Passport Photos

X 2



**APPLICATION FORM**

PRIVATE & CONFIDENTIAL

|  |  |
| --- | --- |
| **MR/MRS/ MISS/ MS (please delete as appropriate)** | |
|  |  |
| **FIRST NAME:** | |
|  | |
| **MIDDLE NAME:** | |
|  | |
| **SURNAME:** | |
|  | |
| **DATE OF BIRTH:** | |
|  | |
| **NATIONAL INS. NO.** | |
|  | |
| **ADDRESS** | |
| **POSTCODE:** | |
| **HOME TEL:** | |
| **MOBILE:** | |
| **E-MAIL:** | |
| **MARITAL STATUS:** | |
|  | |
| **NEXT OF KIN:** | |
| **RELATIONSHIP:** | |
| **ADDRESS:** | |
| **POSTCODE:** | |
| **PHONE NUMBER:** |  |
| **DO YOU HAVE PERMISSION TO WORK IN THE UK?** | **YES / NO** |
| **DO YOU HAVE A VALID PASSPORT?** | **YES / NO** |
| **YOU HAVE A VALID WORK PERMIT?** | **YES / NO** |
|  | |
| **MOBILITY:** |  |
| **DO YOU HAVE ACCESS TO A CAR** |  |
| **WHICH CAN BE USED FOR WORK PURPOSES?** | **YES / NO** |
|  | |
| **DO YOU HOLD A FULL UK DRIVING LICENCE?** | **YES / NO** |

## QUALIFICATIONS/TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications** | **School/College** | **Grade/Result** | **Dates: From-To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Relevant Training/Qualifications in Healthcare Certificates Date** | | |
| Manual handling | YES/NO |  |
| Health and safety | YES/NO |  |
| Basic food hygiene | YES/NO |  |
| First aid | YES/NO |  |
| NVQ levels | YES/NO |  |
| Others (please list) | YES/NO |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**EMPLOYMENT HISTORY / WORK EXPERIENCE**

Please note that a full 10year employment history or your employment history since leaving fulltime education if less than 10 years must be provided. All gaps over two months in employment history must be detailed with a note of explanation. Please continue on a separate sheet of paper if necessary.

**Please note that we shall obtain a reference from your LAST EMPLOYER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name,**  **Address & Tel no.** | **From** | **To** | **Position held, Duties and**  **Responsibilities** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## REFERENCES

|  |
| --- |
| **1a) Must be your most recent employer (of at least 3 months duration) which must correspond with your employment history.** |
| Name of Employer…………………………………………………………………………... Address of employer……………………………….. ………………………………………  ……………………………………………………………………………………………………………………….  .  Telephone Number ……………………………………....………………………………….  E-mail ………………………………………………………………………………………... Fax Number………………………………………………………………………………….. |
| **1b) Another of your Employers in the last 3 years:** |
| Name of Employer…………………………………………………………………………... Address of employer……………………………….. ………………………………………  ……………………………………………………………………………………………………………………….  .  Telephone Number ……………………………………....…………………………………. E-mail ………………………………………………………………………………………...  Fax Number………………………………………………………………………………….. |
| **2) Must be a fellow health care professional who does not live with you and is able to supply a character Reference of your personal and professional profile.** |
| Name of Employer…………………………………………………………………………... Address of employer……………………………….. ………………………………………  ……………………………………………………………………………………………………………………….  .  Telephone Number ……………………………………....…………………………………. E-mail ………………………………………………………………………………………...  Fax Number………………………………………………………………………………….. |

**HEALTH DECLARATION**

Carers/Support workers are required to complete this Health Declaration. Any positive answers will not necessarily affect your application. Please list any medical conditions (past or present) which may affect your ability to do the job.

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupational Health Assessment** | **Yes** | **No** | **Details** |
| *Are you in good health?* |  |  |  |
| *How much time have you lost from work due to illness in the last five years? Please provide details* |  |  |  |
| *Have you ever been treated in hospital for serious illness or surgery? Please give*  *dates* |  |  |  |
| *Have you been treated in hospital during the last 12 months?* |  |  |  |
| *Do you have any physical disabilities that could affect your ability to carry out your*  *assignment?* |  |  |  |
| *Have you ever left, been retired or denied a job on health grounds?* |  |  |  |
| *Have you ever been denied a driving license on health grounds?* |  |  |  |
| *Are you a registered disabled person?* |  |  |  |
| *Have you any disability related to your physical or mental health?* |  |  |  |
| *Have you ever suffered from any mental illness, psychological or psychiatric problems?* |  |  |  |
| *Do you get discomfort or pain in the chest or shortness of breath on exercise?* |  |  |  |
| *Have you ever had any problems with your joints, including pain, swelling or stiffness?* |  |  |  |
| *Do you have any difficulty in moving rapidly over short distances?* |  |  |  |
| *Would you have difficulty looking over either shoulder?* |  |  |  |
| *Do you need to wear glasses or contact lenses?* |  |  |  |
| *Do you have any difficulty with your eyesight which is not corrected by glasses or contact lenses?* |  |  |  |
| *Have you any problems working with Visual Display Units?* |  |  |  |
| *Have you any problems working in confined spaces/using lifts?* |  |  |  |
| *Do you have any difficulty hearing normal conversation?* |  |  |  |
| *Are you taking any medication that makes you dizzy or drowsy?* |  |  |  |
| *Do you have a medical condition affected by changing sleeping patterns or affecting day time sleep?* |  |  |  |
| *Have you suffered from any alcohol or drug related illness or had an alcohol or drug problem?* |  |  |  |
| *Are you having or awaiting any treatment at the moment?* |  |  |  |
| *What is the date of your last chest x-ray?* |  |  |  |
| *Are you receiving Medicines, Pills or Tablets from a doctor or on prescription?* |  |  |  |
| *Have you ever suffered from any of the following?* |  |  |  |
| *Heart Problems/Circulatory Illness/Hypertension* |  |  |  |
| *High or Low Blood Pressure* |  |  |  |
| *Diabetes* |  |  |  |
| *Asthma/Hay fever* |  |  |  |
| *Bronchitis/Pneumonia/Pleurisy* |  |  |  |
| *Tuberculosis* |  |  |  |
| *Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse* |  |  |  |
| *Headaches/Migraine* |  |  |  |
| *Psychiatric Illness/Anxiety/Depression* |  |  |  |
| *Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies* |  |  |  |
| *Back Injury/Back Problems/Back Pains* |  |  |  |
| *Recurrent Infections e.g. Sore Throats/Ear Infections/Eye Infections* |  |  |  |
| *Hepatitis/Jaundice* |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Have you ever been Vaccinated, Immunized or Tested for / against any of the following?** | **YES/NO** | **DETAILS** |
| Tuberculosis incl BCG, Heaf, Mantoux or Tine |  |  |
| Rubella (German Measles) |  |  |
| Poliomyelitis |  |  |
| Hepatitis B |  |  |
| Hepatitis B Antibodies Date and Result |  |  |
| HIV |  |  |
| Tetanus |  |  |
| Typhoid |  |  |
| Any Other |  |  |
|  |  |  |
| **DOCTOR INFORMATION** | | |
| **GP Name:**  Address:  Postcode: Phone: | | |

## WORK PREFERENCE

To assist us in finding suitable work for you, please place a tick next to all specialties of which you have significant recent experience and are confident to carry out such duties.

Please keep us informed from time to time of all developments in your career as the work we assign to you depends on accurate up to date information.

|  |  |
| --- | --- |
| **WORK PREFERENCE: (Please tick)** | |
| *Full time / Part time*  *If part time, how many hours per week do you want to work... Home care and pop-in visits*  *Hospitals Nursing/Residential Homes*  *Morning / Day / Evening / Night Sleeper duty* |  |
| **Live-In Care** | |
| *Please state if you are able to work as a 24-hour Residential (live-in)*  *Carer. YES / NO*  *If YES, would you like:*  *Long…… or short ……. assignments?*  *Would you accept a live-in assignment some distance from your*  *home? YES / NO*  *If NO, please specify preferred areas:* | |

## Care/Support Assistant ability schedule

*Please indicate yes / No in the areas you have had previous experience.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Personal hygiene*** |  | ***Care duties*** |  |
| *bath/shower/strip wash* | ***Yes/No*** | *Pressure area care* | ***Yes/No*** |
| *bed bath* | ***Yes/No*** | *Simple dressing procedure* | ***Yes/No*** |
| *Use of bath aids* | ***Yes/No*** | *Assisting with medication* | ***Yes/No*** |
| *Shaving* | ***Yes/No*** | *Terminal care* | ***Yes/No*** |
| *Mouth care (inc. dentures)* | ***Yes/No*** |  |  |
| *Care of hair* | ***Yes/No*** | ***Practical tasks*** |  |
| *Care of feet (exc. toe nails)* | ***Yes/No*** | *Light housework* | ***Yes/No*** |
| *Care of finger nails* | ***Yes/No*** | *Laundry* | ***Yes/No*** |
| *Dressing/undressing* | ***Yes/No*** | *Shopping* | ***Yes/No*** |
|  |  | *Bed making/changing bed linen* | ***Yes/No*** |
| ***Toileting*** |  | *Collecting benefits* | ***Yes/No*** |
| *Continence care* | ***Yes/No*** |  | ***Yes/No*** |
| *Bedpans/commodes etc.* | ***Yes/No*** | ***Admin. Abilities*** |  |
| *Changing a catheter bag* | ***Yes/No*** | *Confidentiality* | ***Yes/No*** |
| *Emptying catheter bag* | ***Yes/No*** | *Report writing* | ***Yes/No*** |
|  |  | *Recording instructions from GP/DISTRICT NURSE* | ***Yes/No*** |
| ***Mobility*** |  | *Observing/recording* | ***Yes/No*** |
| *Maneuvering and handling course* | ***Yes/No*** | *Changes in client’s condition* | ***Yes/No*** |
| *Use of hoists* | ***Yes/No*** | ***Previous exp.*** |  |
| *Use of walking aids* | ***Yes/No*** | *Private house* | ***Yes/No*** |
|  |  | *Nursing/residential* | ***Yes/No*** |
| *Supported living* |

***EQUAL OPPORTUNITIES MONITORING***

***Premium Homecare Ltd aims to be an equal opportunities employer. Employees are therefore put forward for work / shift irrespective of race, ethnic origin, disability, age or gender. In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.***

50+ ○

36 – 50 ○

21 – 35 ○

16 – 20 ○

Age Group

Name ............................................ ………………………………………………..

○

No disability

Unregistered disability ○

○

Registered disability

○

○

○

○

○

○

○

○

○

White European White Other Black African Black Caribbean Black Other Indian

Pakistani

Chinese Other

Please tick which best describes your Ethnic Origin.

How did you hear about the post?

……………………………………………………………………………………… Are you related or know any member of staff at Premium Homecare Ltd.

………………………………………………………………………………………

## REHABILITATION OF EX- OFFENDERS ACT 1974

*You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act’. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 974 (Exceptions) Order 1975.*

*You are therefore not to withhold any information requested by* ***Premium Homecare Ltd****. about any previous convictions in the UK or abroad, even if in other circumstances these could appear spent.*

*I confirm that the information I have provided is true to the best of my knowledge. I understand that the information I provided if found to be false, it may result in disciplinary action which could lead to dismissal. Any information, which I may give, will be strictly confidential and will be* ***considered only*** *in relation to this or a similar position for which may be considered by* ***Premium Homecare Ltd****.*

*Have you ever been convicted of a criminal offence?* ***YES*** *I* ***NO***

*If* ***yes****, please give details of all convictions and cautions, including spent convictions and cautions: (please use a separate sheet if necessary)*

*…………………………………………………………………………………………………*

*…………………………………………………………………………………………………*

*…………………………………………………………………………………………………*

*…………………………………………………………………………………………………*

***You are required to complete the Disclosure and Barring Service (DBS) Disclosure form. All health professionals registered with Disclosure and Barring Service are subject to this disclosure process in the interests of all parties concerned.***

**DECLARATION**

**I declare that:**

1. *All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and safety at work Act*
2. *I have never been charged with, or convicted of an offence under any legislation dealing with any offence involving dishonesty or violence.*
3. *I have been issued with a staff handbook and informed of the importance of reading and understanding it.*

## Signature. ………….………………. Date…………….…………………………

Date ……. /……. /…….

Signature.........................................

I understand that before I can commence work with **Premium Homecare Ltd**, I will need to be in possession of an Enhanced DBS.

