



care & support

'Everyone Matters'

Application for Employment

PRIVATE AND CONFIDENTIAL

This form is for applications to work with Avante Care & Support and any of its subsidiaries. Please note that Avante Care & Support will only consider application forms that have been completed in full.

Ref No. (for Avante Care & Support use):

Post Location

How did you hear about this post?

PERSONAL DETAILS

Surname Title

Forname(s) Are you aged 18 or over? YES / NO

Address

Postcode

Contact tel number May we contact you at your workplace with deiscretion? YES / NO Daytime/Work number

Evening/Home Mobile

Fax Email

If you have had no contact within four weeks of the closing date of the position unfortunately on this occasion your application has been unsuccessful.



EMPLOYMENT RECORD

Please give details of your previous employment, commencing with your most recent and accounting for any gaps. Please add a continuation sheet if necessary.

Employer's name and address and nature of business	Position held and main responsibilities (including salary on date of leaving)	Dates (from-to)	Notice period required/ Reason for leaving

STATEMENT OF APPLICATION

Please use the space below to write in support of your application. This should include your reasons for applying, details of your work experience and any relevant training in so far as it relates to the job. In addition, if you have undertaken any voluntary work (paid or unpaid), have any hobbies or interests, please include details. (If there is not enough space for you to complete your statement, please attach additional sheets, but no more than 2 sides of A4 paper).

REFERENCES

Please give details of two referees, one of whom should be your current/last employer. If you have worked for any other health and social care employers during the last 7 years, please provide the details below. Avante Care & Support do expect to write to the formal and recognised addresses of all the employers you have listed.

Work Reference

Company Name	Contact Name
Address	
<hr/>	
<hr/>	
<hr/>	
Tel No	Email

Personal Reference

Name	
Address	
<hr/>	
<hr/>	
<hr/>	
Tel No	
How is this person known to you?	Email

Health & Social Care Employer Reference

Company Name	Contact Name
Address	
<hr/>	
<hr/>	
<hr/>	
Tel No	Email

REFERENCES

Health & Social Care Employer Reference

Company Name

Contact Name

Address

Tel No

Email

Health & Social Care Employer Reference

Company Name

Contact Name

Address

Tel No

Email

Health & Social Care Employer Reference

Company Name

Contact Name

Address

Tel No

Email

REFERENCES

Health & Social Care Employer Reference

Company Name

Contact Name

Address

Tel No

Email

Health & Social Care Employer Reference

Company Name

Contact Name

Address

Tel No

Email

May we contact your referees prior to an offer of employment?

Yes/No

DECLARATION

Any appointment offered will be on the basis of your application and interview. The employer reserves the right to terminate your employment, without notice, in the event that it is discovered that the information provided was not accurate in some material way.

I confirm that, to the best of my knowledge, the information given on this form is true and correct and can be treated as part of my subsequent Contract of Employment.

I understand that the appointment will be subject to satisfactory health clearance from your occupational health advisors.

I understand that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974, and I shall be required to complete a confidential Declaration Form regarding any convictions and cautions; I understand that I will be required to consent to disclosure of confidential information from the Criminal Records Bureau which will be sent to both myself and Avante Care & Support.

Signed

Date

Print Name

GENERAL INFORMATION

Do you possess a current driving licence? Yes/No Details of endorsements

Do you have a National Insurance Number? Yes/No If yes, please state

Are you eligible to work in the UK? Yes/No

Are you subject to immigration restrictions? Yes/No

If yes, do you have permission to work in the UK? Yes/No

If you do not have a National Insurance Number, and you do not require, or do not have, a current work permit, please state the grounds upon which you are eligible to work in the UK (i.e. UK/EU Citizen or relevant visa):

Have you previously worked or applied to work for Avante Care & Support? Yes/No

Are you, to the best of your knowledge, related to someone who is, or has been, an employee, Director or Board Member of Avante Care & Support? Yes/No

If yes to either of the above questions, please give details

CRIMINAL CONVICTIONS AND 'SPENT' CRIMINAL CONVICTIONS

Avante Care & Support are responsible for the provision of services to vulnerable people. You will appreciate that the Organisation must be particularly careful to enquire into the character and background of applicants for appointment to posts which involve working with these people.

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are deemed as being 'spent' under the provisions of the Act. You must therefore disclose whether you have ever been convicted of a criminal offence and if so, state the exact nature of the offence(s). In the event of your employment with Avante Care & Support, any failure to disclose such convictions could result in dismissal.

You must therefore tick one of the statements on the declaration form below, at A or B. If the answer is A, then please sign, print your name and date the form at the bottom of the declaration. If you tick answer B, you must give details, which should be enclosed, in a separate sealed envelope marked 'Confidential', with your name beneath, and attach the envelope to your application. You must also remember to sign, print your name and date the form at the bottom of the declaration. Please note that your nominated referees will be asked to confirm any relevant information to sections A and B in so far as they are able.

In addition, in line with the above, this post will require you to consent to the disclosure of information from the Disclosure and Barring Service which will be sent to both yourself and Avante Care & Support. The Organisation have a Disclosure and Barring Service Policy on the recruitment of ex-offenders which will be made available to all disclosure applicants on request, and will also make a copy of the DBS Code of Practice available on request.

Any information given to, or received by, Avante Care & Support will be treated in the strictest confidence with access strictly controlled and limited to those who are entitled to see it as part of their duties. The Organisation complies fully with the Data Protection Act 1998, the Disclosure and Barring Service Code of Practice, and other relevant legislation in this regard. The Organisation has a written policy on both data protection and the correct handling, use, storage, retention and disposal of disclosures and disclosure information which are available to those who wish to see them on request.

The object of this Notice is not, in any way, to reflect upon an applicant's integrity, but is necessary to protect both clients and the Organisation. Avante Care & Support are willing to consider persons with a criminal record on their merits and as such, having a criminal record will not necessarily bar you from consideration for this appointment. This will depend on the nature of the position and the circumstances and background of your offence(s).

DECLARATION

I can confirm that I have read the information supplied to me in Avante Care & Support Notice concerning criminal convictions, cautions and 'spent' criminal convictions and state that:

- (A) I have none to declare (please tick)
- (B) I have information to declare and attach a separate sealed envelope marked 'Confidential' containing details. (please tick)

Please tick either Line A or B*, whichever applies.

*The DBS code of Practice is available on request from the Manager undertaking the recruitment process or the Human Resources Department.

Signed

Date

Print Name

Equal Opportunities Monitoring Form

PRIVATE AND CONFIDENTIAL

Our policy is to ensure that no job applicant or employee receives less favourable treatment because of, or is disadvantaged by, any conditions or requirements that cannot be shown to be justifiable. To assist us in checking that this policy is carried out and for that purpose only, it would help if you could complete the following. You are under no obligation to complete this section. It will not affect your application in any way. Avante Care & Support complies fully with the Data Protection Act 1998 and any information will be treated in the strictest confidence.

Name

Your nationality?

Please tick the relevant boxes below.

White

British Irish Gypsy or Irish Traveller Any other White background

Black or Black British

Caribbean African Any other Black background

Mixed

White & Black Caribbean White & Black African White & Asian Any other Mixed background

Asian or Asian British

Indian Pakistani Bangladeshi Any other Asian background

Chinese or other ethnic group

Chinese Any other

Religion of Belief

Buddhist Christian Hindu Hindu Jewish

Muslim Sikh Other No Religion

Sexual orientation

Bisexual Gay man Gay woman/lesbian Heterosexual/straight

Other I prefer not to say

Marriage and Civil Partnership

Single Partner Married/Civil Partner Separated/Divorced

Widowed/surviving partner I prefer not to say

Gender

Female Male Transgender Non-binary

**Head Office for
Avante Care & Support**

De Gelsey House
Faversham
Kent
ME13 8GD

☎ 01795 597400

🌐 www.avantecare.org.uk

Home Care & Support

☎ Kent Office - 01795 597454

📍 De Gelsey House, 1 Jubilee Way, Faversham ME13 8GD, UK

☎ Bexley Office - 01322 318110

📍 21 Bourne Road, Bexley DA5 1LW

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Once completed please return to

