***APPLICATION FORM***

The recruitment process within this organization has a minimum of two stages.

The completion of this application form is part of stage one. Application will then be reviewed and a decision made as to whether to proceed to the interview, (stage two) based on this information given. PLEASE COMPLETE FULLY AND IN CAPITALS.

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| **FIRST NAME (s):** |  |
| **SURNAME:** | **CONTACT EMAIL:** |
| **PREVIOUS SURNAMES:**  **(Supply documentary evidence)**  **(e.g. Marriage certificate, deed of name change)** |  |
| **CURRENT ADDRESS:**  **POSTCODE:** |  |
| **Moved to this address on:** |  |
| **ANY PREVIOUS ADDRESS FOR PAST 5 YEARS UP TO APPLICATION NEEDS TO BE SUPPLIED FOR CRIMINAL RECORD CHECK:**  **(If necessary, please use another sheet of paper or attach at end of this application**) |  |
| **CONTACT TELEPHONE NO.** |  |
| **MOBILE:** |  |
| **HOME:** |  |
| **WORK: (will be used with discretion)** |  |
| **ARE YOU A DRIVER** | **YES NO** |
| **DO YOU HAVE YOUR OWN TRANSPORT?** | **YES NO** |
| **DO YOU HAVE A CLEAN DRIVING LICENCE** | **YES NO** |
| **ANY ENDORSEMENTS? (IF SO PLEASE GIVE DETAILS)** | **YES NO** |
| **IS YOUR CAR AVAILABLE FOR WORK PURPOSES?** | **YES NO** |
| **WHAT GEOGRAPHICAL AREAS ARE YOU HAPPY TO TRAVEL TO?** |  |
| **POSITION APPLIED FOR** |  |
| **ARE YOU LOOKING FOR:**  **APPROX. NO. OF HOURS:** | **FULL-TIME PART-TIME** |
| **PLEASE CIRCLE YOUR AVAILBILITY:** | **DAYS NIGHTS MORNINGS AFTERNOONS EVENINGS WEEKEND DAYS WEKKEND NIGHTS** |
| **ARE YOU LOOKING FOR A PERMANENT POSITION?** | **YES NO** |
| **WILL ELITE CAREPLUS BE YOUR ONLY EMPLOYMENT?** | **YES NO** |
| **DATE LOOKING TO START:** |  |
| **CAPACITY TO WORK IN THE UK?**  **ARE THERE ANY RESTRICTIONS TO YOUR RESIDENCE IN THE UK WHICH MIGHT AFFECT YOUR RIGHT TO TAKE UP EMPOLYMENT IN THE UK? (IF SO PLEASE GIVE DETAILS)** | **YES NO** |
| **EDUCATION** |  |
| **SCHOOL/COLLEGE/UNIVERSITY**  **(PLEASE SUPPLY COPIES OF ANY CERTIFICATES GAINED)** |  |
| **EXAMINATIONS/QUALIFICATIONS GAINED** |  |
| **TRAINING HISTORY/PROFESSIONAL STATUS** |  |
| **DATE OF QUALIFICATION/GRADUATION:** |  |
| **NAME OF INSTITUTE:** |  |
| **LOCATION DETAILS:** |  |
| **SHORT COURSES ATTENDED** |  |
| **LOCATIONS/DETAILS OF COURSES** |  |
| **DO YOU HAVE AN NVQ/QCF LEVEL 2 OR ABOVE IN Heath + SOCIAL CARE?**  **(PLEASE SUPPLY DETAILS/CERTIFICATES)** | **YES NO** |
| **ADDITIONAL EXPERIENCE** |  |
| **PLEASE GIVE DETAILS OF ANY RELEVANT CARE EXPERIENCE. WORK SITUATION, VOLUNTARY WORK, CHARITY WORK OR WITHIN YOUR OWN HOME.**  **(PLEASE USE SEPARATE PAPER OR ATTACH AT END OF APPLICATION FORM)** |  |

