

**CONFIDENTIAL
APPLICATION FOR EMPLOYMENT**

CARE AT HOME

CARE AT HOME UK LTD

WEB APPLICATION FORM

PLEASE RETURN THIS TO:

**Care at Home UK Ltd
Wenden Court
Station Road
Wendens Ambo
Essex CB11 4LB**

Please write as legibly as possible. Please **PRINT** your name, address and any other addresses.

POST APPLIED FOR					
Surname					
Forenames					
National Insurance Number					
Telephone Number					
Mobile Number					
Address					
Post Code					

Are you legally eligible for employment in the UK?	YES/NO
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If you are presently employed, how many weeks notice do you have to give OR:	
If you are not presently employed, from what date would you be available to commence employment with us?	

PLEASE MARK YOUR PREFERRED SHIFT PATTEN IN THE APPROPRIATE BOX BELOW			
One week on and four weeks off		Two week on and one week off	
One week on and three weeks off		Three weeks on and one week off	
One week on and two weeks off		Four weeks on and one week off	
One week on and one week off (ie alternating weeks)		More than the above (please state below)	

If you have moved within the last two years please state your previous address.

Post Code

DETAILS FOR EMERGENCY CONTACT:

Name	
Address	
Tel:(Home)	
Tel:(Work)	

PRESENT EMPLOYER

Employer's Name and Nature of Business		
	Position Held	
	Grade	
	Pay per hr/week/month	
	Full Time / Part Time	
	Address	
	Post Code	
	Date Started	
Notice Required		

EMPLOYMENT HISTORY FOR PREVIOUS 10 YEARS

1. Employer: _____ Job Title: _____

Address: _____

Telephone Number: _____ Date Employed From: _____ To: _____

Salary: £ _____ Reason for Leaving: _____

2. Employer: _____ Job Title: _____

Address: _____

Telephone Number: _____ Date Employed From: ____ / ____ / ____ To: ____ / ____ / ____

Salary: £ _____ Reason for Leaving: _____

3. Employer: _____ Job Title: _____

Address: _____

Telephone Number: _____ Date Employed From: ____ / ____ / ____ To: ____ / ____ / ____

Salary: £ _____ Reason for Leaving: _____

4. Employer: _____ Job Title: _____

Address: _____

Telephone Number: _____ Date Employed From: ____ / ____ / ____ To: ____ / ____ / ____

Salary: £ _____ Reason for Leaving _____

Please state reasons for any break in continuous employment as declared in your employment history above.

Period	Reason

Qualifications, including membership of Professional Bodies etc. This includes all certificates gained e.g. First Aid / Food Hygiene / Health & Safety. Dates of award should be stated and all named awards must be shown in support. These will be required at interview:

Please tick the boxes below according to those areas in which you have experience

- | | | | | | |
|----------------------------------|--------------------------|------------------------------------|--------------------------|----------------------------------|--------------------------|
| Manual handling/lifting | <input type="checkbox"/> | Changing a catheter bag | <input type="checkbox"/> | Dealing with stroke cases | <input type="checkbox"/> |
| Bathing | <input type="checkbox"/> | Changing a convener | <input type="checkbox"/> | Dealing with Parkinson's disease | <input type="checkbox"/> |
| Bed bathing | <input type="checkbox"/> | Changing an ileostomy bag | <input type="checkbox"/> | Dealing with diabetics | <input type="checkbox"/> |
| Working with hoists | <input type="checkbox"/> | Changing a colostomy bag | <input type="checkbox"/> | Dealing with paraplegics | <input type="checkbox"/> |
| Dealing with single incontinence | <input type="checkbox"/> | Dealing with Alzheimer's sufferers | <input type="checkbox"/> | Dealing with epileptics | <input type="checkbox"/> |
| Dealing with double incontinence | <input type="checkbox"/> | Dealing with Psychiatric disorders | | | |

Please state below any details of your previous experience, aptitude or attainments that you feel are relevant to this application:

NAME / ADDRESS OF TWO REFEREES (One Of Which Should Be Your Last Employer)

NB REFEREES SHOULD NOT BE RELATED TO YOU

Employer (Current /Most Recent)
Phone Number

Professional / Character Reference
Phone Number

MEDICAL HISTORY.

Due to the vulnerable nature of this employment, it is required that you state any medical treatment received which has necessitated absence from work or continued medication other than childbirth.

Care at Home UK Ltd is required to ensure that all care staff applicants complete and sign a Health Declaration.

