



Sublime Care Solution Limited Office 4, Pressworks, 36 Berry Street, Wolverhampton, WV1 1HA
 Phone: 01902 239014
 Admin Team: sublimecaresolutionlimited@gmailcom

Application Form

The recruitment process within this organisation has a minimum of three stages.

- The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the telephone screening. If stage two is passed, you will then be invited for stage three, Face to Face interview.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Date of Application:	
Position applied for:	
Approx. no. of hours wanted:	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/Weekends only (please circle which you are able to work)
Surname:	First name(s):
Date of Birth:	
Email Address:	Contact Tel Number/s:
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	National Insurance Number – supply copy either NI Card, letter etc.:
Nationality: Supply copy; if not EU or British, please also supply right to work copy	
Current address: Please supply copies of two proof of addresses such as a recent utility bill, a credit card bill, bank statement, tenancy agreement or council tax bill.	
Post code:	Moved to this address on (date):
Previous address 1 Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied.	
Post code:	Moved to this address on (date):
Previous address 2	
Post code:	Moved to this address on (date):
Previous address 3	
Post code:	Moved to this address on (date):



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Own Transport (Yes/No): How long has your licence been held? Type of Licence: UK or EU	Clean current driving licence: YES or NO If NO, State Endorsements:
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EDUCATION

School/College/University	Examinations Passed/Qualifications Gained <i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details <i>(Please supply copies of certificates/membership details)</i>	Notes

ADDITIONAL COURSES ATTENDED

Subjects	Location



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EMPLOYMENT HISTORY - Information must cover the whole of your working life to **date i.e. since you were 18years.** State the reasons for any breaks in employment i.e. studying, maternity etc. **Use a separate attached sheet if required; please write your name on the sheet and sign the sheet(s) as well.**

Current/most recent first

Name and address of your most recent/last employer:	Date employed From - To	Nature of business	Position held and reason for leaving	Salary / Rate

Details of other relevant experience -Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. **Please use separate sheet if insufficient space is available. Please write your name on the sheet and sign the sheet(s) as well.**



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Gaps in Employment from above – Use separate sheet if required. Please write your name on the sheet and sign the sheet(s) as well.

Date From - To	Reason/s for Gap

PRE-INTERVIEW QUESTIONS

These questions serve as an essential step in evaluating candidates and ensuring they align with our organisation's values and requirements.

1. Tell us about yourself?	
2. How many years' experience have you had in the caring field?	
3. What is your knowledge and understanding of Mental Health and Physical Disabilities?	



Chosen for excellence

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<p>4. What do you consider to be the most important aspect of teamwork?</p>	
<p>5. What is your understanding of equal opportunities and whom do you think it applies to?</p>	
<p>6. Our Company promotes choice; How would you respond to a resident refusing prescribed medication?</p>	
<p>7. How would you respond to violence and/or aggression from a resident, and what actions would you take?</p>	
<p>8. A member of staff working alongside you. physically pushes a resident. What would you do?</p>	
<p>9. Our Company expects you to attend staff meetings and staff training sessions. Have you attended training in the past? Are you aware that you will be required to attend all training and meetings arranged by the home?</p>	
<p>10. Have you already gained the NVQ level 2 in Care? Do you have any holidays booked for this year?</p>	



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ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details: This information will not be used in reaching a decision on whether to offer employment.

NEXT OF KIN DETAILS

Full name:	
Relationship:	
Tel no:	
Address:	

REFEREES

- You must provide at least two references from below. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent employer

Name:	
Address:	
Post code:	
Tel No:	Email:
Job title:	
Do you want your referee to be contacted before interview?	YES or NO



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Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	Email:
Job title:	
Do you want your referee to be contacted before interview?	YES or NO

Character reference

Name:	
Address:	
Post code:	Email:
Tel No:	
Relationship to you:	
Do you want your referee to be contacted before interview?	YES or NO

Additional Character reference (Only if **NO employer reference can be provided above i.e. applicant has **NO** previous or current work experience OR employer **NO** longer exist OR non-contactable)**

Name:	
Address:	
Post code:	Email:
Tel No:	
Relationship to you:	
Do you want your referee to be contacted before interview?	YES or NO



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CRIMINAL RECORD

- Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.
- Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below. Use separate sheet if required. Please write your name on the sheet and sign the sheet(s) as well.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous or current employer if I have shown in the employment history section of this application form that I had been previously employed or that I am currently employed, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people.

By my signature, I authorise Sublime Care Solution Limited to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed: _____ **Date:** _____