

APPLICATION FORM

Whether you are an experienced care professional, embarking on your first career or considering a career change, why not consider a career with Compass Community Care Ltd?

The service was started in 1996, when we supported just one client. Since then, the range of help we offer has increased significantly, and we have quickly become one of the most trusted and respected providers of domiciliary support and supported living services within Caerphilly, Wrexham and Powys areas.

At Compass, we are dedicated to providing exceptional high-quality support to people with a learning disability. Since starting out in 1996, we have broken down many of the barriers that exist within the care sector and have taken the meaning of providing care to a new level.

If we are going to continue to break down these barriers and improve the life of the clients we support, we must continue to find the best people.

At Compass we are strong advocates that a previous knowledge of the care sector is not essential. What *is* essential are individuals who are enthusiastic, motivated, flexible and, most importantly, want to help people to develop and grow. For all other areas of the job, we have designed a training and development plan that looks at all our staff's skills, knowledge and competencies.

This course starts when you first join and continues throughout your employment. In addition, we support all our staff to achieve their QCF award.

When you join Compass Community Care Ltd, you will be working in a constantly evolving environment, learning new skills in a culture where your ideas will always be welcomed in an atmosphere of collaboration and teamwork.

When you join the team, you will be supporting clients with their personal care, their medication and health-related issues, supporting clients with their housework, shopping, cooking and any other activity that maintains their independent living skills in their homes.

You will also help clients to understand their individual responsibilities of maintaining their tenancy agreements, maintain and develop contact with their families and friends, and help clients to plan and access leisure activities. Supporting clients with the management of their personal finances, you will help to create meaningful daytime activities, maintain health and safety and at all times help our clients to develop independent living skills.





c o m p a s s
Community Care Ltd

Thank you for your interest in joining the team at Compass Community Care Ltd. If your application is successful, you will join an exciting company that is dedicated to providing exceptional high-quality support to people with a learning disability.

At Compass, our success rests on finding the best people and helping them to become better. Please complete this form as fully as you can – remember it is our first impression of you and first impressions count.

WHERE DID YOU SEE THE JOB ADVERTISED

OPEN DAY	
NEWSPAPER	Please give details:
RECOMMENDATION	Name of who recommended you
JOB CENTRE PLUS	
OTHER	Please give details:

WHAT JOB ARE YOU APPLYING FOR?

JOB TITLE		Preferred weekly contract hrs:
------------------	--	--------------------------------

ABOUT YOU

FULL NAME	
TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL	
FULL POSTAL ADDRESS Including postcode	

WORK PERMIT

DO YOU NEED A WORK PERMIT FOR EMPLOYMENT IN THE UK?	YES	NO
IF YES, DO YOU HOLD THIS?	YES	NO
IF YOU NEED A WORK PERMIT BUT DO NOT HOLD ONE PLEASE GIVE DETAILS		

DRIVING LICENCE DETAILS

DATE PASSED DRIVING TEST	
HAVE YOU EVER BEEN REFUSED A DRIVING LICENCE OR HAD ANY SPECIAL CONDITIONS APPLIED?	
HAVE YOU BEEN DISQUALIFIED FROM DRIVING AT ANY TIME IN THE PAST 10 YEARS?	
IF YES PLEASE GIVE DETAILS	

CURRENT MOTOR CONVICTIONS

	Date of conviction	Offence code	Date of offence	Penalty points & fine
CONVICTION 1				
CONVICTION 2				
CONVICTION 3				

EDUCATION

NAME OF SCHOOL	
DATES ATTENDED	From to
EXAMINATIONS AND QUALIFICATIONS: Please list all	

CAREER HISTORY

Please provide **full details** of your work history. Please include periods where you were not working, e.g. travelling, studying, between jobs. Please use a separate sheet if necessary. Please list the most recent employer first. Failure to complete this section will result in a delay in processing your application.

NUMBER 1

PRESENT EMPLOYER	
From date (month / year)	To date (month / year)
POSITION HELD AND GENERAL DUTIES	
REASON FOR LEAVING	

NUMBER 2

PAST EMPLOYER	
From date (month / year)	To date (month / year)
POSITION HELD AND GENERAL DUTIES	
REASON FOR LEAVING	

NUMBER 3

PAST EMPLOYER	
From date (month / year)	To date (month / year)
POSITION HELD AND GENERAL DUTIES	
REASON FOR LEAVING	

NUMBER 4

PAST EMPLOYER	
From date (month / year)	To date (month / year)
POSITION HELD AND GENERAL DUTIES	
REASON FOR LEAVING	

ADDITIONAL INFORMATION

--

PLEASE TICK APPROPRIATE BOX	YES	NO
HAVE YOU EVER WORKED FOR COMPASS BEFORE?		
HAVE YOU EVER APPLIED TO COMPASS BEFORE?		
DO YOU KNOW ANYONE EMPLOYED AT COMPASS?		
ARE YOU RELATED TO ANYONE AT COMPASS?		

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE PLEASE GIVE DETAILS:

Please let us know if you require any reasonable adjustments, due to disability or health condition, to enable you to attend an interview or which you would like us to take into account when considering your application

PLEASE ENTER DETAILS BELOW:

REFERENCES

Your references must include 2 work related references

NUMBER 1

NAME	
COMPANY NAME	
TELEPHONE NUMBER	
ADDRESS	

NUMBER 2

NAME	
COMPANY NAME	
TELEPHONE NUMBER	
ADDRESS	

CHARACTER REFERENCE – 1 (this must be a professional person who has known you for a minimum of 2 years)

NAME	
RELATIONSHIP TO YOU	
TELEPHONE NUMBER	
ADDRESS	

CHARACTER REFERENCE – 2 (this must be a professional person who has known you for a minimum of 2 years)

NAME	
RELATIONSHIP TO YOU	
TELEPHONE NUMBER	
ADDRESS	

PLEASE TELL US WHY YOU WOULD LIKE TO JOIN THE COMPASS TEAM?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US TO SUPPORT THIS APPLICATION?

ADDITIONAL INFORMATION REQUIRED

Please can you enter any information that we need to take into account with your application in the following areas:

Area	Details
You will be required to work shifts, these shifts cover 24 hours a day, 7 days a week. They will include weekends, bank holidays and Christmas	
Are there any special requirements regarding working shifts that we need to be aware of?	
As part of the role you will be required to support clients away on holiday. Do you have any concerns with this?	

CRIMINAL CONVICTION DECLARATION

The position that you are applying for at Compass Community Care Ltd is classed as a Regulated Activity, and therefore is exempted from the provisions of the Rehabilitation of Offenders Act 1974 and requires a criminal record check.

You are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account, so disclosure need not necessarily be a bar to a successful application. If you have a criminal record and we believe this to have a bearing on the requirements of the position you have applied for, we will discuss the matter with you at interview. If we do not raise the record with you, it is because we have taken the view that it should NOT be taken into account in deciding your suitability for the role you have applied for.

The information you provide on this form will be treated in the strictest confidence and will be stored securely with restricted access. The Data Protection Act requires that personal information is obtained and processed fairly and lawfully, and is only disclosed in appropriate circumstances, is accurate, relevant and not held longer than necessary.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?	YES	NO
--	------------	-----------

IF YES PLEASE PROVIDE FULL INFORMATION, INCLUDING NATURE OF CONVICTION AND DATE, TOGETHER WITH DETAILS OF THE SENTENCE IMPOSED:

--

ARE YOU CURRENTLY UNDER INVESTIGATION BY THE POLICE OR DO YOU HAVE ANY CRIMINAL PROCEEDINGS BEING TAKEN AGAINST YOU AT THE DATE OF THIS APPLICATION?	YES	NO
---	------------	-----------

IF YES PLEASE PROVIDE FULL INFORMATION:

--

If you do not disclose any unspent convictions you have it could lead to your application being rejected or, if you are employed by us, may lead to your dismissal. All successful applicants will be subject to a Criminal Records Bureau (CRB) check.

IMPORTANT INFORMATION NEEDED

To help us process your application form please enclose a copy of the following forms of identification:

- Paper copy of Driving Licence
- Driving Licence Card
- Birth certificate / Passport

If you are successful and asked to come in for an interview you will be asked to bring along original documentation if you are unsuccessful your application and copies of identification will be destroyed in line with the Data Protection Act.

If you do not enclose copies of documentation your application will not be considered for shortlisting.

SIGNATURE

I confirm that to the best of my knowledge the information given in this form is true and complete. Any false information may be sufficient cause for discarding my application or may result in disciplinary action or dismissal if I am employed by Compass Community Care Ltd on the basis of false information. I agree to advise Compass Community Care Ltd of any changes to the above details.

SIGNED	DATE
---------------	-------------

Upon completion, please return to:

Compass Recruitment Team, St David's House, New Road, Newtown, POWYS, SY16 1RB

INTERNAL USE ONLY

SHORTLISTED	YES	NO
INVITED FOR INTERVIEW	TIME:	DATE:
SIGNED	DATE:	



HOBBIES AND INTERESTS FORM

We are always looking at ways to improve the quality of the service that we provide to clients.

Would you please complete this form and return it with your application.

This information will be used to help place you in an area by matching your likes / dislikes, skills, hobbies and interests to the client base and will also increase your job satisfaction.

YOUR FULL NAME:

Skills, Hobbies and Interests

Dislikes, Phobias and Allergies





MEDICAL DECLARATION FORM

Please ensure that all parts are completed fully, and that no parts are left blank

Full Name:

THE NAME AND ADDRESS OF YOUR GENERAL MEDICAL PRACTITIONER	
NAME	
ADDRESS	
POSTCODE	
TELEPHONE	

Tell us about anything for which your general practitioner or hospital is treating you for at the moment. This should include all treatments you are receiving for your physical, emotional or mental health **(If none please state "none")**.

Details of any hospital admissions in the past year **(If none please state "none")**.

Any serious physical, emotional or mental illness within the period of 5 years, before the date of the **application (If none please state "none")**.

Confirm if you are suffering from any recurring health problems or other matters which could affect your work performance application **(If none please state "none")**.

Do you smoke? If yes, how many per day? If no have you ever smoked?

Do you have allergies..? Are you allergic to any type of foods?

How many occasions of sickness (including total number of days) have you had in the last 24 months?	
Are you currently under any prescribed medication?	Yes No
<i>If yes, please state medication name, dosage and frequency</i>	
Are you registered disabled?	Yes No

SIGNATURE

I confirm that to the best of my knowledge the information given in this form is true and complete. Any false information may be sufficient cause for discarding my application or may result in disciplinary action or dismissal if I am employed by Compass Community Care Ltd on the basis of false information. I agree to advise Compass Community Care Ltd of any changes to the above details.

SIGNED: _____ **DATE:** _____

Upon completion, please return to:

Compass Recruitment Team

St David's House

New Road

Newtown

POWYS, SY16 1RB

EQUAL OPPORTUNITIES FORM

In order to measure its effectiveness we need to collect information on people who apply for our jobs. To enable us to measure this please complete the details below. Forms submitted with incomplete information are not submitted for shortlisting.

Some of the information you give on this form may be considered to be sensitive personal data under the Data Protection Act of 1998. However by completing and returning this form you will be deemed to be giving your explicit consent to the processing of the Data Equality Monitoring Purposes.

THIS INFORMATION IS SEPARATED ON RECEIPT OF YOUR APPLICATION AND IS NOT SEEN BY ANYONE INVOLVED IN THE SELECTION PROCESS

Please complete in **BLOCK CAPITALS**

POST TITLE
FULL NAMES <i>(including first names(s) and surname/family name)</i>
PREVIOUS NAMES
PREFERRED TITLE* <i>Mr/Mrs/Miss/Ms/Other</i>

PLEASE TICK RELEVANT BOX

AGE 18-35 36-49 50-59 60-65 over 65

GENDER Male Female

ETHNIC ORIGIN

Asian or Asian British	Black or Black British	Mixed	White
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White & black Caribbean <input type="checkbox"/>	British <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	White & black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Any other black background <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other white background <input type="checkbox"/>
Any other Asian background <input type="checkbox"/>		Any other mixed background <input type="checkbox"/>	
OTHER ETHNIC GROUPS – Chinese <input type="checkbox"/>	Other is not listed please state <input type="text"/>		

DISABILITY

The Disability Discrimination Act, 1995 defines a person with a disability 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”. Under this definition do you consider yourself to have a disability?

Yes No

How did you find about this vacancy?

(Name of newspaper/ journal, job centre, word of mouth etc)

Compass Recruitment Team

St David's House

New Road

Newtown

POWYS, SY16 1RB

