

JOB APPLICATION FORM

GUIDANCE NOTES FOR APPLICANTS

Our application form plays a vital role in our recruitment process, along with the job description and personal specification, the following advice should allow you to complete the application form as effectively as possible.

Please use the Job Description and Person Specification to fully decide if this role is the right role for you. Ask yourself why you are interested in working specifically for Dementia Matters and how this would help your career. Explain in full your skills, knowledge, qualifications and experience and how this is relevant.

Please consider any relevant experience you have from outside the workplace i.e. voluntary/care for family.

We do require a fully employment history from all applicants including a brief explanation for any gaps in employment. Please double check all your employment dates are correct.

Please use the personal statement section to let us know why you want the job and how you align yourself with our values.

Ensure you sign the application form and return to the HR Department. We wish you the best of luck in your application process!

THE INFORMATION YOU PROVIDE WILL BE TREATED IN THE UPMOST CONFIDENCE

SECTION 1 - PERSONAL DETAILS

First Name:		Last Name:	
Address:			
Postcode:			
Mobile:		Home:	
Email:			
NI Number:			
Can we contact you at work?	Yes	No	
Are you free to remain and take up employment in the UK with no current immigration restrictions? Under the Asylum and Immigration Act 1996 you will need to provide documentary evidence of your National Insurance Number and Work Permit.	Yes	No	
Driving License – if relevant to post applied for. Do you hold a full, clean driving license valid in the UK?	Yes	No	
Do you have a car which would be available for work?	Yes	No	

Previous Surname(s) and Forename(s):

You must declare all of them below and state the date of each change and the reason.

Languages Spoken:

Please list any other languages spoken and your level of written and oral competency in them.

SECTION 2 – CURRENT EMPLOYMENT

Please give details of your current employer. If you are now unemployed please give details of last employer in the next section.

Name of Employer:			
Address:			
Postcode:			
Post Held:		Date of Appointment:	

Brief Description of Duties:

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SECTION 3 – PREVIOUS EMPLOYMENT

Please give details of your previous employers. If you have no space left, please continue on a separate sheet.

Name of Employer:			
Address:			
Postcode:			
Start Date:		End Date:	
Position Held:			

Reason for Leaving:

Name of Employer:

Address:

Postcode:

Start Date:

End Date:

Position Held:

Reason for Leaving:

Name of Employer:

Address:

Postcode:

Start Date:

End Date:

Position Held:

Reason for Leaving:

Please give reasons for any gaps in employment:

Dementia Matters expect to be primary employer, do you have any businesses or other interests that may conflict with duties, including other employment?

If yes, please give details below. NB Dementia Matters will not employ people who regularly work over 48 hours per week in total.

Have you ever been employed or applied for a job with Dementia Matters before?

If yes, please give details below.

SECTION 4 – EDUCATION AND QUALIFICATIONS

School, College or University	Course or Subject	Qualifications and Grades Obtained	Date Obtained

Professional, Technical or Management Qualifications

Please give details of qualifications and dates achieved:

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Membership of any Professional/Technical Associations. Please state level of Membership:

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SECTION 5 – TRAINING AND DEVELOPMENT

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Course	Duration and Date of Course

SECTION 6 – PERSONAL STATEMENT

Please list below your reasons for applying for this post and why you think you are suitable to work for Dementia Matters. Please list any personal experience you have in caring for people with dementia or any other degenerative neurological disorders. Include details of any of your interests and/or leisure activities that could be beneficial to your work. Please also explain how you align yourself with our values of **Passion, Honesty, Respect, Empowerment and Excellence.**

SECTION 7 – DISABILITY DISCRIMINATION ACT

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?	Yes	No
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If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people

Do we need to make any specific arrangements in order for you to attend the interview? If yes, please give details:

SECTION 8 – HEALTH

Do you suffer any medical illness, mental condition or allergy that may affect your ability to perform your duties? If yes, please give details:

Please note: all applicants will be asked to complete a medical questionnaire upon commencement of employment.

Have you had both vaccinations against Covid-19? Yes No

Please note: it is now a legal requirement that those working in care be double vaccinated against Covid-19

SECTION 9 – REFERENCES

Please give the name(s) and address(es) of your employer(s) over the last three years. If you are unable to do this, please clearly outline in what professional capacity you know your referees. Please note: email addresses are preferred if available.

REFERENCE 1

Name:	
Address:	
Postcode:	
Position Held:	
Relationship:	
Telephone:	
Email:	

Are you willing for this referee to be approached prior to the interview? **Y** **N**

REFERENCE 2

Name:	
Address:	
Postcode:	
Position Held:	
Relationship:	
Telephone:	
Email:	

Are you willing for this referee to be approached prior to the interview? **Y** **N**

Please continue on a separate sheet if necessary to cover three years employment history.

SECTION 10 – DECLARATION

Declaration Statement to be Signed by the Applicant

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record, POVA, List 99, Enhanced DBS check and Independent Safeguarding Authority being disclosed to the Company.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, on-going personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

I consent to Dementia Matters using the details on this form to contact my referees either before or after interview as indicated.

Signature:

Date:

SECTION 11 – DATA PROTECTION NOTICE

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and safety regulations. The information is also required to establish duties, in accordance with the Disability Discrimination Act 1998.

I confirm the information given in this application form is complete and accurate to the best of my knowledge. I consent to the Company collecting and retaining this data in accordance with the data protection act 1998.

Signature:

Date:

RETURNING THIS FORM

By Hand or Post:

Private and Confidential
HR Department
Dementia Matters
The Bradbury Centre, Darrell Street
Brunswick Village
NE13 7DS

By Email:

recruitment@dementiamatters.net

Enquiries:

Telephone: 0191 217 1323
Fax: 0191 236 5778

SECTION 12 – CRIMINAL RECORDS AND ENQUIRIES

Due to the nature of the duties the post holder in a care environment is expected to undertake, you are requested to disclose details of every criminal record you may have. Have you ever been convicted or bound over by the courts or cautioned, reprimanded or given a warning by the police? (Please note that care positions are exempt from the /rehabilitation of Offenders Act 1974, which means that convictions, cautions and warnings must be disclosed). Please indicate response to the right.

Yes

No

If yes, please give details for each incident, date of conviction, sentence and penalty incurred:

Date:	Nature of Offence:	Penalties Incurred:

Are you aware of any police enquiries undertaken following allegations made against you, or any enquiries by Social Services or other Statutory Bodies which may have a bearing on your suitability for a post in the care sector?

Yes

No

If yes, please give details for each incident, date of enquiry, sentence and penalty incurred:

Date:	Nature of Enquiries:

SECTION 13 – RECRUITMENT MONITORING FORM

Please note, this sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the HR purely for monitoring purposes.

What is your Ethnic Group?

Choose ONE section from A to E, then put a tick or cross next to the appropriate answer to indicate your cultural background.

A. White		B. Black or Black British	
White UK		Black Caribbean	
Irish		Black African	
White Non-UK		Other Black Background	
Other White Background		C. Chinese or Other Ethnic Group	
D. Mixed		Chinese	
White & Black Caribbean		Vietnamese	
White & Black African		Other Ethnic Background:	
White & Asian		E. Asian or Asian British	
Other Mixed Background		Indian	
		Pakistani	
F. I do not wish to provide this information		Bangladeshi	
		Other Asian Background	

Gender:

Male:		Female:	
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Disability:

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes	No
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If yes, please give details:

Age Group:

16-25		26-35		36-45	
45-55		56-65		65+	

Media:

Please state where you saw this post advertised. If referred by a friend, please provide their full name.

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