

Lilicares Limited Application Form

The Application Process will entail an interview via Teams, Zoom or face to face to review original documents and suitability.

Please email the completed application form to hr@lilicares.com once it has been completed. This can be scanned if you prefer.

Position Applied For:	Date of Application ____/____/____
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Surname	First name:
	Previous Name:
	Name to be called:
Address:	Home Telephone No.
	Mobile No:
Post code	Email address
Immigration Details:	
Are you a citizen of the EU?	Yes/No (Please specify in bold)
Do you need a work permit or visa?	Yes/No (Please specify in bold)

Do you hold a full driving licence Yes/No (Please specify in bold)

Do you have access to a road legal vehicle? Yes/No (Please specify in bold)

If you are the owner, would you insure for taking clients to appointments etc?
Yes/No (Please specify in bold)

Do you have any current driving convictions Yes/No If yes, give details including dates?

1. Education / Qualifications

Educational Institution attended	Qualification	Grades achieved	Year Obtained
Further education and training			
School name and address			
Occupational qualifications			
Membership of professional body/ Registration / PIN Number			
CIPD			

Original qualifications to be brought to interview and a copy will be taken.

2. Languages

Do you speak or read a foreign language? Yes/No If yes, please state.

3. Previous Employment

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date Present Employer 1 st		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

3a Please detail any disciplinary action within the previous 3 years, including any current, "live" formal warnings.

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3b Rehabilitation of Offenders Act 1974 – Notice to Offenders

1. Do you have any convictions, cautions, reprimands, or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)
2. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account.

Do you have any convictions to disclose? Yes/No (Please specify in bold)

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Lilicares Limited, is an organisation that must assess applicants' suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order. It uses criminal record checks processed through the DBS. In obtaining and processing information, the care service complies fully with the DBS Code of Practice and will undertake to treat all applicants for any position fairly.

Lilicares Limited, will not discriminate unfairly against any subject of a criminal record check because of a conviction or other information revealed from any of its sources of information.

Lilicares Limited, understands that it can only ask an individual to provide details of convictions and cautions that it is legally entitled to know about as described by the DBS in its legal guidance.

4. DBS

Do you have a current standard or Enhanced DBS Yes/No (Please specify in bold)

Has your DBS been undertaken in the last 3 years? Yes/No (Please specify in bold)

If you are registered on the Update Service please specify the reference number C

For those who have recently arrived in the UK, the home office will have to be contacted

5. Right to Work

Are you required to hold a Right to Work permit? Yes/No (Please specify in bold)

Is your Permit/Paperwork available to view? Yes / No (Please specify in bold) N/A

6. Proof of ID

One piece of evidence is required from producing either a Passport/Driving Licence or birth certificate.

Two pieces of evidence is required from sources such as Utility bills, Council Tax, Mortgage statement, Bank Statement, Council Tax statement.

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7. References

Please provide details of two people who are prepared to provide a recommendation for you. Two should be your current or most recent employer or a service user. The 3rd person to be a character referee (These referees should not be related to you) Please give the name and address of two referees one of whom *must* be your current or most recent previous employer. References from relatives or friends are not accepted

Name	Status	Address and Telephone No
1.Company Reference		
2. Company Reference if applicable		
3. Character References		
4. Voluntary Reference if applicable		
5. Testimony References (1) if applicable		
6.Testimony References (2) if applicable		

8. Next of Kin

Emergency contact name	
Relationship to you	
Contact number	
Emergency contact name	
Relationship to you	
Contact number	

9. Carer Profile

Q1. What is your definition of a Care Worker?

Q2. Why are you interested in applying for the position of a Care Worker at MBA Quality Care?

Response:

Q3. Are you interested in completing a diploma in social care & health?

Delete as application (Yes / No Please specify in bold)

10. Care Scenario

There are key values required to be a carer and these need to be assessed.

This section is looking to understand how you would approach certain scenarios as a carer. These scenarios are similar to those that you will face regularly on the job.

Instructions

- Please access the following webpage Please remember to press ctrl & click to follow this link <https://www.aquestionofcare.org.uk/>
- Select the profile for Jackie or Ben
- Work through the scenarios presented, noting down any key observations. Please also think about anything that you would do differently as a carer? *This question will be asked in the interview.* Space has been provided below for any notes / responses
- Following completion of the scenario, save a copy of the reported generated and send it along with the complete application form to info@lilicare.com
- Please remember to send the test, send to yourself the results as an email initially, plus forward to me as well. Thanks



Figure 1: Screenshot of the different scenario options on a question of care website

Please make any notes below if you would do anything differently to the care worker does within the scenario:

The space below can be used to outline any observations that you had from the scenario

11. Availability

Lilicares Limited, seeks to work in a flexible and family friendly manner with its staff. However, clients require care work across different times of the day up to 7 days a week. Care Workers should be prepared to work at least 1 or 2 weekends a month.

Please indicate with an x the days and times you are available and wish to work:

	Availability for the different times of the day			
	<u>Morning</u> (07:00 – 11:00)	<u>Afternoon</u> (12:00-14:00)	<u>Tea call</u> (16:00 – 19:00)	<u>Bed call</u> (20:00 – 21:30)
<u>Day</u>				
<u>Mon</u>				
<u>Tues</u>				
<u>Weds</u>				
<u>Thurs</u>				
<u>Fri</u>				
<u>Sat</u>				
<u>Sun</u>				

Please indicate with an x the types of work you would prefer:

<u>Full Time</u>	
<u>Part time</u>	
<u>Sleep in</u>	

How many hours a week would you like/can work?

If Part time can you please state if you can do weekends, if not able to do weekends please state why?

12. Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Lilicares Limited, recognises and actively promotes the benefits of a diverse workforce and are committed to treating all employees with dignity and respect in line with the Equality Act 2010 legislation. We welcome applications from all sections of the community.

Date of Birth:	Name:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a ☐):

Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed Raced <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other missed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not want to disclose this
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Please select the option which best describes your sexuality.

Please indicate your religion or belief

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this
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FOR OFFICE USE ONLY

Applicant shortlisted

Yes/No

Interview Date:

/ /

References requested:

Yes/No

Date:

/ /

Verbal reference check:

Additional Notes from application

Yes/No

Application completed

Yes/No

Full employment history?

Notes for interview

Completed By:

Date:

/ /