EMPLOYMENT APPLICATION FORM

PHSSL Care Limited – Direct Care Services

Please complete all relevant sections. Fields marked optional may be left blank.

PASSPORT-SIZE PHOTOGRAPH

Optional at application stage
Not used for selection

1. POSITION APPLIED FOR

☐ Care Assistant	☐ Support Worker
☐ Senior Carer	☐ Nurse
☐ Mental Health Support Worker	☐ Learning Disability / Autism Support Worker
☐ Other	

Other Role / Vacancy Reference	
Preferred Work Area(s)	
Earliest Start Date	

2. PERSONAL & CONTACT DETAILS

Full Name	
Previous Name(s), if relevant	
Address	
Postcode	
Telephone	
Email	
Preferred Contact	☐ Phone ☐ Email

Date of Birth	
Uniform Size	

National Insurance Number

Secure handling note	For HR/onboarding administration only. Must not be used for shortlisting or selection.

3. NEXT OF KIN DETAILS

Full Name	
Relationship to Applicant	
Telephone Number	
Email Address	
Address and Postcode	

4. RIGHT TO WORK & DRIVING

Right to Work in the UK	☐ Yes ☐ No ☐ To be discussed
Will sponsorship be required?	☐ Yes ☐ No
Full UK Driving Licence	☐ Yes ☐ No
Access to a Vehicle	☐ Yes ☐ No

Evidence of right to work and identity will be verified securely at the appropriate recruitment stage. Do not attach original identity documents to this form.

5. AVAILABILITY

☐ Days	☐ Evenings
☐ Nights	☐ Weekends
☐ Bank Holidays	☐ Flexible / Short Notice

Approx. Hours Available per Week	
Able to work across community locations?	☐ Yes ☐ No ☐ To be discussed

6. EDUCATION, QUALIFICATIONS & TRAINING

Highest / Relevant Qualification(s)	

Professional Registration (if applicable)	
Registration Number (if applicable)	
Relevant Training / Certificates	

Please list any other relevant qualifications, training or specialist skills:

7. EMPLOYMENT HISTORY

Please provide your recent employment history, starting with the most recent. Explain significant gaps where appropriate.

Employer 1 / Organisation	
Job Title	
From – To	
Reason for Leaving	
Employer 2 / Organisation	
Job Title	
From – To	
Reason for Leaving	
Employer 3 / Organisation	
Job Title	
From – To	
Reason for Leaving	

Briefly explain any employment gaps:

8. RELEVANT EXPERIENCE & SUPPORTING STATEMENT

Tell us about your relevant experience, skills and why you are suitable for the role:

9. SAFER RECRUITMENT / DBS

Do you currently hold a DBS certificate?	☐ Yes ☐ No
DBS Update Service?	☐ Yes ☐ No ☐ Not applicable
Rehabilitation of Offenders / criminal-record declaration	Where the role is legally eligible for a DBS check, PHSSL will ask only for information that may lawfully be requested for that role. Any disclosure will be considered fairly, confidentially and in accordance with safer-recruitment requirements.
If asked at the appropriate recruitment stage, do you agree to provide the required declaration?	☐ Yes ☐ No ☐ To be discussed

Where the role is eligible for a DBS check, PHSSL will follow the appropriate safer-recruitment and disclosure process. Any criminal-record information will be handled lawfully and only where relevant to the role.

10. REFERENCES

Please provide two referees where possible, including your current or most recent employer. References will normally be taken up as part of the recruitment process.

Referee 1 – Name / Position	
Organisation	
Email / Telephone	
Relationship to You	
Referee 2 – Name / Position	
Organisation	
Email / Telephone	
Relationship to You	
Character Reference	Instruction: Must not be a relative or family member
Name	
Email/Telephone	

Relationship	

11. RECRUITMENT ADJUSTMENTS

Do you require any reasonable adjustment for the recruitment process?	☐ No ☐ Yes – please tell us what support would help

Adjustment requested (optional):

12. DECLARATION

☐ I confirm that the information in this application is true and complete to the best of my knowledge.

☐ I understand that any offer or placement is subject to satisfactory recruitment, identity, right-to-work, reference and role-specific compliance checks.

☐ I understand that submitting this form does not guarantee employment, registration, placement or shifts.

☐ I consent to the relevant PHSSL company contacting me about this application and processing my information for recruitment purposes in accordance with its Privacy Notice.

Applicant Signature	
Date	

ONLINE APPLICATION NOTE: The Equality and Diversity Monitoring Form must be presented as a separate online step and access-restricted from anyone involved in shortlisting or selection. Date of Birth, National Insurance Number, Uniform Size and Next of Kin information should also be restricted to authorised HR/onboarding personnel and must not be used for selection.

EQUALITY AND DIVERSITY MONITORING FORM

PHSSL Care Limited

Applicant instruction: Please respond to every question. You may select “Prefer not to say” for any question. Your answers are voluntary and confidential, will be stored separately from your application, and will not be available to anyone involved in shortlisting or selection.

Administration: For paper applications, detach these pages before the application is sent to the recruitment panel. For online applications, collect this information in a separate step and restrict access to authorised monitoring or HR personnel only.

Thank you. This information will be used only to monitor equality of opportunity and improve recruitment practice.

Application Reference (office use only)	
Age Group	☐ 16–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+ ☐ Prefer not to say
Sex	☐ Female ☐ Male ☐ Prefer to self-describe: _____ ☐ Prefer not to say
Disability	☐ Yes ☐ No ☐ Prefer not to say
Ethnic Group	☐ Asian/Asian British ☐ Black/Black British ☐ Mixed/Multiple ethnic groups ☐ White ☐ Other ethnic group: _____ ☐ Prefer not to say
Religion or Belief	☐ No religion ☐ Christian ☐ Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Other: _____ ☐ Prefer not to say
Sexual Orientation	☐ Bisexual ☐ Gay or Lesbian ☐ Heterosexual/Straight ☐ Prefer to self-describe: _____ ☐ Prefer not to say
Marriage or Civil Partnership	☐ Married/Civil partnership ☐ Not married/in a civil partnership ☐ Prefer not to say