**SKILLS & EXPERIENCE**

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| **HAVE YOU WORKED WITH/ IN ANY OF THE FOLLOWING SECTORS?**  **(Please circle all that apply)** | | |
| **HOMECARE** | **YES** | **NO** |
| **NURSING /RESIDENTIAL HOMES** | **YES** | **NO** |
| **PHYSICAL CARE** | **YES** | **NO** |
| **LEARNING DISABILITIES** | **YES** | **NO** |
| **SUPPORTED LIVING** | **YES** | **NO** |
| **DAY CARE CENTRES** | **YES** | **NO** |
| **HOSPITALS** | **YES** | **NO** |
| **DOMICILIARY CARE** | **YES** | **NO** |
| **OTHER AREAS OF CARE (Please give details)** |  |  |

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| **ARE YOU CONFIDENT IN ANY OF THE FOLLOWING AREAS OF CARE?**  **(Please circle all that apply)** | | |
| **PERSONAL HYGIENE ( Shaving/showering etc)** | **YES** | **NO** |
| **BED BATH** | **YES** | **NO** |
| **CONTINENCE CARE** | **YES** | **NO** |
| **LIFTING & HANDLING** | **YES** | **NO** |
| **HOIST MANUAL** | **YES** | **NO** |
| **HOIST ELECTRIC** | **YES** | **NO** |
| **STOMA CARE** | **YES** | **NO** |
| **CHANGING OF CATHETER BAGS** | **YES** | **NO** |
| **BED PANS/COMMODES** | **YES** | **NO** |
| **BLOOD PRESSURE** | **YES** | **NO** |
| **URINE TESTS** | **YES** | **NO** |
| **TEMPERATURE** | **YES** | **NO** |
| **NUTRITION – MEALS/DRINKS** | **YES** | **NO** |
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**EMPLOYMENT HISTORY**

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

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| **Name and address of your most recent/last employer:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Other roles** (use additional sheet): |  |
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**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

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| Do you require us to make any special arrangements in order for you to participate in the recruitment process?  For example, large print forms?  Or additional time to complete forms?  Yes / No |
| If yes, please give details: |
| ANY FURTHER INFORMATION CAN BE GIVEN ON A SEPARTE SHEET. ALL INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCES AND WILL NOT NECESSARILY PROCLUDE YOU FROM EMPLOYMENT. |
| **YOU WILL BE ASKED TO FILL IN A MEDICAL DECLARATION IF YOU ARE SUCCESSFUAL AND ANY OFFER OF EMPLOYMENT MAY BE SUBJECT TO A SATISFACTORY MEDICAL REPORT.** |

**NEXT OF KIN**

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| --- | --- |
| Full name: |  |
| Relationship: |  |
| TELEPHONE HOME:  MOBILE NO. |  |
| Address: | |

**IDENTITY DETAILS**

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| --- | --- |
| **NURSING AND MIDWIFERY COUNCIL PIN NO.**  **(NURSES ONLY)** |  |
| **NATIONAL INSURANCE NUMBER**  **(ALL APPLICANTS)** |  |

**CAPACITY TO WORK IN THE UK**

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| --- | --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No *(delete as appropriate)* |
| If yes, please provide details. | |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No *(delete as appropriate)* |

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| **WHERE DID YOU HEAR ABOUT US? (Please tick all that apply)** | |
| **WORD OF MOUTH** |  |
| **FAMILY/FRIEND** |  |
| **GOOGLE/SEARCH ENGINE** |  |
| **INDEED** |  |
| **CLIENT** |  |
| **OTHER** |  |

**REFEREES**

You must provide references from your two most recent employers. Please provide an additional character referee. 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.

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| **CURRENT OR MOST RECENT EMPLOYER** |  |
| **Name:** |  |
| **ADDRESS:**  **POSTCODE:** |  |
| **CONTACT TELEPHONE NO.** |  |
| **JOB TITLE:** |  |
| **PREVIOUS EMPLOYER TO ONE ABOVE** |  |
| **NAME:** |  |
| **ADDRESS:**  **POST CODE:** |  |
| **CONTACT TELEPHONE NO.** |  |
| **JOB TITLE:** |  |
| **CHARACTER REFERNCE** |  |
| **NAME:** |  |
| **ADDRESS:**  **POSTCODE:** |  |
| **CONTACT TELEPHONE NO.**  **HOME:**  **MOBILE:** |  |
| **RELATIONSHIP TO YOU:** |  |
| **KOWN FOR HOW LONG:** |  |
|  |  |

**RECORD**

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a Care setting if you are on the DBS Register(s).

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| **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.** |
|  |
| **SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING** |
| **I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.**  **I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.**    **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |