

Complete Care Limited

APPLICATION FORM

CONFIDENTIAL

Please also attach a current Curriculum Vitae with your application

POST APPLIED FOR:

1. PERSONAL DETAILS

SURNAME: PREVIOUS SURNAME:
FIRST NAME: OTHER NAMES:
CONTACT ADDRESS: TITLE: D.O.B.
..... CONTACT TEL. NO. HOME
..... WORK
POST CODE: MOBILE
EMAIL:

2. PRESENT JOB

Are you working at the present time? Yes No

If yes, please describe in a few words your role in your present employment:

.....
.....

Explain in a few words why you would like to work for Complete Care?

.....
.....

Describe in a few words what qualities you think you could bring to Complete Care?

.....
.....

3. PREVIOUS EMPLOYMENT HISTORY

ORGANISATION	POSITION HELD	FROM	TO	REASON FOR LEAVING

You can continue on the reverse side of this form

4. QUALIFICATIONS

DATE	PROVIDER	QUALIFICATION

You can continue on the reverse side of this form

5. TRAINING

DATE	TRAINING AGENCY	DETAILS OF COURSE ATTENDED

You can continue on the reverse side of this form

6. HEALTH STATUS

Do you, or have you ever had a back injury which may affect your ability to do the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving any medical treatment at present or taking any medication? <i>If the answer to either question is YES please supply details on the reverse side of this form</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any health problems that may affect your ability to do the job? <i>If the answer to this question is YES please supply details on the reverse side of this form</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything else not mentioned above that may prevent you from being considered for or being able to do the job? <i>If the answer to this question is YES please supply details on the reverse side of this form</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state details of sickness absence from work or education during the past two years		
Number of absences	Number of days (total)	

7. MISCELLANEOUS

Do you hold a current UK / Isle of Man valid Driving License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How much notice does your present employer require? Weeks/Months		

8. REFERENCES

Please provide the name and address of two persons from whom references maybe obtained. One referee must be your present or most recent employer, or a course tutor if leaving full time education. References may be taken up prior to interview if you are short listed, unless you indicate otherwise in the space below.

REFERENCE 1	May we approach this referee prior to interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Job Title:		
Address:	Tel. No:		
.....			
.....			

REFERENCE 2	May we approach this referee prior to interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Job Title:		
Address:	Tel. No:		
.....			
.....			

9. WORK PERMIT INFORMATION

Please refer to the enclosed notes attached before completing this section)

Are you an Isle of Man worker as defined in the Control of Employment Acts? Yes No
If YES under which section of the guidance notes do you qualify?
If living in the Isle of Man, when did you take up residence? Month Year
If married, does your partner hold a current work permit? Yes No

10. CRIMINAL OFFENCES

Please refer to the enclosed guidance notes before completing this section

Do you hold a criminal conviction or caution that may **not be considered spent** in accordance with the Isle of Man’s Rehabilitation of Offenders Act 2001? Yes No
Are you currently the subject of any criminal proceedings or cautions? Yes No
If the answer to either question is YES please supply details on a separate sheet
Have you ever been convicted of a criminal offence? Yes No
If the answer is YES please supply details on a separate sheet.

11. DECLARATION

I declare that to the best of my knowledge the information contained in this form and on my CV is true and accurate. I understand that if any details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already registered with Complete Care, my appointment terminated. I understand that personal details about me will be held on computer for agency purposes, subject to the requirements of the Data Protection Act 2002. I hereby give permission for a Police Check to be carried out if I am offered an appointment or if considered appropriate.

SIGNATURE: **DATE:**

PLEASE RETURN THIS FORM TO:

Mr Steve Parry
COMPLETE CARE LIMITED
21b Village Walk
Onchan
Isle of Man
IM3 4EB

Telephone: 07624 308459 or 01624 674119

**Complete Care Limited
Notes for Applicants**

WORK PERMITS

Under the provisions of the Control of Employment Acts and the Regulations made thereunder, any person who is not an Isle of Man Worker requires a work permit issued by the Department of Trade and Industry before taking up employment or self employment in the Isle of Man, except in the case of a few exempted employments.

An **Isle of Man Worker** is a person:-

- (a) Who was born in the Island: or
- (b) Who has been ordinarily resident in the Island for a period of not less than 10 consecutive years at any time: or
- (c) Who has been ordinarily resident in the Island for any continuous period of 5 years commencing on or after the 1st June 1963 unless within 5 years of so qualifying he/she ceases to be ordinarily resident in the Island and fails to resume such residence but within the following 5 years he again ceases to be ordinarily resident in the Island he/she shall thereupon cease to be qualified as an Isle of Man Worker: or
- (d) Who is married to a person who is qualified as an Isle of Man Worker: or
- (e) Who, having been ordinarily resident in the Island for a period of not less than 3 years immediately prior to termination of the marriage or who continues to be so resident in the Island, was formerly married to an Isle of Man Worker: or
- (f) Who is the child of a person who is qualified as an Isle of Man Worker: AND at the time of the former's birth, was serving or was married to a person who was serving in the Armed Forces of the Crown or in any of the capacities mentioned in Schedule 1 of the Disabled Persons Employment Act 1946 and was either born in the Island or such service immediately followed a period of residence in the Island of not less than 3 years: or
- (g) One of whose parents:
 - (i) was born in the Island: and
 - (ii) was ordinarily resident in the Island for the consecutive years immediately following his/her birth in the Island: or
- (h) Who has, during a period in which he/she was ordinarily resident in the Island been receiving full time education, whether in the Island or elsewhere, but that person shall cease to be qualified as an Isle of Man Worker under this paragraph if he ceases to be ordinarily resident in the Island.

NOTE:

The above summary should not be regarded as an authoritative statement of the law and clarification on any point should be obtained from the Employment Division of the Department of Trade and Industry, Nivision House, Hill Street, Douglas. Tel: 01624 687026

Complete Care Limited
Notes for Applicants - CRIMINAL CONVICTIONS – REHABILITATION OF OFFENDERS

The Rehabilitation of Offenders Act 2001, which came into force on 21st June 2001, allows certain convicted persons who have not been re-convicted after certain lengths of time, to consider their convictions 'spent'.

The Act enables applicants for posts (which are not exempt by virtue of the Rehabilitation of Offenders Act 2001 (exceptions) Order 2001), to refrain from disclosing details of convictions unless:

- It involved a custodial sentence for a term exceeding 30 months or for 'LIFE', or
- It was a sentence of detention during Her Majesty's Pleasure, in relation to certain young offenders

Candidates for posts in the following areas of Public Service are not, by virtue of The Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001, entitled to withhold details of spent convictions:

- As a Nurse, Midwife or registered person in the Professions Supplementary to Medicine.
- Any employment concerned with the provision of Health Services which enables such postholders to have access to patients

Otherwise, candidates may consider as spent, after the following periods of time, the following convictions:

<i>Nature of Conviction</i>	<i>Rehabilitation Period</i>
A sentence of custody for a term not exceeding 6 months	7 years
A sentence of custody for a term exceeding 6 months but not exceeding 12 months	8 years
A sentence of custody for a term exceeding 12 months but not exceeding 18 months	9 years
A sentence of custody for a term exceeding 18 months but not exceeding 30 months	10 years
A fine or any other sentence subject to rehabilitation under the Act, not being a sentence to which any of paragraphs 8 to 13 apply <i>Paragraph 8 to 13 include:</i>	5 years
A Conditional Discharge, or A Probation Order, Curfew Order, Attendance Centre Order or Reparation Order or A Bindover by a Court An Absolute Discharge	1 year from: (a) the date of conviction, or (b) a period beginning with that date and ending when the sentence ceases or ceased to have effect (whichever is the longer)
Where the conviction imposed any disqualification, disability, prohibition or other time limited penalty.	6 months From the date of the conviction to the date it ceases to have effect

NOTE: The above summary should not be regarded as an authoritative statement of the:

- Rehabilitation of Offenders Act 2001
- Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001

Complete Care Limited

EQUAL OPPORTUNITIES

Complete Care is an Equal Opportunities Care Agency, committed to ensuring the talents and resources of all our care workers are used and developed to their full potential. The Organisation are committed to adopting, implementing and monitoring a policy of Equal Opportunities for all care workers to ensure a total absence of discrimination in the work place and that equal opportunities do genuinely exist.

Complete Care believes implementation of this policy is the responsibility of the management. It is the objective of this policy that there shall be no discrimination, overt, or covert, towards care workers for any reason of race or ethnic origin, creed, colour, religion, political affiliation, disability, marital status, parenthood, sexual gender or sexual orientation.

In this respect, care workers with physical disabilities will only be prohibited from positions where the job duties involve activities which would make it impossible or inherently hazardous to perform.

Complete Care for care worker recruitment and selection, to eliminate possibilities of discrimination or prejudice prior to interview, job application forms do not include questions concerning race or ethnic origin, creed, colour, religion, political affiliation, parenthood or sexual orientation. Thereafter care worker selection criteria will proceed purely according to the merits and abilities of the candidate to perform the tasks and duties listed in the relevant Job Description. Care Worker recruitment and selection procedures are regularly reviewed to ensure that the elements of this policy are maintained.
(See Equal Opportunities Monitoring Form).

Complete Care provides facilities for any care worker who believes that he or she has been treated unfairly within the scope of this policy to address the matter through a documented and established grievance procedure.

Complete Care Limited

EQUAL OPPORTUNITIES MONITORING FORM

Subject to the Control of Employment legislation, Complete Care Limited want to ensure that no job applicant or care worker receives less favourable treatment because of their race, colour, nationality or national origin; or on the grounds of their gender, marital status, disability, age, sexual orientation or religion; or is disadvantaged by conditions or requirements which are not justified. In order to assist us in monitoring the effectiveness of our policy, could you please provide the information requested below. This form will be separated from your application upon receipt and will not be used at any stage of the selection process.

Please complete the following:

Post Applied for:
Date:

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: 18 – 30 years <input type="checkbox"/>
	30 – 50 years <input type="checkbox"/>
	50 – 65 years <input type="checkbox"/>
	60 + years <input type="checkbox"/>

Status: Single <input type="checkbox"/>	Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Married <input type="checkbox"/>	Do you consider yourself to be disabled?
Widowed <input type="checkbox"/>	
Separated <input type="checkbox"/>	Work Permit required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Divorced <input type="checkbox"/>	Does the applicant require an Isle of Man Work Permit?

Nationality:

Ethnic Origin:	White <input type="checkbox"/>
	Asian <input type="checkbox"/>
	Black – Caribbean <input type="checkbox"/>
	Black – African <input type="checkbox"/>
	Black – Other <input type="checkbox"/>
	Indian <input type="checkbox"/>
	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>
	Chinese <input type="checkbox"/>
	Other (please specify)

Thank you for completing this form