Surname .........................................

Forenames ......................................

**Disclosure and Barring Service – ENHANCED DISCLOSURE**

**DOCUMENTS NEEDED FOR REGISTRATION**

# VALID WORK PERMIT

(Or if Student, College ID and Student Visa,)

* **PASSPORT OR DRIVING LICENCE** (or other current Home Office Document authorizing you to work in UK)

# NATIONAL INSURANCE NUMBER (NI)

(Or P45 or P60 or letter confirming you have applied for Ni

# PROOF OF ADDRESS

E.g. Driving License, recent Utility Bill, or any recent formal letter with your name and address

# 2 CURRENT PASSPORT SIZE PHOTOGRAPHS

* **Disclosure and Barring Service (DBS)** you apply with us.
* **TRAINING CERTIFICATES**, e.g. Moving & Handling, First Aid etc. If you do not have certificates training will be provided

**RIGHT TO WORK ENQUIRY AGREEMENT**

I agree and give permission for Premium Homecare Ltd to take appropriate action and contact the relevant authorities as a part of their effort to validate my right to work in the UK.

## Print Name: Signature: Date:

**CONFIDENTIALITY AGREEMENT**

Whilst employed by Premium Homecare Ltd I agree to work in any capacity deemed necessary to service user’s needs.

1. I agree not to disclose any information obtained whilst under Premium Homecare Ltd employment to any person or organization without management authorisation. Please note, relevant information may be disclosed on a need to know basis.
2. will hold in trust and confidence for Premium Homecare Ltd all such information, and never use it in other than for the benefit of the Service User.

## Print name: Signature: Date:

**Premium Homecare Ltd DECLARATION**

*If you provide false or misleading information to support your application this will disqualify you from being an employee Premium Homecare Ltd. If it is found that you provided false or misleading information to support your application after or during employment, Premium Homecare Ltd reserves the right to terminate your contract on this basis.*

*I hereby declare that I have read, understood and complied with the requirements laid down in this application form. I agree that the information given is correct to the best of my knowledge and maybe used to support my application.*

**Print Name:** **Signature:**

**Date:**

**DATA PROTECTION ACT 1998**

*Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998. The information collected will only be used for the stated purposes. Understand that any personal details held by Premium Homecare Ltd. May be accessed from time to time by authorised inspectors from the Care QUALITY Commission (CQC) and NHS Framework (buying Solutions).*

*If the declaration is completed during a successful job application, the declaration will be stored in the individual’s permanent employment record. If a prospective employee does not start employment the declaration will be kept for no longer then necessary and then destroyed. This is usually for a period of up to six months to allow for the consideration and resolution of any disputes or complaints.*

Please tick if you agree with the above ⃣

**WORKING TIME REGULATIONS 1998**

*The European Union has laid down guidelines for all workers governing the length of the maximum working week hours that are safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48hours per week, however you may choose to do so.*

I wish to work **MORE THAN** 48hrs per week yes ⃣ No ⃣

*It is Premium Homecare Ltd.’s policy to employ the most suitable personnel and to ensure equal opportunity for the advancement of employees. This includes promotion and training and to prohibit discrimination against any individual and the basis of race, colour, ethnicity, nationality, sexual orientation, gender, religion, belief, pregnancy, marital or civil status, age or disability. In completion of this application form, I authorize Premium Homecare Ltd. To obtain references to support this application once an offer has been made and accepted. I release Premium Homecare Ltd. and submitted referees from any liability caused by giving and receiving any information. I confirm that the information given on this form is to the best of my knowledge, true and complete and that the provision of any false statement(s) will be sufficient cause for rejection or if employed, dismissal.*

Signed: Print: Date:

How did you hear about Premium Homecare Ltd.? Please provide details below:

|  |
| --- |
|  |

**FOR OFFICE USE ONLY**

|  |
| --- |
| Successful / Unsuccessful |

**BANK DETAILS**

**Name**…………………………………………………………………………

**Account Name**……………………………………………………………...

**Bank Name**………………………………………………………………….

**Bank Address**………………………………………………………………

**Account Number**…………………………………………………………..

**Sort Code**……………………………………………………………………

**Signature**……………………………………**Date**………………………...