



**JOB APPLICATION FORM**

**As the nature of the work involves working with vulnerable adults, successful applicants will not begin work until the following information is received:-**

- The applicant's written consent to obtaining a certificate from the Disclosure and Barring Services
- An Enhanced Disclosure certificate
- Two satisfactory references

**POSITION APPLIED FOR:** (Please tick required job)

Homecare Worker

Live-in Care Worker

**RIGHT TO WORK IN THE UNITED KINGDOM**

Do you hold a Student Visa? Yes  No

Do you require a Work Permit to work in the United Kingdom?

Yes  No

If you do not have permission to work in the United Kingdom we will not proceed with your application.

CONTINUE.....

**Personal Details**

I confirm that I am over the age of 17 years

National Insurance Number .....

Title            Mr    Miss    Mrs    Dr    Professor    Other

Forenames .....

Surname at birth.....

Used until (date) .....

Other Surname(s) used            Yes             No

If Yes; Name .....

Used: From ..... To .....

Name .....

Used: From ..... To .....

I am            Female             Male

Date of Birth .....

Town of Birth ..... Country of Birth .....

Full Address .....

.....

..... Post Code.....

Telephone Number .....

Mobile Number(s) .....

Email Address.....

Next of Kin (Full name) .....

Full Address .....

.....

..... Post Code .....

Telephone Number .....

Mobile Number(s) .....

Email Address .....

**PREVIOUS ADDRESSES:** You must provide addresses you have lived at, including international addresses, covering the last 5 years.

Address .....

.....

Town/City .....

County .....

Post Code/Zip .....

Country .....

Address .....

.....

Town/City .....

County .....

Post Code/Zip .....

Country .....

**POLICE WARNINGS, CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**

Do you have any criminal convictions, or have you been  
Subject to any conditional discharge, bind overs, warnings or  
Cautions?

Yes  No

Do you have any unspent criminal convictions, conditional?  
Discharge, bind overs, warnings or cautions:

Yes  No

If you answered Yes, to either of the above, you will be required to submit written details and/or dates.

*Any information supplied which details any offences, will not jeopardise this application.*

Do you own a car, or do you have the use of a car? Yes  No

What type of driving licence do you own?

Full UK  Provisional UK

Full EEC  Other International

**Employment History**

**CURRENT OR MOST RECENT JOB**

Position .....

Name or Organisation .....

Manager/Supervisor's Name .....

Address of Organisation .....

.....

.....Post Code.....

Telephone No. .... Email Address .....

Current Gross Salary £..... Per hour Per month Per annum

Brief description of duties.....

.....

.....

Reason for leaving .....

**PREVIOUS EMPLOYMENT**

List of all other previous employment starting with the most recent employment, **give reasons for any gaps.**

Employer's Name and Address	Position held and brief description of duties	From (Date)	To (Date)	Reason for leaving

If there are any gaps in employment, please explain:-

.....  
.....  
.....  
.....  
.....



**REFERENCES**

Please provide 2 referees. They must be your current or most recent employer, or somebody known to you in a professional capacity.

Name Mr/Miss/Ms/Dr/Other .....

Name of Organisation .....

Address .....

.....

.....

Post Code .....

Telephone No. .... Email Address .....

Capacity in which known.....

Can we contact this referee before interview    Yes                       No

Name Mr/Miss/Ms/Dr/Other .....

Name of Organisation .....

Address .....

.....

.....

Post Code .....

Telephone No. .... Email Address .....

Capacity in which known.....

Can we contact this referee before interview    Yes                       No

**GP DETAILS**

Name .....

Surgery Address .....

.....

.....

Telephone Number: .....

**HEALTH AND WORKING TIME REGULATIONS**

Applicants must be fit to carry out duties connected to the post for which they are applying.

I am not aware of any health conditions that may affect my ability to undertake the duties of the position, or health conditions that may place me at risk in the workplace.

I am aware that some of my health conditions may affect my work and may require some special adjustments in the workplace.

The European Union has laid down guidelines for all workers, governing the length of maximum working week that it is safe to work. The current limit is 48hours per week. Employees are under no obligation to accept work offered, therefore you will never be compelled to work more than 48 hours per week but you may choose to do so.

Please tick the appropriate box and sign

**I DO NOT WISH** to work more than 48 hours per week

**I DO WISH** to work more than 48 hours per week

.....Signature (Print and Sign)

**DECLARATION**

I confirm that the information I have provided in support of this application is complete and true to the best of my knowledge. I understand that if I knowingly make false statements or give false information in order to obtain employment, this may result in cancellation of this application and/or termination from the employer’s service if information is discovered while I am employed.

..... Applicant’s Signature (Print and Sign)

..... Date

**NB: You will be required to sign a hard copy of this application, if you are invited to an interview.**

**MEDICAL QUESTIONNAIRE**

*The information given in this questionnaire will remain confidential*

Have you every suffered from:-

	YES	NO
Epilepsy, fits, blackouts, fainting attacks, vertigo		
Chronic or recurrent cough		
Stomach or bowel problems		
Varicose Veins		
Rheumatism or arthritis		
Skin problems		
Vertigo		
Impaired hearing		
Hay Fever or Asthma		
Kidney problems		
Diabetes		
Impaired eye sight		
Heart problems		
Recurrent headaches		
High blood pressure or Low blood pressure		
Back pain		
Infectious or contagious disease		

If you answered YES to any of the above questions, please give details:

.....  
 .....  
 .....

Have you been admitted to hospital in the last 2 years?      Yes       No

If Yes, please give details: .....

.....  
 .....



Are you a hospital outpatient receiving treatment:

Yes  No

If Yes, please give details: .....

.....

.....

In the past 2 years, how many days have you been absent from work due to sickness?

.....days

Please give reasons .....

.....

.....

Have you been inoculated for any of the following:-

Tuberculosis BCG            Yes             Date .....            No

Hepatitis B                Yes             Date .....            No

Rubella                     Yes             Date .....            No

Tetanus                     Yes             Date .....            No

Flu                            Yes             Date.....            No

I confirm that I have answered all questions to be best of my knowledge and understand any false information may lead to termination of employment.

..... Signature (Print and Sign)

..... Date

**EQUAL OPPORTUNITIES MONITORING**

We practice an equal opportunity policy and wish to recruit and employ those people who are suited for the vacancy for which they have applied, regardless of sex, sexual orientation, religion, ethnic origin, race, disability or union membership (or lack of it).

Name .....

**Marital Status:-**

Married  Single  Widowed   
Divorced  Separated  Rather not say

**Gender**

Female  Male  Rather not say

**Sexual Orientation**

Heterosexual (straight)  Bisexual   
Lesbian or Gay  Rather not say

**Religion**

Christian  Jewish  Hindu   
Muslim  Sikh  Buddhist   
No religion  Other  Rather not say

**Ethnic origin:-**

Rather not say

**Asian, Asian British**

Indian  Bangladeshi  Chinese   
Pakistani  Persian  Philippine

Any other Asian background, please specify .....

**Black/Black British**

African  Caribbean  European

Any other Black background, please specify .....

**White**

British  EU  Irish

Any other White background, please specify .....

**Any other Ethnic background, please specify** .....

**Disability**

Do you consider yourself to have a disability which will affect your day to day work?

Yes  No  Rather not say

If Yes, please give details.....