CLEAR PATHWAY CARE

Employment Application Form

Please complete and return this application form to:
info@clearpathwaycare.co.uk

If you require this application in an alternative format or need assistance completing it, please contact us on **01202 006654**.

Personal Details

Role Applied For:

First Name:

Surname:

Address:

Postcode:

Telephone Number:

Email Address:

Date of Birth:

National Insurance Number:

Nationality:

Right to Work

Do you have the legal right to work in the UK? - ☐ Yes ☐ No

If applicable, please provide details of any visa, work permit or immigration restrictions:

Visa Expiry Date:

Driving

Do you hold a full UK Driving Licence? - ☐ Yes ☐ No

Do you have access to a vehicle for work? - ☐ Yes ☐ No

How many current penalty points do you have? -

Current Employment

Current Employer:

Employer Address:

Current Job Title:

Start Date:

Current Salary:

Notice Period:

Duties and Responsibilities

Please describe your current role and responsibilities:

Motivation

What do you enjoy most about your current role?

What aspects do you find challenging?

Why are you seeking a new opportunity?

Full Employment History

Please provide a full employment history from leaving education to the present day. As a CQC-regulated care provider, it is important for applicants to provide reasons for leaving previous employment. This helps ensure transparency, supports safer recruitment practices, and enables the organisation to assess an applicant's suitability to work with vulnerable people while meeting safeguarding and regulatory requirements.

All periods must be accounted for, to get extra boxes use the 'tab' in the last box

Employer	Position	Start Date	End Date	Reason for Leaving

Gaps in Employment

As a CQC-regulated care provider, it is important to record and explain any gaps in employment to ensure a complete and transparent employment history. This supports safer recruitment practices, helps assess an applicant's suitability to work with vulnerable people, and demonstrates compliance with safeguarding and CQC requirements.

Please explain any periods not covered above.

Qualifications & Training

Qualifications

School/Course	Start Date:	Date Completed:	Provider

Relevant Training

Course	Date Completed	Provider

Care Experience & Suitability

Please tell us about your experience working in health and social care and why you wish to work for Clear Pathway Care.

Please indicate if you have experience supporting people with:

☐ Learning Disabilities

☐ Autism

☐ Mental Health Needs

☐ Dementia

☐ Physical Disabilities

☐ Complex Behaviour

☐ Personal Care

☐ Medication Administration

☐ Community Access

☐ Positive Behaviour Support

☐ Home Care

☐ Older People

Safeguarding & DBS

Have you ever been subject to:

A safeguarding investigation? ☐ Yes ☐ No

Disciplinary action relating to care or support work? ☐ Yes ☐ No

Dismissal from employment involving vulnerable adults or children? ☐ Yes ☐ No

If you answered yes to any of the above, please provide details:

Do you currently hold a DBS Certificate? ☐ Yes ☐ No

DBS Certificate Number:

Subscribed to DBS Update Service? ☐ Yes ☐ No

Criminal Convictions Declaration

Because this role involves working with vulnerable adults, it is exempt from the Rehabilitation of Offenders Act 1974.

Do you have any convictions, cautions, warnings or reprimands that are not protected? ☐ Yes ☐ No

If yes, please provide details:

A criminal record will not automatically exclude you from employment. Each disclosure will be considered individually.

Health Declaration

Do you have any health condition or disability that may require reasonable adjustments to enable you to undertake this role? ☐ Yes ☐ No

If yes, please provide details:

Emergency Contact / Next of Kin

Name:

Relationship:

Telephone Number:

Address:

Email Address:

References

Please provide two professional references. One must be your current or most recent employer.

Reference One

Name:

Job Title:

Organisation:

Relationship to Applicant:

Telephone:

Email:

Is this your most recent employer:

Reference Two

Name:

Job Title:

Organisation:

Relationship to Applicant:

Telephone:

Email:

Declaration

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

I understand that any offer of employment will be subject to:

- Verification of identity
- Right to work checks
- Satisfactory references
- Enhanced DBS clearance
- Verification of qualifications where applicable

Completion of all safer recruitment checks required by law and CQC regulations

I understand that any false statement, omission or misleading information may result in withdrawal of an offer of employment or dismissal.

I consent to Clear Pathway Care contacting the referees named within this application.

Applicant Name:

Signature:

Date:
