

**Application for Employment**

|  |  |
| --- | --- |
| Position Applied For |  |
| Reference No |  |

|  |
| --- |
| **Section 1 – Personal Details** |
| Title |  | Address |  |
| First Name |  |
| Surname |  |
| Previous Name |  |
| Date of Birth |  |
| Nationality |  | Contact No(s) |  |
| NI No. |  | Email Address |  |

|  |
| --- |
| **Section 2 – Next of Kin** |
| Title |  | Address |  |
| First Name |  |
| Surname |  |
| Relationship |  |
| Contact No(s) |  |

|  |
| --- |
| **Section 3 – Eligibility to Work** |
| I can confirm I am eligible to work in the UK | [ ]  Yes [ ]  No |
| Passport No. |  | Place of Issue |  |
| Nationality |  | Date of Issue |  |
| Known restrictions |  | Expiry Date |  |

|  |
| --- |
| **Section 4 – General Information** |
| Do you hold a current UK driving licence? |  |
| Do you have any endorsements on your licence? |  |
| Please state any languages you can speak (other than English) |  |

|  |
| --- |
| **Section 5 – Work Preferences** |
| *Please let us know your work preferences* |
| [ ]  Part-Time | [ ]  Days | [ ]  NHS | [ ]  Homecare Visits |
| [ ]  Full-Time | [ ]  Nights | [ ]  Residential | [ ]  Live-in |
|  |  | [ ]  Nursing home |  |

|  |
| --- |
| **Section 6 – Availability** |
| When are you available to start? |  |
| Do you have any other work commitments? (*please specify*) |  |
| How long are you looking to work with us?  |  |

|  |
| --- |
| **Section 7 – Work Experience** |
| *Please print details of all your employment history for a period of at least 2 years, starting with your current or most recent at the top.* |
| Name and address of employer | Position held *(include duties and responsibilities)* | Start Date | End Date | Reasons for leaving(*include explanation for any gaps*) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Section 8 – Mandatory Training** |
| Course | Completion Date | Expiry Date |
| Moving and Handling |  |  |
| Food Hygiene |  |  |
| Fire Awareness |  |  |
| First Aid |  |  |
| Infectious Disease Control |  |  |
| Safeguarding of Vulnerable Adults |  |  |
| Health and Safety |  |  |

|  |
| --- |
| **Section 9 – Vocational Training** |
| Qualification | Completion Date | Institution |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Section 10 – Skills Set** |
| Please tick out all the tasks in which you are experienced |
| **Personal hygiene**Bath / Shower / Strip washBed bathUse of bath aidsGeneral personal care**Toileting**Continence CareBedpans /commodes etsChanging a catheter BagAttaching a night BagApplying a conveenEmptying a catheter bagStoma care | **Mobility**Moving & Handling coursesUse of Hoists (manual)Use of Hoists (electric)Use of walking aidsMoving and Handling Clients**Care Duties**Pressure area careSimple dressing proceduresAssisting with medicationTerminal Care | **Practical tasks**Bed making / changing a bedRecording of blood pressureRecording of temperatureRecording of respiration**Administrative abilities**ConfidentialityReport writingRecording instructions from GP/District nurseObserving /recording changes in clients condition |

|  |
| --- |
| **Section 11 – References**  |
| *Please provide two references including one from your current or most recent employment. The people may not be your relatives or friends.* |
| **Referee 1** |
| Name |  | Address |  |
| Position |  |
| Organisation |  |
| Contact No(s) |  |
| Email address |  |
| How long did they know you? |  |
| In what capacity did they know you? |  |
|  |
| **Referee 2** |
| Name |  | Address |  |
| Position |  |
| Organisation |  |
| Contact No(s) |  |
| Email address |  |
| How long did they know you? |  |
| In what capacity did they know you? |  |

|  |
| --- |
| **Section 12a – Health Declaration** |
| Please give details of any illnesses / accidents / injuries in the last 2 years. |
| Please give details of any absences from work in the last 12 months (except holidays). |
| Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes / No If Yes, please give details. |
| What adjustments (if any) need to be made to the working environment to accommodate your disability. |

|  |
| --- |
| **Section 12b – Health Inoculations** |
| **Have you been inoculated against the following?** |
| German measles (Rubella) | Yes Date / No | Tuberculosis (BCG) Yes Date / No |
| Hepatitis B | Yes Date / No | Tetanus Yes Date / No |
| Polio | Yes Date / No | Other |

|  |
| --- |
| **Section 13 – Convictions** |
| **Do you have any convictions (spent or unspent) that may be relevant to your employment with us?****If Yes, please provide details below.** |
| **Have you ever been the subject of any abuse investigation or enquiry into abuse or other inappropriate behavior?****If Yes, please provide details below.** |

|  |
| --- |
| **Section 14 – Confidentiality Declaration** |
| Registration implies acceptance of our codes of confidentiality. In the course of your duties you may have access to confidential information about your client. On No account must information relating to identifiable clients be divulged to anyone other than your branch manager or his/her assistant. You should Not disclose any information to your family, friends, neighbours. e.t.c.If you are worried by any information you have obtained and consider that you should talk about it to someone else make an appointment to speak in private to your superior/supervisor/manager.Failure to observe these rules will be regarded as serious misconduct which may lead to termination of your employment contract with A2L Care Services.**I have read and I understand the above and I agree to abide by the contents therein.** |
| Signed |  | Date |  |

|  |
| --- |
| **Section 15 – Enhanced Disclosure and Barring Service (DBS)** |
| Under the **Rehabilitation of Offenders Act 1974** you are required to reveal ALL convictions as defined under the act. We actively promote equal opportunities for all, as stated in our Equal Opportunities policy. If you are in any doubt about a declaration, you must discuss this with the office manager. A conviction does not automatically prevent you from registering, however failure to declare, may lead to immediate termination of employment. You are required to inform us if you are convicted of a criminal offence, cautioned or have a hearing pending in the future.**What is an enhanced disclosure?**An enhanced disclosure is for positions involving greater contact with Children or vulnerable adults. In addition to the information provided on a standard disclosure, the enhanced disclosure involves an additional check with the police, who check if any information is held on file that may be relevant. The police decide what (if any) additional information will be added to the disclosure. In rare circumstances the police may write to the employer separately giving confidential information about an ongoing criminal investigation into the applicant. This information may NOT be released to the applicant.If an offence is highlighted (when we receive your enhanced disclosure) that you have not declared your application may be withdrawn from the recruitment process.For more information on DBS enhanced disclosures please call 0870 9090811 or visit their web site<https://www.gov.uk/government/organisations/disclosure-and-barring-service>  |

**DECLARATION**

The information supplied on this form will be processed and stored in manual and computerised records for recruitment, employment and management processes. You have the right to access this data. All information will be treated in the strictest confidence. Unsuccessful applicants’ information will be retained for 3 months.

**I confirm that the information provided above is complete and correct. I understand that providing false or misleading information in this application form may lead to rejection of this application, withdrawal of any offer of employment already made or immediate dismissal if employment had already commenced on discovery.**

**I give consent to A2L Care Services to hold and process this information. I also consent to reference checking and the DBS checks for the purposes of this application for employment.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |