

Employment Application Form



New
Horizons
Care

Position/Reference

How did you hear about this vacancy?

Your Contact Details:

Title: (Mr./Mrs./Ms/etc.)

Forenames

Surname

Address

Post Code:

Home Telephone

Mobile

E-mail address

NI No.

Personal Information:

Are you a driver?

Do you have access to a car?

Referees:

Please supply the name of two referees (referee 1 **must** be your current/last employer)

Referee 1

Contact Name &
Company

Address

Post Code:

Contact Number & Email

Notice period required

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Referee 2

Contact Name &
Company

Address

Post Code:

Contact Number & Email

May we contact your referees following your interview?

Yes / No

Please provide details of your employment history starting with your most recent employer. Continue on a separate sheet if necessary. Please explain any gaps in your work history:

Position Held	Name and address of employer	Dates of employment		Reason for leaving
		From	To	

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Please provide details of any qualifications or courses you have attended. Continue on a separate sheet if necessary:

Date	Qualification/Course Attended	Place of Training

Please tell us below why you have applied to New Horizons Care and how you think your personal qualities, experience, skills, and interests are relevant to working with and supporting people with brain injuries:

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Please provide below details on any interests or hobbies you have:

We recruit specifically for our clients and a rota is based on their individual needs. This may consist of working part of a 24/7 rota covering nights, days, weekends & bank holidays which may include Christmas Day, Boxing Day and New Years Day. Please be aware that working in the care industry is a huge commitment as vulnerable people rely on your support to assist with their daily lives and this requires a high level of flexibility and reliability.

Please provide below details of the number of hours you are able to commit to:-

- Full Time (37.5 hours or more) **Y/N**
- Part Time **Y/N** If part time, please confirm how many hours you are seeking per week _____

For how long do you anticipate being able to offer these times? _____
(e.g. until September 2008)

Under the **Asylum and Immigration Act 1996** all applicants are asked to produce proof of identity (Passport, Work Permit, Birth Certificate, etc) and your right to work in the UK.

Disclaimer: These details may be passed on to immigration and the Home Office to check your eligibility to work in the UK.

Do you need a work permit to work in the UK? **Y/N**

Are you a friend or relative to any current or past employees of New Horizons Care? **Y/N**

If 'YES' please provide employee name _____

Do you know any Client associated with New Horizons Care? **Y/N**

If 'YES' please prove client name/s _____

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Declaration of Convictions

New Horizons Care Limited is exempt from the Rehabilitation of Offenders Act 1974. All convictions, whether spent or unspent, must be declared to us. Successful applicants' information will be subject to enhanced disclosure through the Disclosure & Barring Service. Please provide below details of any convictions or cautions. Failure to declare a conviction or caution may result in your employment being terminated without notice.

Have you ever been convicted of a criminal offence, received a formal caution, been bound over, or received a conditional discharge? **Y/N**

Are you registered on the Protection of Vulnerable Adults (POVA) list? **Y/N**

If you have answered yes to any of the above, please provide details below: -

Declaration

I hereby declare that all of the information provided by me to New Horizons Care Limited is true to the best of my knowledge and belief.

Signed:

Date:

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Equal Opportunities Information

New Horizons Care is an equal opportunities employer. We are committed to equality of opportunity in respect of employment and recruitment policies. We aim to ensure that no employee/applicant is discriminated on the basis of gender, disability, ethnic or national origin, age, sexual orientation, religion or belief. In order for us to monitor our equality policy, please assist us by providing the following information:-

Date of birth

Gender

Male	Female	Trans-gender
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Race/Ethnic Origin

A) White	<input type="checkbox"/>	British	D) Black or Black British	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Irish		<input type="checkbox"/>	African
	<input type="checkbox"/>	Any other white background		<input type="checkbox"/>	Any other black background
B) Mixed	<input type="checkbox"/>	White & Black Caribbean	E) Other Ethnic Groups	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	White & Black African		<input type="checkbox"/>	Any other ethnic group
	<input type="checkbox"/>	White & Asian		<input type="checkbox"/>	
	<input type="checkbox"/>	Any other mixed background	F) Not Stated	<input type="checkbox"/>	Not stated
C) Asian or Asian British	<input type="checkbox"/>	Indian			
	<input type="checkbox"/>	Pakistani			
	<input type="checkbox"/>	Bangladeshi			
	<input type="checkbox"/>	Any other Asian background			

Disability

Any physical or mental impairment which may have a substantial and long term adverse effect on a person's ability to carry out normal day to day activities is deemed a disability. In these terms, do you think you have a disability? **Y/N**

This form is separated from your application form and is not used in the interview process or short listings.

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Please send completed form and 2 passport photographs to:

**The HR Manager
New Horizons Care Limited
5 The Point
Rockingham Road
Market Harborough
LE16 7QU**

Telephone: 01536 762332

Company Registration Number: 5891570

If you have not had a response within four weeks, your application will be held on file for future reference