Application Form Carer

STRICTLY CONFIDENTIAL **Application for Employment**
Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

PERSONAL DETAILS

Surname		First name(s)	
Address		Previous Name(s)	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			

Are you a citizen of the EU?	Yes	No
Do you need a work permit?	Yes	No
Current driving licence?	Yes	No
Do you drive?	Yes	No
How do you usually travel to work?		

NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

YOUR BANK DETAILS

Your Payment Details					
Name of Bank/Building Society					
Account Name		Personal		LTD	
Branch Address & Post Code					
Account No		Sort Code			

PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

EDUCATION

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months
Please enclose copies of your training certificates

Moving and		Basic Life		Intermediate Life			

Handling		Support		Support		Advanced Life Support	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis')	
Resuscitation of the Newborn (Midwifery)		Interpretation of Cardiotocograph Traces (Midwifery)		Practical			

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:		Date:	

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address and Telephone No
1			
2			
3			

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked_____

Period of notice required in the present post_____

Earliest start date_____

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:		Date:	

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Applicant shortlisted	Yes	No
Interview Date:		
References requested:		
Verbal reference check	Yes	No
Date:		

Additional Notes from application

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

Notes for interview

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:		
Gender		Male
		Female
		I do not wish to disclose this

Race Relations (Amendment) 2000
I would describe my ethnic origin as (please indicate with a tick

Asian or Asian British		**Mixed Raced**		**Other Ethnic Group**	
	Bangladeshi		White & Asian		Chinese
	Indian		White & Black African		Any other ethnic group
	Pakistani		White & Black Caribbean		I do not want to disclose this
	Any other Asian background		Any other missed background		
Black or Black British		**White**			
	African		British		
	Caribbean		Irish		
	Any other Black background		Any other Black background		

Employment Equality Regulations 2003
Please select the option which best describes your sexuality

Please indicate your religion or belief

	Lesbian		Atheism		Sikhism
	Gay		Buddhism		Judaism
	Bisexual		Christianity		Hinduism
	Heterosexual		Islam		Other
	I do not wish to disclose this		Jainism		**I do not wish to disclose this**

Your DBS status and Uniform

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No		Yes	No	
Issue Date				Disclosure Number		
Is this certificate registered with the update service	Yes	No				

All applications who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Golden Healthcare Solutions Limited will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be charged to the candidate.
Candidates will be required to purchase uniform if required at the cost of £20 this will be deducted from your timesheet once you have started working through us. Please fill in the box below stating your uniform size and quantity.

Uniform sizes

Female	8	10	12	14	16	18	20	22	24	26	28
Nurse											
HCA/CH											
Midwife											

Male	38	40	42	44	46	48	50
Nurse							
HCA/CH							
Midwife							

Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:	**Yes**	**No**
Epilepsy/Blackouts		
Nervous Mental Disorders		

Migraine/Headaches		
Sensory Impairment		
Skin Allergies		
Back pain/Previous Back Injury		
Heart Condition		
Asthmatic or respiratory ailments		
Recurring Incidence of Illness		

Are you registered disabled?	Yes	No
If yes, please detail		

Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)		Yes	No
Have you lived continuously in the UK for the last 5 years			
If you answered no above, please list all of the countries that you have lived in over the last 5 years			
Have you had a BCG vaccination in relation to Tuberculosis			
If you answered yes please state when	Date		
Do you have any of the following			
A cough which has lasted for more than 3 weeks			
Unexplained weight loss			
Unexplained fever			
Have you had tuberculosis (TB) or been in recent contact with open TB			

Additional Information
(If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles

	Yes	No	Date
Have you ever had chickenpox or shingles			

Immunisation History

Have you had any of the following immunisations	Yes	No	Date
Triple vaccination as a child (Diptheria / Tetanus / Whooping cough)			
Polio			
Tetanus			
Hepatitis B (If Yes is ticked please give dates below)			

Course	1		2		3	
Course	1		2		3	

Proof of immunity (please send the following)

Varicella	You must provide a written statement to confirm that you have had chickenpox or shingles however we strongly advise that you provide serology test result showing varicella immunity
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of “two” MMR vaccinations or proof of a positive antibody for Rubella Measles & Mumps
Hepatitis B	You must provide a copy of the most recent pathology report showing titre

	levels of 100lu/l or above

Proof of Immunity (Please send the following) EPP Candidates Only

Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Please List below any covid-19 vaccinations or immunisations	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	

Your Registration Checklist

To complete your registration you will be required to provide the following documentation

☐	Completed Registration Form – signed in all requested areas
☐	Completed Health Questionnaire – signed
☐	CV – E-mailed in word format – Your CV must cover full work history from education
☐	Your Right to Work in the UK as well as your passport and forms of I.D - **We require to see the originals of these documents.** (Posted originals will be returned the same day received by recorded delivery).
☐	Birth Certificate and Driving License
☐	HPC or NMC Entry Certificate and up to date renewal card
☐	Copy of your most recent DBS – less than 1-year-old
☐	Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
☐	Mandatory Training Certificates > 1 Year • Manual Handling • Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support • Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health & Safety, 'Quality, Diversion & Inclusion', Safe Guarding Children & Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you) • Mental Health Nurses will need Restraint Training
☐	Immunisations • Hep B • Varicella • Evidence of BCG – OR completed TB form, or confirmation on Letter Head paper, including your details and the GMC NMC number of the practitioner confirming the scar • Measles • Rubella

☐	EPP Candidates (IVS = identification was shown at time of blood test) • Hep B Surface Antigen (IVS) • Hep C (IVS) • HIV (IVS)
☐	2x Passport Size Photos
☐	Proof of National Insurance Number 2x Reference forms. Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail To be paid through a Limited Company please ensure you send • Certificate of Incorporation • Evidence of limited bank details and company name ie bank statement or blank cheque • VAT Certificate • Signed Self Billing Form (enclosed)

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:		Date:	