Please ensure the two pages headed **STATEMENT OF HEALTH** are completed and signed.

MEDICATION - If you have an illness / disorder and you are taking prescribed medication, we ask you to notify at the Interview if you are selected. You are also required to state any physical or mental disorder, which may affect your capability to carry out the responsibilities involved in the position for which you are applying. Please note that this does not necessarily mean it will affect your being offered a position.

Do you smoke?

YES

NO

Do you have a current Driving Licence?

YES

NO

The sort of work for which you are applying is excluded from the operation of Section 4(2) of the Rehabilitation of Offenders Act 1974. You must therefore provide below details of any convictions you have, or of any pending prosecutions, conditional discharges, bindovers or cautions (NB having access to vulnerable people you cannot regard any past criminal conviction as 'spent'). Thus all convictions past and present must be declared. In the event that this declaration is found to be false, employment could be terminated immediately. You must also provide details of the outcome of any pending prosecutions when known.

Any information you give here will be treated as strictly confidential, but may be shared with any Local Authority with whom we are contracted to provide a service.

The information will be considered only in relation to posts, which are excluded from the operation of the 1974 Act by the Rehabilitation of Offenders Act 1974 (Exemption) Order.

Equal Opportunities Monitoring Section
Voluntary Information

In order to monitor the effectiveness of our commitment to equal opportunities it would be helpful if you could complete this form. Completion of the form is not compulsory but should you give details, the information will be used for no other purpose than that is stated in this paragraph.

Name: *(Include all names and title)*: _____

Date of Birth _____

Ethnic Origin: *(please underline)*

African Afro-Caribbean Asian (Chinese/S.E. Asian)
Asian (Indian Sub Continent) Australasian European
Polynesian Other:

Disabilities: _____

Registered Disabled Number (where relevant) _____

Gender Male/Female

Marital Status: Married / Divorced / Single / Separated

Children: How Many? _____ Ages: _____

IDENTIFICATION

If you are selected for Interview it will be necessary to request either proof of identity (this may be in the form of Passport / Birth Certificate,) OR proof of eligibility to work in the United Kingdom. It will be helpful therefore if you could ensure you have this information with you.

You will also be required to supply two passport size photographs if selected.

Signature of applicant
Date

For official use only
Received by (Care at Home)
Date
Position
Name

APPLICANT DECLARATION

This will be held for the interim period pending a Formal Disclosure being received

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Convictions (<i>if none – state none</i>)	
Pending Prosecutions (<i>if none – state none</i>)	
Signed	Date

For official use only	Received by Care at Home UK Ltd
Date	
Position	
Signature	

STATEMENT OF HEALTH

Care at Home UK Ltd is required to ensure that all care staff applicants complete and sign a Health Declaration. Under the Health and Safety Act 1974, employers have a general duty to ensure, so far as is reasonably practical, the Health and Safety of the work of all members of staff. In asking new members of staff to complete a pre-recruitment questionnaire, the service is seeking to ensure that individuals will be able to undertake the duties of their position within the service without their, or anybody else's, Health and Safety being put at risk. Such questionnaires/declarations therefore need to contain sufficient questions for Care at Home UK Ltd to ascertain whether the applicant is fit to do the job.

Health Declaration

1. Have you ever suffered from any of the following?

- Heart Disease..... YES/NO
- High Blood Pressure..... YES/NO
- Back Problems..... YES/NO
- Neck Pain/Injury..... YES/NO
- Arthritis or Rheumatism..... YES/NO
- Diabetes..... YES/NO
- Epilepsy..... YES/NO
- Asthma..... YES/NO
- Other..... YES/NO

If the answer to any of the above is YES – Please give details below.

STATEMENT OF HEALTH – (continued)

2. Have you been vaccinated for any of the following:

- Tuberculosis (T.B)..... YES/NO
- Rubella (German Measles)..... YES/NO
- Tetanus..... YES/NO
- Polio..... YES/NO
- Mumps..... YES/NO
- Measles..... YES/NO

3. Have you lived outside the UK for a period longer than 6 months within the last 5 years?

YES

NO

If YES – Please give details below

4. Have you ever suffered from any form of mental illness?

YES

NO

If YES – Please give details below

DECLARATION:

I DECLARE that to the best of my knowledge and belief all my answers to the above questions are correct.

Signed

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Date

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Name *(please print)*

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Address

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Post Code

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