

SCA Job Application Form

Please complete all sections on the form. 1. Vacancy Details – Registered Nurse/Care Assistant/Support Worker Position Applying: 2. Personal Details Last name: Title:e.g. (Mr/Mrs/Ms): First name(s): Former name(s): Date of Birth: / / Address: Postcode: Telephone number: home Work: Mobile No: Email: Do you have the Right to Work in the UK? Yes No

Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act.

3. Education/Qualifications (including overseas) Please start with secondary education.

To Month & Year		From Month & Year		Secondary School/ College/University etc	Examinations taken or to be taken	Results & Grades	Date gained



Attach photograph

4. Training Please list any course(s) which you have undertaken which are relevant to the job and/or specified on the person specification.

Year	Organising body	Course title	Length

Please continue on a separate sheet if necessary.

5. Membership / Professional qualification (if applicable)

Please state any relevant professional qualification or membership of any organisation(s) relevant to this job.

Name of organisation	Type of membership	Date of membership



6. Past Employment & Experience (if any) include voluntary or other relevant experience.

To Month & Year		From Month & Year		Employer	Job Title	Reason for Leaving

7. Further information

Please give details of any other information you consider will help your application. (Continue on a separate sheet if necessary

8. Convictions

Do you have any convictions?	Yes 🗌	No 🗌
If yes, please state below.		

Rehabilitation of Offenders Act 1974: State any convictions/offences/cautions/reprimands, whether spent or unspent. This is information which are not entitled to withhold, under the Rehabilitation of offenders Act 1974 (Exceptions) Order 1975, in view of the nature of the work for which you are applying:

(This information will be disclosed by the Disclosure and Barring Service (DBS) check which will be required if successful. Please note a criminal record will not necessary be a bar to employment)



9. DBS Statement

If your application is successful, you will be required to provide a satisfactory Disclosure and Barring Service check. **SteadyCare Agency Ltd**., will offer full support throughout this process.

10. References

Please give details of two referees one of which must be your current or most recent employer, or other person designated within the organisation to provide references.

Reference 1:

Name:				
Address:				
	Postcode:			
Tel no:	Email:			
Job title:	Relationship to you:			
If this referee knows you by another name, please give the	nat name:			
Reference 2:				
Name:				
Address:				
	Postcode:			
Tel no:	Email:			
Job title:	Relationship to you:			
If this referee knows you by another name, please give that name:				

11. Declaration

I hereby certify that I am medically and physically fit to work within a care/residential home setting. I confirm the information on this form is correct and I understand that employment will be considered subject to the above particulars being correct.

Signed: _____

Print name: _____ Date: __/__/___

13. Equal opportunities

SteadyCare Agency Ltd., is committed to equal opportunities in employment and we select solely on merit, we welcome your application irrespective of your gender, race, disability, colour, ethnic or national origin, nationality, sexuality, gender identity, and marital status, responsibility for dependants, religion, trade union activity and age.

Please let us know how you heard about this job, by ticking one of these boxes:

Referred by a friend:	Internet:	Our Website/Office:	
Others: Please Specify			

