

# APPLICATION FORM



**Please make sure you:**

*Answer all the questions on this form  
Complete this form in CAPITAL letters  
Use BLACK INK  
Send us all the documents we ask for*

APPLICANT INFORMATION									
Last Name			First Name(s)						
Address									
City				Post Code					
Phone				Email					
Date of Birth				Next of Kin					
National Insurance									
Position Applied for									
Are you a citizen of the United Kingdom?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.K.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
EDUCATION									
University									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please provide 2 professional/character references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					

Address	
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**YOUR EMPLOYMENT HISTORY (PLEASE FILL OUT THE LAST 5 YEARS CONSECUTIVELY)**

- Please supply details of your full working history from point of qualification.
- Please explain any gaps in your history
- Please continue a different sheet if required.

Company		Address
Phone		Email
Job Title		Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Address
Phone		Email
Job Title		Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Address
Phone		Email
Job Title		Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Address
Phone		Email
Job Title		Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Address
Phone		Email
Job Title		Salary
Responsibilities		

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Address
Phone		Email
Job Title		Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

### HEALTH DECLARATION/MEDICAL QUESTIONNAIRE

Please complete the following questionnaire regarding your health status and your fitness to carry out the duties as described in the job description of a carer.

Please give details if you have suffered from any of the following and give dates

Mental Health Condition that required hospital treatment and/or drug treatment?	Depression, Bipolar disorder, Schizophrenia, Anxiety, Alcoholism, Drug dependency	
Chest complaint, breathing, pain or condition that required hospital treatment or surgery or is being treated with drugs?	TB, Cancer, Asthma, Emphysema, Angina, Heart condition, Heart attack, High Blood Pressure	
Back pain and received/ receiving hospital treatment and/or drug treatment?	Sciatica, Spondylitis, Disc degeneration	
Arthritis and is receiving hospital treatment or drug treatment?	Rheumatoid/Osteoarthritis	
Epilepsy, blackout, vertigo receiving (received) hospital treatment and/or drug treatment?	Fits, Giddy spells	
Stomach, kidney or bowel condition that required Hospital treatment and/or drug treatment?	Cancer, Colitis, Pancreatitis, Gall bladder, Hernia	
Diabetes, thyroid or other glandular problems that required hospital treatment and/or drug treatment?		
Infectious or contagious disease that required or requires Hospital treatment	Hepatitis, HIV/AIDS, MRSA, Diarrhea, Vomiting, Skin disease, Dysentery	

and/or drug treatment?		
Is your eyesight and hearing good?	Do you wear glasses or a hearing aid?	
Do you suffer from any allergies?	Hay fever, Reactions to drugs, food and fumes	
Are you pregnant? (for women)		
Have you had surgery in the past 2 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you currently receiving treatment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give details:		
How many days have you taken sick leave In the past 2 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been inoculated for any of the following?		
Tuberculosis BCG	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:
Hepatitis B	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:
Rubella	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:
Tetanus	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:
Flu	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:
The Company may wish you to have a course of vaccinations against Hepatitis B and the Manager will discuss this with you.		
I certify that the information I have provided is accurate and that I am in good health and fit to carry out the duties as described in the Care Worker's job description.		
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p><b>X</b></p> <hr style="width: 100%;"/> <p>Signed:</p> </div> <div style="text-align: center;"> <p><b>X</b></p> <hr style="width: 100%;"/> <p>Date:</p> </div> </div>		

**CRIMINAL RECORDS BUREAU DISCLOSURE AND REHABILITATION OF OFFENDERS ACT (1974) DECLARATION.**

REHABILITATION OF OFFENDERS ACT (1975)

The Rehabilitation of Offenders Act (1974) (Exemptions 1975 apply) requires that it is a requirement on people who apply for social care positions to disclose any conviction that would otherwise be considered 'spent'.

Have you been convicted of a criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you been given a conditional discharge for a criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I UNDERSTAND THAT ANY INFORMATION I GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE. ANY INFORMATION THAT I GIVE THAT DETAILS ANY OFFENCES – WILL NOT JEOPORDISE MY APPLICATION.

X

Signed: \_\_\_\_\_

X

Date: \_\_\_\_\_

Before you can commence working as a Care Worker in the community, the Company must obtain a CRB clearance for you. You will have already completed the form and supplied documents that confirm your identity.

The Company will keep the documentation under the terms of the Data Protection Act 1998. The CRB documents will only be checked by CQC Inspectors for inspection purposes under the Care Standards Act 2000 when the Company's records are checked.

I GIVE MY CONSENT TO THE DISCLOSURE OF THE CRB DOCUMENTATION RELATING TO MY APPLICATION ONLY IN THE CIRCUMSTANCES DESCRIBED ABOVE.

X

Signed: \_\_\_\_\_

X

Date: \_\_\_\_\_

## EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

The Company promotes equality of opportunity and would ask your co-operation in completing this form to confirm that we do not make decisions based on discriminatory issues.

### DISABILITY

If you suffer from a disability, you may not be considered suitable for the work involved in providing care in the community. However, if after having read the job description, you feel that you would like to proceed with the application, you will receive our support.

We would, however, need to consider the implications from a Health and Safety viewpoint and assess this when we process your application.

#### White

- British
- Irish
- Other

#### Mixed

- White/Black African
- White/Black Caribbean
- White/Asian

#### Black

- African
- Caribbean
- Other

#### Asian

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

X

Signed:

X

Date: