

Fairway Application Form



Personal Details

Title Surname Forename

Permanent Address

Tel Number (Home)

Tel Number (Work)

Tel Number (Mobile)

Email

Nationality

NI Number

Position applying for

Emergency contact name Relationship Contact Telephone Number

If you are aged between 19-23 years old would you be interested in an Apprenticeship? YES NO

Candidate Profile Info

How much experience do you have in your chosen speciality? yrs

Do you have experience in any of the following: **(please tick)**

Autism Learning Disabilities Challenging Behaviour Mental Health Elderly Care Homes

Residential Homes Domiciliary Care NHS

What transport do you have access to?

Car Bicycle Public Transport Other

How far are you prepared to travel? How many hours do you wish to work per week?

Background Information - Education

Name of university/college/school	Date-to-From	Subject	Qualification	Level/Grade

Training relevant to this application

Qualification*	Date-to-From	Establishment	Name of Governing Body	Level/Grade

Fairway Training - Our sister company trains all of our Fairway staff. Offering over 100 courses in Health & Social Care totally FREE OF CHARGE to you offering career development and progression.

Note: *please bring with you originals of all relevant qualifications and certificates obtained, these will be photocopied and returned to you

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Current and previous employment

Fairway requires your full employment history over the last 10 years, explaining any gaps within this time period. Please give information below or attach your CV.

most recent first

Position held	Date-to-From	Employer	Address of Employer

Current and past employers reference request

NOTE: Referee One must be your most recent employer and your Line Manager. References can only be sent to work place address we cannot accept home addresses.

Referee One

Name	<input type="text"/>	Job Title	<input type="text"/>
Company Name	<input type="text"/>		
Company Address	<input type="text"/>	Tel No	<input type="text"/>
		Mobile No	<input type="text"/>
		Fax No	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>

Referee Two

Name	<input type="text"/>	Job Title	<input type="text"/>
Company Name	<input type="text"/>		
Company Address	<input type="text"/>	Tel No	<input type="text"/>
		Mobile No	<input type="text"/>
		Fax No	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>

Additional information to your application

i.e. Non paid care experience, voluntary work etc. Please put all additional information of un-paid care experience or voluntary work on a separate sheet - Thank you.

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Additional information to your application

i.e. Non paid care experience, voluntary work etc.

Please put all additional information of un-paid care experience or voluntary work in the table below.

Summary of experience	Date-to-From

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Rehabilitation of Offenders Act 1974 and Disclosure and Barring Service (DBS)

All Enhanced Disclosure applications will be fully checked on the Children and Vulnerable Adults register. If your application is successful and you hold a criminal record this will not automatically bar you from obtaining a position.

ALL APPLICANTS MUST ANSWER ALL THE QUESTIONS ON THIS FORM; FAILURE TO DO SO WILL DISQUALIFY YOU FROM REGISTERING WITH Fairway.

Due to the nature of work for which you are applying, this post is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974 (exemptions) (amendments) Order 1986. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are considered "spent" under the provisions of the Act and in the event of employment, failure to disclose any convictions will result in the immediate removal from the Fairway register.

Have you ever been convicted of a criminal offence in the past?

(please tick) YES NO

IMPORTANT
This information will ensure your DBS comes back quickly so we can fast track your application

Details of your home address for the past 5 years

Month/Year Full Address Postcode	Month/Year Full Address Postcode
Month/Year Full Address Postcode	Month/Year Full Address Postcode

Data Protection Act 1998 and Inspection

Part of the Commission for Social Care Inspection process involves checking that we maintain certain information on all of our staff. Inspectors will need to know that the company is maintaining the information appropriately and adhering to the Data Protection Act 1998. From time to time outside agencies (i.e. PASA, Department of Education and Home Office etc.) will need to audit the information that we currently hold on your personal file. I am aware that I can arrange access of my records with prior notice with the Registered Manager.

Fairway records are kept securely in a safe location in line with the Data Protection Act 1998.

Suspension / Investigation Declaration

Have you ever been suspended from work or involved in an investigation or disciplinary action?

(please tick) YES NO

If answered YES to the above, please state dates and a brief summary of suspension/investigation:

Fairway would remind all agency staff that it is their responsibility to inform us immediately if they are involved in any investigation or suspension from work and that they accept responsibility to inform Fairway immediately if circumstances change.

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Authority to make deductions from wages

I understand that Fairway will make deductions from my wages if:

(please tick)

- Any monies owing as a result of overpayment of wages
- Any other monies outstanding to the Company
- £15 for Fairway uniform (if applicable) refunded after 100 hours worked

DBS Check (please tick)

Option 1 I have given Fairway £44 for my DBS Check at Interview

Option 2 I have given Fairway £22 as part payment for DBS check and understand a further £22 will be deducted from my first wage

Working Time Regulations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

A full explanation of the Working Times Regulations 1998 can be found in your Staff Handbook.

Please tick the appropriate box to confirm that you have read and understood the above information.

I DO NOT wish to work more than 48 hours per week

I DO wish to work more than 48 hours per week

Night Work

Is there any reasons that we need to be aware of that would prevent you working night shifts? (please state)

Applicant Certification to application form

The information that I have provided on this application form is to the best of my knowledge, complete and accurate in all respects. I have read and understood this Applicant Certification. I understand that knowingly giving false information will disqualify me from registering with Fairway. I also agree to keep Fairway advised of any changes to any of the information supplied.

If you have any concerns about this or want to discuss it further, please contact your Registered Manager at Fairway.

Candidate Signature

Name

Date

Staff Reviewer Signature

Name

Date



Equal Opportunities Form

Fairway is opposed to discrimination on any grounds. We therefore operate recruitment and selection policies designed to ensure that all applicants are treated equally regardless of age, gender, marital status, sexual orientation, disability, ethnic or national origin. All applications will be judged solely on merit. In accordance with the Codes of Practice of the Commission for Racial Equality and the Equal Opportunities Commission we monitor the effectiveness of our equal opportunities policies, and therefore ask all our applicants who wish to provide the following details please fill out the form below. The information you provide is for monitoring purposes only; it will be kept separate from your application form and will not form any part of the selection process

(please tick)

Male Female

Do you have a disability? Yes No

If YES, please give further details

Are you registered disabled? Yes No

If YES, please state registration number:

How old are you?

1. 16-19 2. 20-24 3. 25-29 4. 30-34 5. 35-39
6. 40-44 7. 45-49 8. 50-54 9. 55-59 10. 60-75

Ethnic origin

Please state your ethnic origin below (tick one box only). This does not mean your nationality or place of birth, but colour and broad ethnic group. These categories are recommended by the Commission for Racial Equality.

A White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other white background
B Mixed	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any other mixed background	
C Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	
	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background	
D Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Any other black background
	E Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other Chinese background

Or other ethnic group

Thank You