



## 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			<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<i>Please let us know your work preferences</i>	
<input type="checkbox"/> Part-Time <input type="checkbox"/> Days <input type="checkbox"/> NHS <input type="checkbox"/> Homecare Visits	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Nights <input type="checkbox"/> Residential <input type="checkbox"/> Live-in	
	<input type="checkbox"/> Nursing home

Section 6 – Availability	
When are you available to start?	
Do you have any other work commitments? <i>(please specify)</i>	
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 <i>(include duties and responsibilities)</i>	Start Date	End Date	Reasons for leaving <i>(include explanation for any gaps)</i>

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		
<p><b>Personal hygiene</b>            Bath / Shower / Strip wash            Bed bath            Use of bath aids            General personal care</p> <p><b>Toileting</b>            Contenance Care            Bedpans / commodes ets            Changing a catheter Bag            Attaching a night Bag            Applying a conveyer            Emptying a catheter bag            Stoma care</p>	<p><b>Mobility</b>            Moving &amp; Handling courses            Use of Hoists (manual)            Use of Hoists (electric)            Use of walking aids            Moving and Handling Clients</p> <p><b>Care Duties</b>            Pressure area care            Simple dressing procedures            Assisting with medication            Terminal Care</p>	<p><b>Practical tasks</b>            Bed making / changing a bed            Recording of blood pressure            Recording of temperature            Recording of respiration</p> <p><b>Administrative abilities</b>            Confidentiality            Report writing            Recording instructions from GP/District nurse            Observing /recording changes in clients condition</p>

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.			
<b>Referee 1</b>			
Name		Address	
Position			
Organisation			
Contact No(s)			
Email address			
How long did they know you?			
In what capacity did they know you?			
<b>Referee 2</b>			
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
Hepatitis B	Yes	Date ___/___/___	No
Polio	Yes	Date ___/___/___	No
Tuberculosis (BCG)	Yes	Date ___/___/___	No
Tetanus	Yes	Date ___/___/___	No
Other			

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

Section 14 – Confidentiality Declaration			
<p>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.</p> <p>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.</p> <p>Failure to observe these rules will be regarded as serious misconduct which may lead to termination of your employment contract with A2L Care Services.</p> <p><b>I have read and I understand the above and I agree to abide by the contents therein.</b></p>			
Signed		Date	

Section 15 – Enhanced Disclosure and Barring Service (DBS)			
<p>Under the <b>Rehabilitation of Offenders Act 1974</b> 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.</p> <p><b>What is an enhanced disclosure?</b></p> <p>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.</p> <p>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.</p> <p>For more information on DBS enhanced disclosures please call 0870 9090811 or visit their web site <a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a></p>			

**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	
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