**APPLICATION FORM**

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| **SECTION 1: Personal Details (Task 1)** |

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| **Position applied for:** Carer | **Borough:** Brent | **Date:** |

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they can carry out the duties, regardless of any previous experience.

It is essential that all sections are completed in full. If any section does not apply to you, entre no applicable (N/A).

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| |  |  |  | | --- | --- | --- | | Title: Choose an item. Sex: Choose an item.  First Name:  Last/ Surname:  Other names:  DOB: Click or tap to enter a date.  Maiden Name: | | | | Address: | | | | E-mail: | | Postcode: | | Home phone no:  NI number:  Do you hold full UK Driver’s Licence?  Does any other of your close friends or  relatives already work for us. | Mobile phone no:  Choose an item.  Choose an item.If YES, give their names please: | |   Please states which languages you speak, including an indication of fluency: |

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| **SECTION 1: Personal Details (Task 2)** |

**Passport and Work Permit Detail**

Do you have a right to work in the UK Choose an item. Expiry Date: Click or tap to enter a date.

Passport Nationality: Place of Issue:

Passport Number: Date of Issue: Expiry Date:

Known restriction in use:

**Preference regarding work:**

The Service we provide depends on accurate up to date information. Please keep us informed of all development, in your career and work preferences.

Do you have any other commitment? Choose an item.

Do you work for any other company? Choose an item.

If yes, give details:

When will you be available start work?

Areas able to cover: **Harrow, Brent, Ealing**.

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| **SECTION 2: Next of Kin Information (*in case of emergency*)** |

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| **Name:**  **Relationship to you:**  **Address**. **Postcode:**  **Mobile No:** |

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| **SECTION 3: Employment Record** |

We need a total history of your employment. Start with your present, or most recent job first. If there are gaps in employment, please tell us why e.g., unemployment, bringing up family etc.

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| **Employer Name and Address** | **Job title and description of duties** | **From** | **To** | **Reason for leaving** |
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**Employment Gaps**

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| **SECTION 4: Skills & Qualifications (Part 1)** |

Please tell us about your education. List any qualifications gained. Any further education.

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**Give Details of all Training undertaken, Including short courses**

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| **Course Title** | **From / To** | **Training Agency** |
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| **SECTION 5: Task Ability Schedule** |

**Practical Experience (FOR THOSE APPLYING FOR CARE ONLY)**

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| **To assist us in finding suitable work for you, please tick all the care tasks in which you are experienced:** |

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| **Practical Tasks** |  | **Personal hygiene** |  | **Toileting** |  |
| Bed making/changing a bed |  | Bath/shower/stirp wash |  | Applying a convene |  |
| Collecting benefits |  | Mouth care (inc dentures) |  | Attaching a night bag |  |
| Cooking |  | Care of eyes |  | Bed pans/commodes |  |
| Light housework |  | Health Related tasks |  | Changing a catheter bag |  |
| Recording of blood pressure |  | Care of hair |  | Continence care |  |
| Recording of respirations |  | Dressing/undressing |  | Employing catheter bag |  |
| Recording of respiration |  | Incontinence Care |  | Stoma care |  |
| Shopping |  |  |  |  |  |
| Washing personal laundry |  |  |  |  |  |
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| **Mobility** |  | **Administrative abilities** |  | **Previous experience** |  |
| Moving & handling SU |  | Confidentiality |  | Hospital |  |
| Moving & handling course |  | Observing/recording |  | Care for elderly |  |
| Use of hoists (man. / Elec) |  | Changes in clients’ condition |  | Nursing home |  |
| Use of walking aids |  | Recording instructions from GP/District Nurse |  | Palliative Care |  |
|  |  |  |  | Learning disabilities |  |
| **Nutrition** |  | **Care Duties** |  |  |  |
| Feeding |  | Assisting with medication |  |  |  |
| Food Handling |  | Pressure area care |  |  |  |
| Peg Feed |  | Simple dressing procedures |  |  |  |
| Preparing meals |  | Terminal care |  |  |  |
| Menu Planning |  |  |  |  |  |

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| **SECTION 6: References** |

**Please note that all reference will be verified.**

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

**References 1 References 2**

|  |  |
| --- | --- |
| Name:  Company:  Address    Postcode:  Tel. no. work:  Fax no. :  E-mail: | Name:  Company: **t**  Address:  Postcode:  Tel. no. work:  Fax. no.:  E-mail: |

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| **SECION 7: Availability** |

This availability will form the basis of any employment offer, and if you accepted, forms a commitment on your part. Please note that hours are not guaranteed, and shift periods are for illustration only.

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| Time Available | MON | TUE | WED | THURS | FRI | SAT | SUN |
| 6:00am – 2:00pm |  |  |  |  |  |  |  |
| 2:00pm – 9:00pm |  |  |  |  |  |  |  |
| 9:00 pm to 6:00am |  |  |  |  |  |  |  |

Are you available immediately? Choose an item. *If NO, when would you be available?*

Do you have any holiday, etc. already booked for in the next 3 months? Choose an item.

*If yes, please state the date and how long it will be:*

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| **SECTION 8: Criminal Record** |

Workers of the agency are subject to the Health and Social 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 to work in Care setting if you are on the DBS Register(s).

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| Have you ever been cautioned/reprimanded/ bound over / Choose an item.  Convicted of a crime (spent or otherwise)? |
| If yes, please details below outlining the date, place and nature of the offence and outcome: |

**Data Protection Act 2018 – Certification of Details**

Application forms of unsuccessful candidates will be destroyed after twelve months following an appointment to the job.

I declare that I have completed this application form myself and to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references and a probationary period and if deemed appropriate a satisfactory medical report. I understand that if this post involves working with vulnerable people and the post if subject to a Criminal Record Check (from the Disclosure & Baring Service for England and Wales). Should I be offered such a post. I understand that a Criminal Record Check will be sought before the appointment is confirmed.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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| **SECTION 9: Health (PART 1)** |

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| GP Name |  |
| GP Address |  |

Do you have or have you had any of the following:

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| 1. Any Allergies (including hay fever)? | **No** |
| 2. Any serious infectious diseases? | **No** |
| 3. Stomach, bowel problems, infections, or food poisoning? | **No** |
| 4. Fainting spells, blackouts, or epilepsy? | **No** |
| 5. Ear problems, infections or hearing defects? | **No** |
| 6. Any disability? | **No** |
| 7. Joint or back problems? | **No** |
| 8. Depression/mental illness? | **No** |
| 9. eating disorders? | **No** |
| 10. Are you taking any regular medications? | **No** |
| 11. Diabetes? | **No** |
| 12. Chickenpox (Varicella)? | **No** |
| 13. Are you receiving medical treatment the present time? | **No** |
| 14. Have you consulted your GP in the last 12 months? | **No** |
| 15. Do you have any other health issues that have not been mentioned above? | **No** |

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| **SECTION 9: Health (PART 2)** |

Have you had surgery in hospital in the past two years**?** Choose an item.

Are you a hospital outpatient receiving treatment? **No**

***If yes, please give details.***

How many days have you taken sick leave in the past two years**?** Choose an item.

Are you pregnant? Choose an item.

Do you Smoke? Choose an item.

Are you receiving any medical treatment at present, or do you have a chronic recurring illness? Choose an item. If yes give details:

Do you have any back problems of any kind? Choose an item. If yes give details:

Epilepsy or fits of any type. Choose an item. If yes give details:

Have you suffered any serious illness and injury during the past two years, which has resulted in time off work? Choose an item. If yes give details:

Are you registered disabled? **No** If yes give registration number:

Have you been vaccinated for any of the following?

- Tuberculosis BCG: Choose an item. *if yes,* **Date:**

- Hepatitis B: Choose an item. *if yes,* **Date:**

- Tetanus: Choose an item. *if yes,* **Date:**

- Rubella: Choose an item. *if yes,* **Date**:

- Flu: Choose an item. *if yes,* **Date:**

Declaration:

I declare that all the above information is true to the best of my knowledge, and that I am in good health and fit to carry out the duties as described in the care worker’s job description. I am willing to provide details of my GP should the company require a medical report.

