

enabling disabilities...



Youth Graces (UK) Ltd
HOME CARE PROVIDERS

Youth Graces UK LTD

Documents required from candidate before employment

All candidates seeking employment with Youth Graces **MUST** submit the following: -

1.	Completed Candidate Assessment Form	
2.	Completed Youth Graces Application Form	
3.	Evidence of Right to work (Passport, Visa or Work Permit)	
4.	National Insurance Proof (NI Card or a letter with proof of NI)	
5.	CV including full work history (no gaps)	
6.	Certificates/ Evidence of Qualifications (NVQ 2 or equivalent)	
7.	* Enhanced DBS Check (Adults & Children)	
8.	2 Passport Photographs	
9.	* 2 Proof of Address (issued within 3 months)	

*7. * If you have an Enhance DBS on the Update Services, please bring the certificate & any information needed to check your DBS Status online.*

If you don't have a DBS, we can apply for one on your behalf for a fee of £60.

*9. * Proof of Address can include any of the following:*

- *Utility bill (gas, electric, satellite television, landline phone bill)*
- *Local authority council tax bill for the current council tax year*
- *Bank Statement*

Please note: *All employment is subject to 2 satisfactory references.*

Youth Graces UK Ltd.

Registered in England and Wales. Registered Number: 07764992

Head Office Address: 51A Beckenham Road Beckenham London BR3 4PR

Satellite Office Address: 70 Crayford Highstreet, Crayford, Dartford, DA1 4EF

Tel: 02086509132 **Fax:** 02086766002 **Web:** www.youthgracesuk.org

Youth Graces (UK) LTD Application Form

51a Beckenham Road, Beckenham, London. BR3 4PR

Candidate Assessment Form

Full Name:							
Preferred Name:							
Email:							
Phone Number:							
Date of Birth:							
Address:							
Driving Licence:		Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a current DBS(CRB)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have young children to care for?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have adequate child-care to enable you to hold down a demanding job?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Applied For:		Health Care Assistant <input type="checkbox"/>		Support Worker <input type="checkbox"/>		Other: _____	
How did you hear about this job?		Youth Graces Office <input type="checkbox"/> Youth Graces Website <input type="checkbox"/>		Google Search <input type="checkbox"/> Leaflet (Please Specify): <input type="checkbox"/> _____		Other (Please Specify): <input type="checkbox"/> _____	
Where are you willing to work?		<u>Lambeth</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Southwark</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Bexley</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
On which Days are you available to work?		Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>		Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>		What Is your preferred time? Is there any time you can't work? Preferred Time:	
State your work preference?		7 days a week <input type="checkbox"/>		Weekdays Only <input type="checkbox"/>		Weekends Only <input type="checkbox"/>	
Our clients require health care support 7 days a week. Would you be willing to work weekends?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Qualifications		NVQ 2 <input type="checkbox"/>		Health and Social Care Degree <input type="checkbox"/>		Other (Please Specify): <input type="checkbox"/> _____	
Training – We provide training for unqualified staff. Do you require NVQ 2 Training				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
How much health care experience do you have?		No Experience <input type="checkbox"/>		Under 1 Year <input type="checkbox"/>		1 – 5 Years <input type="checkbox"/>	
				6 – 10 Years <input type="checkbox"/>		11 - 15 Years <input type="checkbox"/>	
		15 Years + <input type="checkbox"/>					
Rate yourself on a scale of 1 – 5? (1 Poor & 5 Good)		Flexible Working _____ Team Player _____ Time Keeping _____		Empathy for Clients _____ Personal Discipline _____ Communication Skills _____		Commitment to work _____ Willing to learn _____ Achieving targets _____	
Availability - How soon can you start?		IMMEDIATELY <input type="checkbox"/> IN TWO WEEKS <input type="checkbox"/>		IN ONE MONTH <input type="checkbox"/> IN THREE MONTH <input type="checkbox"/>		OTHER (Please Specify) <input type="checkbox"/>	
What qualities do you think you require to be a care worker?							

