



Gem Quality Care Ltd Employment Application Form

Form 1: Employment Application Form

(Confidential – for recruitment purposes only)

Position Applied For: _____

Date of Application: _____

Section 1 – Personal Details

Full Name: _____

Address: _____

Postcode: _____

Tel (Mobile): _____

Email: _____

NI Number: _____

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

Visa type / Expiry (if applicable): _____

Section 2 – Employment History (Start with most recent)

Employer Role From To Reason for Leaving

Explain all gaps in employment: _____

Section 3 – Education & Qualifications

Qualification | Institution | Date

Section 4 – Training / Certificates

Course | Date | Expiry

Section 5 – Supporting Statement

Why are you applying and why are you suitable for this role?

Section 6 – References

Two references required (one from your most recent employer):

Referee 1	Referee 2
Name	Name



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Job Title	Job Title
Organisation	Organisation
Email / Phone	Email / Phone
Can we contact before interview? ☐ Yes ☐ No	☐ Yes ☐ No

Section 7 – Declarations

- Any convictions or safeguarding concerns? ☐ Yes ☐ No
- I confirm this information is true and complete.

Signature: _____ Date: _____



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Form 2: Recruitment Compliance Checklist – Staff File Record

Candidate Details

Full Name: _____
 Position Applied For: _____
 Job Title Offered: _____
 Provisional Start Date: _____
 Line Manager: _____
 Interview Date: _____

Pre-Employment Requirements

Requirement	Completed	Date	Checked By
Application form / CV received and signed	☐ Yes ☐ No		
Right to work in the UK verified	☐ Yes ☐ No		
Proof of ID (photo + address)	☐ Yes ☐ No		
Enhanced DBS check initiated	☐ Yes ☐ No		
DBS certificate received and reviewed	☐ Yes ☐ No		
2 written references (including most recent)	☐ Yes ☐ No		
Reference authenticity verified	☐ Yes ☐ No		
Gaps in employment explained and documented	☐ Yes ☐ No		
Qualification certificates verified	☐ Yes ☐ No ☐ N/A		
Character reference (if no employment history)	☐ Yes ☐ No ☐ N/A		
Interview scoring sheet completed	☐ Yes ☐ No		
Conditional offer letter issued and accepted	☐ Yes ☐ No		
Health & Fitness Declaration completed	☐ Yes ☐ No		
Equal Opportunities Monitoring form received	☐ Yes ☐ No		
Induction checklist prepared	☐ Yes ☐ No		
Contract of employment issued	☐ Yes ☐ No		

Post-Start Verification

Requirement	Completed	Date	Checked By
Mandatory training completed	☐ Yes ☐ No		
Shadowing completed (if applicable)	☐ Yes ☐ No ☐ N/A		



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Supervision schedule set	☐ Yes ☐ No		
Probationary period diarised	☐ Yes ☐ No		

Declaration:

I confirm all pre-employment checks and onboarding processes have been completed in line with CQC Regulation 19.

Signed (Recruitment Lead / RM): _____ Date: _____



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Form 3: Health and Fitness Declaration Form

(Private & Confidential)

Full Name: _____

Position Offered: _____

Date of Birth: _____

Contact Number: _____

GP Name & Address (optional): _____

Section A: General Health

1. Any health conditions affecting your duties? ☐ Yes ☐ No
If yes, details: _____
2. Prescribed medication affecting work? ☐ Yes ☐ No
3. Illness/injury in last 12 months impacting role? ☐ Yes ☐ No
4. Allergies or sensitivities (e.g. latex, cleaning products)? ☐ Yes ☐ No
5. Conditions requiring emergency treatment (e.g. diabetes, epilepsy)? ☐ Yes ☐ No

Section B: Occupational Considerations

1. Can you perform the physical aspects of the role (moving/handling)? ☐ Yes ☐ No
2. Full use of arms, legs, and back for safe care delivery? ☐ Yes ☐ No
3. Any environments or activities you cannot manage safely? ☐ Yes ☐ No

Section C: Declaration

I declare this information is accurate and understand false information may lead to withdrawal of my offer or termination.

Signature: _____ Date: _____

For Office Use Only (Completed by RM/HR):

☐ Fit for role ☐ Fit with adjustments ☐ OH referral required



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Form 4: Reference Request Letter

[Company Letterhead] – Date: ____

Private & Confidential

To: [Referee Name & Address]

Re: Reference Request – [Applicant Name]

[Applicant Name] has applied to work for [Company Name] in domiciliary care.

Please answer the following to support our safe recruitment process:

1. How long and in what capacity have you known the applicant?
2. Job title and duties:
3. Dates of employment: From ____ To ____
4. Reason for leaving (if known):
5. Reliability / Punctuality / Teamwork / Professionalism (Excellent – Poor):
6. Any safeguarding concerns or disciplinary actions? ☐ Yes ☐ No
7. Would you re-employ this person? ☐ Yes ☐ No

Additional comments: _____

Referee Name: _____

Position: _____

Signature: _____ Date: _____



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Form 5: Character Reference Request (If Limited Work History)

[Company Letterhead] – Date: ____

Dear [Referee],

Re: Character Reference – [Applicant Name]

The above applicant has applied to work with [Company Name] to support adults in their own homes.

Please confirm:

1. How do you know the applicant and for how long?
2. Are they reliable, honest, and trustworthy?
3. Would you trust them to support an adult at risk?
4. Any reason they should not work in care? ☐ Yes ☐ No

Comments: _____

Referee Name: _____

Relationship: _____

Signature: _____ Date: _____



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Form 6: Conditional Offer of Employment Letter

[Company Letterhead] – Date: ____

Private & Confidential

To: [Applicant Name & Address]

Re: Conditional Offer of Employment – [Job Title]

We are pleased to offer you the above role, **subject to successful completion of:**

- Enhanced DBS check
- Two satisfactory references
- Right to work verification
- Health and Fitness Declaration
- Qualification checks (if required)

Provisional Start Date: ____

Hours of Work: ____

Reporting To: ____

Pay: £____per hour

Please sign to accept this conditional offer.

Signature (Applicant): _____Date: _____



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Form 7: Interview Invite Letter

[Company Letterhead] – Date: ____

Dear [Applicant Name],

Thank you for your application for [Job Title]. We are pleased to invite you to interview on:

- Date/Time: ____
- Location / Remote Link: ____

Please bring: ID, right to work documents, and any relevant certificates.

Contact us if you require reasonable adjustments.

Kind regards,
[Name, Job Title]



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Form 8: Rejection Letter

[Company Letterhead] – Date: ____

Dear [Applicant Name],

Thank you for attending the interview for [Job Title].

After careful consideration, we regret to inform you that you were not selected for this role. We appreciate your time and encourage you to apply for future opportunities.

Kind regards,
[Name, Job Title]