I agree to update this declaration of health on an annual basis.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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| **SECTION 10: Equal Opportunity Monitoring Form (PART 1)** |

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the service properly monitors and conforms with its policies relating to the equality of opportunity. Information will be used for monitoring and for no other purpose.

Our committed aim is to allow our support staff to develop their skills and realise their

maximum potential as individuals without any wish on the part of the service to limit their

opportunities.

**Gender:** Choose an item.

**Are you married or in a civil partnership?** Choose an item.

**Age:** Choose an item.

**What is your ethnicity?**

***White*:** Choose an item.

Any other white background, please write in: …………………………………….

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***Mixed/multiple ethnic groups*:** Choose an item.

Any other white background, please write in: …………………………………….

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***Asian*/*Asian British*:** Choose an item.

Any other white background, please write in: …………………………………….

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***Black/ African/ Caribbean/ Black British*** Choose an item.

Any other white background, please write in: …………………………………….

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***Other ethnic group*: N/A** Any other ethnic group, please write in:……….

**Disability**

If you are disabled, have specific learning difficulty or long-term medical condition that may require adjustment to be made to the environment, please let us know.

Please indicate which term is descriptive of your disability Choose an item.

Please list any reasonable adjustments you think you may require:

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| **SECTION 10 : Equal Opportunity Monitoring Form (PART 2)** |

**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in: ……………………………………………

…………………………………………………………………………………….....

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say  If other, please write in: ……………………………………….

……………………………………………………………………………………….

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please write in: ……………………………………….....

……………………………………………………………………………………….

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

None  Flexitime  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  Compressed hours

Homeworking  Prefer not to say  If other, please write in: …………………..

…………………………………………………………………………...……………

**Do you have caring responsibilities? If yes, please tick all that apply.**

None  Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

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| **SECTION 11: Declaration (Part 1)** |

**General Declaration**

I confirm that the information provided in this application (and within my Curriculum Vitae if applicable) is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statement could place any subsequent employment in jeopardy. I understand that any employment entered is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal date contained within this form being recorded for the purpose of assessing suitability for the post and may form the basis of any subsequent personnel file.

**Do you understand and agree to this statement:** Choose an item.

**Data Protection Statement**

1. I accept that the Service holds personal data about me, and I hereby consent to the processing by the Service or any associated company of my personal data for any purpose related to the performance of my contract of employment or my continuing employment or its termination or the conduct of the Service’s business, including, but not limited to, payroll, human resources, and business continuity planning purposes.

2. I also explicitly consent to the Service or any associated organisation processing any sensitive personal data relating to me, for example sickness absence records, medical reports, particular health needs, details of criminal convictions and equal opportunities monitoring data, as necessary for the performance of my contract of employment or my continuing employment or its termination or the conduct of the Service’s business.

3. Finally, I consent to the Service providing my personal data to a third party where this is necessary for the performance of my contract of employment or my continuing employment or its termination or the conduct of the Service’s business, for example to a pension scheme provider in relation to my membership of a pension scheme or to an insurance company in relation to the provision of insured benefits.

**Do you understand and agree to this statement:** Choose an item.

**Name of employee: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

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| **SECTION 11: Declaration (Part 2)** |

**Confidentiality Agreement**

IQC ltd and its service users place their trust in you. Visiting a service user in their home and providing services for them will place you in a position where you are privileged to sensitive information regarding Service User’s health, family, medical or social circumstances. As a Care Worker you will be responsible of adhering to and enforcing the confidentiality policy on the following:

1. Treat all information about IQC ltd. Staff and Service Users as confidential.

2. Only discuss or disclose information about Service Users and staff in accordance with

legislation and “agreed ways of working”.

3. Any documents and information relating to Service User must be carefully safeguarded and

released only authorised persons (Social Services, District Nurses, and   
 Senior members of staff).

4. Always seek guidance from a senior member of staff. (Field Supervisor, Manager or Co-

Ordinator) regarding any information or issues that you are concerned about.

5. Always discuss issues of disclosure with a senior member of staff.

I confirm that I have read and understood the confidentiality agreement. I understand that failure to comply with the above rules will be regarded as serious misconduct which could result in action being taken against myself.

**Name of employee: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**