

Crosspoint Care Agency Ltd

Glenboig Life Centre Main Street, Glenboig, Coatbridge, Lanarkshire, ML5 2RD

SPR26 - Recruitment Policy and Procedure

Human Resources - Recruitment, Induction and Training



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**Forms**

The following forms are included as part of this policy:

|  |  |  |
| --- | --- | --- |
| **Title of form** | **When would the form be used?** | **Created by** |
| Application Form - SPR26 | To be completed by all candidates before an interview. | QCS |

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.

If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time) please contact the Registered Manager on 07932389466.

|  |  |
| --- | --- |
| **Position** | |
| Position applied for: |  |
| Preferred employment type (e.g. part time, full time): |  |
| **Personal Details** | |
| Surname: | First name(s): |
| Current Address: | Postcode: |
| Telephone number (home): | Telephone number (mobile): |
| Email address: | |
| Own Transport  **Yes/No** | How long has your licence been held? |
| Details: | |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)?  **YES / NO**  If no, please detail current immigration status and the relevant visa currently held (including Visa number): | National Insurance Number: |
| Are you related to a member of staff or Service User at Crosspoint Care Agency Ltd? Please circle only:  **YES / NO** |
| **Equality Act 2010** | |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010.](http://www.gov.uk/definition-of-disability-under-equality-act-2010)  **For the purposes of this application and the interview stage only**, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?  **YES / NO / PREFER NOT TO DISCUSS** | |

# Education

|  |  |
| --- | --- |
| **School/College/University** | **Examinations Passed, Qualifications Gained and Year Obtained**  (All qualifications will be subject to a satisfactory check). |
|  |  |

**Training Courses Attended or Completing**

|  |  |  |
| --- | --- | --- |
| **Subject**  (evidence of attending courses is required) | **Location/Details** | **Date** |
|  |  |  |

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

|  |  |
| --- | --- |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| Please detail here any gaps in employment and state why: | |

# Supporting Statement

|  |
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| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities. |

**Referees**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. 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:** |
| **Postcode:** |
| **Tel No:** |
| **Job title:** |
|  |
| **Previous Employer To The One Above** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Job title:** |

|  |
| --- |
| **Character Reference** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Relationship to you:** |

# Safeguarding

**Ex-Offenders Declaration**

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

# Rehabilitation of Offenders Act 1974

|  |
| --- |
| Crosspoint Care Agency Ltd aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Crosspoint Care Agency Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.  Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. |
| Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?  **YES NO** |
| Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?  **YES NO** |

**Privacy**

|  |
| --- |
| Crosspoint Care Agency Ltd will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to Crosspoint Care Agency Ltd holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you)*.*  When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time,  please contact the Registered Manager or Data Protection Officer on 07932389466. |

**Declaration**

|  |  |
| --- | --- |
| The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Crosspoint Care Agency Ltd. Where applicable, I consent that Crosspoint Care Agency Ltd can seek clarification regarding professional registration details. | |
| Name: | Date: |
| Signature: | |