leaving</b>
1.			
2.			
3.			

If you would like to tell us a bit more about yourself to support this application, please use additional sheets. This information could include details of any other skills, relevant experience gained through previous employment, similar activities (especially about any retail work), voluntary work, work experience, leisure activities or your home life, including any other training you feel is relevant for this position. You can also attach a full CV if you wish.

### Education

Name and address of School, College, University	From – to	Qualification or details of course attended	Result/grade achieved

### Training and professional qualifications

Course and training provider: (i.e. in-house, external body, professional association or institute)	
Brief details:	

### Personal Statement

Why do you consider you are a suitable candidate for this position and what motivated you to apply? (continue on a separate sheet if necessary)	
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### Achievements

Please include any further information including details of your main achievements to	
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<b>date that help to demonstrate your skills and suitability for this application:</b>	
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**References: Current/last employment**

<b>Name:</b>		<b>Jot title:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Email:</b>	
<b>Position held by you:</b>		<b>Dates of position held by you:</b>	

**References: Previous employment**

<b>Name:</b>		<b>Jot title:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Email:</b>	
<b>Position held by you:</b>		<b>Dates of position held by you:</b>	

<b>Are you subject to any post-termination restrictions with any former employers? (If yes, please give details)</b>	
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I confirm that to the best of my knowledge and belief the information I have given in support of my application is correct and understand that any misleading statement or deliberate omission may result in my dismissal and a claim for damages if I am appointed.

I hereby consent to the processing of sensitive personal data (in accordance with UK GDPR) involved in the consideration of this application.

I understand that all personal details will be held in strict confidence and will not be divulged to any other individuals or organisation for any other purpose.

<b>Signature:</b>	
<b>Date:</b>	

**2. ADDRESS LIST- Start with CURRENT ADDRESS**

(Must cover 5 years period including any abroad address- for CRB application)

Address including postcode	Month & Year from MM/YY	Month & Year to MM/YY

## Equal opportunities monitoring

The following pages will be detached from your application prior to it being considered for shortlisting.

We aim to be an equal opportunities employer, and our policy is that job applicants and employees receive equal treatment regardless of sex, race, disability, sexual orientation, religion or belief, age, marital status or civil partnership, pregnancy/maternity or gender reassignment, where any of these cannot be shown to be a requirement of the job concerned. Recruitment, selection and promotion procedures will be monitored to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

To assist us in monitoring the operation of our equal opportunity policy, and for no other reason, please answer the following questions.

(Tick boxes where appropriate)

<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other
<b>Age:</b>	<input type="checkbox"/> 16-18 years <input type="checkbox"/> 19-21 years <input type="checkbox"/> 22-34 years <input type="checkbox"/> 35-44 years <input type="checkbox"/> 45-54 years <input type="checkbox"/> 55-64 years <input type="checkbox"/> 65 years & over <input type="checkbox"/> Prefer not to say
<b>Marital status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Partnership <input type="checkbox"/> Co-habiting <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
<b>Disability:</b>	Do you consider that you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, please give brief details of the disability and any adjustments which would need to be made to enable you to carry out the duties listed for this post (continue on a separate sheet if necessary):
<b>Race:</b>	<b>White:</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (please specify)  <b>Mixed race:</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background (please specify)  <b>Asian or Asian British:</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify)  <b>Black or Black British:</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background (please specify)  <b>Chinese or other ethnic:</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other (please specify)  <b>Prefer not to say</b> <input type="checkbox"/>
<b>Sexual orientation:</b>	<input type="checkbox"/> Lesbian/gay <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say
<b>Religion:</b>	<input type="checkbox"/> Christian (including Church of England/Scotland/Ireland, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> any other religion (please state) <input type="checkbox"/> Prefer not to say

**CONSENT TO CONTACT REFERENCES**

**For potential employee and volunteers**

Dear Sir/Madam

My name is:.....

I hereby authorise Real Care 24 Ltd to contact my references to investigate my past employment and professional activities.

I understand and acknowledge that any offer of employment is conditional upon Real Care 24 Ltd being completely satisfied with the information provided as a result of this reference check.

Sign: .....

Date: .....

**CONSENT TO DBS APPLICATION**

**For potential employee and volunteers**

Dear Sir/Madam

My name is:.....

I hereby authorise Real Care 24 Ltd to apply for my DBS on my behalf.

I understand and acknowledge that Real Care 24 Ltd will be able to check the progression of the DBS application and also may receive a result of my DBS check prior to me receiving my certificate.

I understand and agree that if a DBS is completed by Real Care 24 Ltd on my behalf and I fail to commence my employment with Real Care 24 Ltd, I will have to pay the full amount of the cost of the DBS and agree to do so.

Sign: .....

<b>Signature:</b>	
<b>Date:</b>	

Thank you for applying.

When you have completed the form, please return to the following email address:

[recruitment@realcare24.co.uk](mailto:recruitment@realcare24.co.uk)