Youth Graces (UK) LTD Application Form

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Position Applied For: Health Care Assistant ☐ Support Worker ☐

The following information will be treated in the strictest confidence.

(Please Complete this Application Form in **Black Ink & BLOCK CAPITALS**)

Personal Information

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Date Of Birth: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

Full Driving Licence: Yes / No Endorsements: Yes / No

If YES, Please Give Further Details including dates:

Are you involved in any activity which might limit your availability to work or your working housing Local Government? Yes / No

If YES, Please Give Further Details:

Are you subject to any restrictions or covenants which might restrict your working activities? Yes / No

If YES, Please Give Further Details:

Are you willing to work overtime and weekends if required? Yes / No

Please give details of any hours which you would not wish to work:

It is a criminal offence for barred individuals to apply to work in a regulated activity with children, young people or adults at risk. Are you on a barred list? Yes / No

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Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the company's Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the DBS/Disclosure Scotland Codes of Practice)

Yes / No

If YES, please give full details:

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment? Yes / No

Have you ever worked for this company before? Yes / No

If YES, please give dates:

Have you applied for employment with this business before? Yes / No

Do you need a work permit to take up employment in the U.K.? Yes / No

How much notice are you required to give to your current employer? _____

Youth Graces (UK) LTD Application Form

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Education History

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

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Source of Application

How did you hear of this vacancy? _____

Full Employment History (No Gaps)

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

(USE ADDITIONAL PAPER IF REQUIRED)

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

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Present or Last Employer

Are you currently employed?

Yes / No

Name of present or last employer:

Address:

Telephone number:

Nature of business:

Job title & brief description of duties:

Current salary:

Length of service:

From: _____ To: _____

Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

Supplementary Information

Please set out below any further information to support your application

(e.g. past achievements, future aspirations, personal strengths)

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References

Can we approach your current employer before an offer of employment is made?

Yes / No

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

<u>Name:</u>
<u>Company/Organisation:</u>
<u>Position:</u>
<u>Address:</u>
<u>Telephone Number:</u>
<u>Email Address:</u>

<u>Name:</u>
<u>Company/Organisation:</u>
<u>Position:</u>
<u>Address:</u>
<u>Telephone Number:</u>
<u>Email Address:</u>

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DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the company by the Disclosure and Barring Service / Disclosure Scotland. I have been given a copy of the company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

Signed: _____

Printed: _____

Date: _____

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DATA PROTECTION NOTICE

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Equality Act 2010.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

Declaration

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge.

Signed:

PRINTED:

Date:

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HEALTHCARE ASSISTANT CHECKLIST

Please tick the box that most applies to your current experience. Please remember that you will be held professionally accountable for all information provided.			
	Novice	Competent	Expert
Administrative Abilities			
Dealing with confidentiality			
Report writing			
Recording instructions from MDT			
Observing/ recording changes in clients' condition			
Measuring fluid output			
Recording on fluid charts accurately			
Answering and referring all enquires to the Care Coordinator in charge			
Understanding the policies, procedures & guidelines and adhering to them			
Documenting patient care thoroughly			
Peg Care			
Care of a patient with abdominal wounds/drains e.g. PEG tube/ Stoma Care			
Wound Care			
Assisting with care of pressure areas and reporting it			
Prevention of pressure sores			
Personal Hygiene			
Care of hair			
Care of nails			
Care of skin			
Care of mouth and dentures			
Assisting with general cleanliness			
Bedside			
Bedmaking			
Disposal of soiled linen			
Assisting with bathing			
Giving bedpans, with disposal and measurement as required			
Preparing patient for meal			
Feeding patient			
Escorting patients to other departments			
Getting patient ready for bed			
Getting patient out of bed			
Keeping the room tidy			
Collecting routine specimen of urine and faeces			

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Mandatory Training

Basic Life Support			
Use of airway and ambu bag			
Cardiac compressions			
Manual handling			
Health and safety			

HEALTH QUESTIONNAIRE

Applicants should read the following carefully. This questionnaire should be completed by you as fully as possible, all questions must be answered. If you run out of space please use a follow up sheet, all information will be treated as medically confidential. In completing the questionnaire, you are responsible for the accuracy of your statements. If information is withheld, suppressed, deliberately misleading or false, you may be liable, if employed to dismissal. A disability or health problem will not in itself preclude full consideration for the job applied for, and applications from people with disabilities are welcome.

GP Details

GP's Name	
Address	
Post Code	
Telephone Number	

	Yes	No	Comment (if YES, you must include details. If date unknown please estimate)
Is there any aspect of your health which may restrict your ability to work as a Health Care Assistant?			
Are you currently taking any medicines, tablets, special diets or injections?			
Is there any aspect of your medical history about which an employer would need to know?			
Do you have any impairments of vision, hearing or speech which might affect your ability to work as a Health Care Assistant?			
Have you ever suffered from any mental illness/depression or nervous breakdown?			
Are you attending hospital for any treatment, or are you on a waiting list for such treatments?			

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Have you ever had any disorders from or received treatment for any of the following?			
	Yes	No	Comment (if YES, you must include details. If date unknown please estimate)
Alcohol/Drugs			
Allergies			
Blood Disorder			
Bone or Joints (Including back pain, upper limb, neck pain & arthritis)			
Cardiovascular system (including hypotension)			
Endocrine (including diabetes and thyroid)			
Gastro-intestinal System (including hepatitis)			
Genito-urinary system (including hernia)			
Immuno-deficiency system			
Neurological system			
Psychiatric and psychological conditions			
Respiratory system (including asthmatic)			
Skin Symptoms (including reaction to gloves/glove powder)			
Stress			
Please enter any additional information			
AIDS/HIV INFECTED HEALTH CARE WORKERS			
I confirm that I am aware of and read the Department of Health's guidelines on AIDS/HIV infected health care workers issued April 1993 and the GMC'S booklet serious communicable diseases – October 1997 and agree to abide by these guidelines	Signature		
MRSA			
Have you had contact with MRSA?			If yes, date of swab

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IMMUNISATION HISTORY			
	Yes	No	Date (if unknown, please estimate)
Have you had any of the following illnesses/Diseases?			
Rubella (German Measles)			
Varicella (Chicken Pox)			
Measles			
Do you have a visible BCG scar of at least 4mm diameter?			
Have you had at least 2 Tetanus boosters since age 12?			
Have you had a TB test?			
Heaf			Stated Result:
Please provide written evidence to support the stated result			
Mantoux			Stated Result:
Please provide written evidence to support the stated result			
Have you ever had any of the following Immunisations?			
Rubella (German Measles)			
Varicella (Chicken Pox)			
MMR (Mumps, Measles, Rubella)			
Diphtheria			
Poliomyelitis			
Tetanus			
Hepatitis B			
Dates of primary course of Hepatitis B Vaccine			
Post-course titre levels			
Dates of all subsequent booster doses			
Health and Safety			
Have you completed a course in cardiopulmonary Resuscitation?			
Have you completed a course in Advanced Cardiopulmonary Resuscitation?			
Have you completed a course in Control and Restraint Techniques?			

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Miscellaneous			
How many days have you been away from work or unable to follow your normal activities because of illness or injury in the last 2 years?			
Please give reasons for and the length of each period of incapacity that exceeds three working days			
Have you ever had to resign from any previous job for medical reasons?			
If Yes, please explain.			
Lifestyle History			
Smoking	Yes	No	
Are you a smoker?			
If you are an ex-smoker when did you give up?	Date:		
If you are a smoker what do you smoke? (Cigarettes/Pipes etc.)			
How many do you smoke a day?	Number:		
Drinking	Yes	No	
How many units of alcohol do you drink each week? (1 Unit = half a pint of beer or cider, a single measure of spirits or a small glass of wine)	No. of units:		
Has your drinking habit differed significantly in the past?			
To the best of my knowledge, this is an accurate statement of my health. I understand that medical information that is knowingly withheld, suppressed, or deliberately misleading or false may make me liable, if subsequently employed, to dismissal. I am also aware that if my Health changes/deteriorates in any way whilst employed through Youth Graces UK Ltd, I am required to notify you immediately.			
Signed:	Date:		

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MEDICAL QUESTIONNAIRE

We will not contact your doctor without your prior written consent.

- How many days' absent have you had from work in the last three years? How many periods of absence have you had in last three years?

Number of days absent: _____

Number of periods of absence: _____

- Are you currently taking or have been prescribed medication (excluding contraceptives)?

Yes / No

If Yes, please give further details: _____

- Are you currently receiving treatment for any physical or mental condition?

Yes / No

If Yes, please give further details: _____

- Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties?

Yes / No

If Yes, please give further details: _____

- Do you consider yourself to have a disability?

Yes / No

If Yes, please give further details: _____

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EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunities employer and as such we ask all candidates to complete and return this Equal Opportunities Monitoring Form. If you prefer, you may return this form in a separate envelope.

The data gathered will help us to monitor the effectiveness of our equal opportunities policies and procedures. It will be held and processed separately to your application and in accordance with the Data Protection Act 1998.

THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.

In each section listed below, please choose one option by marking 'X' in the appropriate box.

AGE

16-17			18-21		22-30		31-40	
41-50			51-60		61-65		66-70	
71 +			Prefer not to say					

DISABILITY

The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse on an individual's ability to carry out normal day-to-day activities.

Do you consider that you have a disability?

Yes		No		Prefer not to say	
-----	--	----	--	-------------------	--

GENDER

Male		Female	
Prefer not to say			

MARITAL OR CIVIL PARTNERSHIP STATUS

Married		In a registered civil partnership	
Not married / in a civil partnership		Separated	
Divorced		Widowed	
Prefer not to say			

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ETHNIC GROUP

Asian / Asian British		Black / Black British	
Bangladeshi		African	
Chinese		Caribbean	
Indian			
Pakistani			
Other Asian background (please specify)		Other Black background (please specify)	

Mixed Ethnic Group		White	
White and Asian		White British	
White and Black African		White Irish	
White and Black Caribbean			
Other Mixed background (please specify)		Other White background (please specify)	

Other Ethnic Group (please specify)	
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Prefer not to say	
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SEXUAL ORIENTATION

Bisexual		Homosexual / Gay / Lesbian	
Heterosexual		Prefer not to say	

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RELIGION OR BELIEF

Buddhist		Christian	
Hindu		Jewish	
Muslim		No religion	
Sikh		Prefer not to say	
Other religion or belief (please specify)			

DATA PROTECTION

By completing this form, I agree to the organisation holding and processing the data I have provided, for its legitimate business reasons stated above.

Date:	Sign:
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Bank details

Candidate Name:

Bank Name:

Sort Code:

Account Number:

Branch:

Account Name:

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Policy Statement on the Recruitment of Ex-offenders

As an organisation using the Disclosure & Barring Service (DBS) to assess applicant's suitability for positions of trust, we comply fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

We are committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependents, age, physical/mental disability or offending background.

The written policy on the recruitment of ex-offenders can be made available to all staff on request. A Disclosure should only be requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts, and recruitment briefs will contain a statement that a Disclosure will be requested.

Unless the nature of position allows us to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974.

We ensure that all those within the company who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, eg. The Rehabilitation of Offenders Act 1974.

We make every subject of a DBS Disclosure aware of the existence of the DBS Code of Practice and make a copy available on request.

Having a criminal record will not necessarily bar individuals from working in specific industries. It will depend on the nature of the position and the circumstances and background of your offences.

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Policy Statement: Secure Storage, Handling, Use, Retention & Disposal of Disclosures and Disclosure information

We use the Disclosure & Barring Service (DBS) to help assess the suitability of applicants for positions of trust and comply fully with the DBS Code of Conduct regarding the correct use, storage, retention and disposal of Disclosures and Disclosure information. We also comply fully with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling of Disclosure information and have a written policy on these matters, as detailed below:

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties.

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Disclosure certificates detailing 'Additional information' will only be disclosed to those individuals who make decisions on recruitment and will not be disclosed to the applicant under any circumstances.

Once a recruitment decision has been made, Disclosure information is not retained for any longer than is absolutely necessary and is not photocopied. This is generally for a period of up to six months, however, in exceptional circumstances we will consult with the Disclosure & Barring Service (DBS) should it be necessary to keep the disclosure information for a longer period of time. Once the retention period has elapsed, we will ensure that any paper-based Disclosure information is immediately and safely destroyed by use of a Shredder and any electronic information removed from the system.

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Applicant consent for DBS

I hereby confirm that I have received adequate information and a copy of policy statement on the recruitment of ex-offenders for the position of health care assistant / support worker with Youth Graces UK Ltd.

I have therefore given my consent to the organisation using the disclosure and barring service (DBS) to access my suitability for this position of trust.

Name of applicant: _____

Signed: _____

Date: _____

Manager: (YGL) _____

Signed: _____

Date: _____

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DBS QUESTIONNAIRE

Full Name: _____

Surname at birth (If different): _____

Used until: _____ (Year)

Any other surname used: _____

Used from: _____ Used to: _____

Have you had other surnames? Yes / No

Any other forename(s) used: _____

Used from: _____ Used to: _____

Have you had other forenames? Yes / No

Please provide all the addresses you have lived at for the past 5 year. Including the dates you moved in and moved out of each address.

Address: _____

Town / City: _____

Postcode: _____

How long have you lived at this address? _____

Date moved in: _____ Date moved out: _____

Address: _____

Town / City: _____

Postcode: _____

How long have you lived at this address? _____

Date moved in: _____ Date moved out: _____

Address: _____

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Town / City:

Postcode:

How long have you lived at this address?

Date moved in:

 Date moved out:

Address:

Town / City:

Postcode:

How long have you lived at this address?

Date moved in:

 Date moved out:

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P46: Employee without a Form P45

Section one To be completed by the employee

Please complete section one and then hand the form back to your present employer. If you later receive a form P45 from your previous employer, hand it to your present employer.
Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

Title - enter MR, MRS, MISS, MS or other title

Surname or family name

First or given name(s)

Gender. Enter 'X' in the appropriate box

Male

☐

Female

☐

Date of birth DD MM YYYY

Address

House or flat number

Rest of address including house name or flat name

Postcode

Your present circumstances

Read all the following statements carefully and enter 'X' in the **one** box that applies to you.

A - This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

☐

OR

B - This is now my only job, but since last 6 April I **have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

☐

OR

C - I have another job or receive a state or occupational pension.

☐

Student Loans

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (If you are required to repay your Student Loan through your bank or building society account do **not** enter an 'X' in box D.)

☐

Signature and date

I can confirm that this information is correct

Signature

Date DD MM YYYY

Youth Graces (UK) LTD Application Form

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FOR OFFICE USE ONLY

Documentation Check:	Evidence of Right to work		
	National Insurance Proof		
	CV including full work history (no gaps)		
	Certificates/ Evidence of Qualifications		
	Enhanced DBS Check (Adults & Children)		
	2 Passport Photographs		
	2 Proof of Address (issued within 3 months)		

Interview Details					
Scheduled Interview		Interview Date & Time:	Attended?	Yes	No
Interviewed By:	1.		2.		
Comments:					
Decision: (Please include a brief reasoning for this decision)	Accept		Reject		

<u>Admin</u> Please Send:	Conditional Offer Letter		Formal Rejection Letter	
--	---------------------------------	--	--------------------------------	--

Conditional Offer Letter:	Date Sent:	Response Received:
---------------------------	------------	--------------------

Request for References:	Reference 1	Reference 2
	Date Sent:	Date Sent:
	Response Received?	Response Received?
	Satisfactory Response?	Satisfactory Response?

PeoplePlanner/ CarePlanner	Set Up On System?		App Downloaded		CM2000 No. Assigned	
Online Training	Set Up On System?		Training Complete?			
Induction	Induction Booked?		Date & Time		Attended?	
Shadow Shift	Shadow Duration?		Days	Completed?		