

## Application Form Carers

**STRICTLY CONFIDENTIAL Application for Employment**

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

### 1 PERSONAL DETAILS

Surname		First names	
Address		Previous Names	
		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 have a car for work use?		Yes	No

### 2 NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

### 3a 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				


**3b PREVIOUS 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 Handling	<input type="checkbox"/>	Basic Life Support	<input type="checkbox"/>	Intermediate Life Support	<input type="checkbox"/>	Advanced Life Support	<input type="checkbox"/>
Complaints Handling	<input type="checkbox"/>	Handling Violence and Aggression	<input type="checkbox"/>	Fire Safety	<input type="checkbox"/>	COSHH	<input type="checkbox"/>
RIDDOR	<input type="checkbox"/>	Caldicott Protocols	<input type="checkbox"/>	Data Protection	<input type="checkbox"/>	Infection Control	<input type="checkbox"/>
Lone Worker Training	<input type="checkbox"/>	Equality & Inclusion	<input type="checkbox"/>	Food Hygiene (where required to handle food)	<input type="checkbox"/>	Personal Safety (Mental Health & Learning Dis')	<input type="checkbox"/>
Resuscitation of the Newborn (Midwifery)	<input type="checkbox"/>	Interpretation of Cardiotocograph Traces (Midwifery)	<input type="checkbox"/>	Practical	<input type="checkbox"/>		<input type="checkbox"/>

**4 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
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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:	
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**Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.**

**Your DBS status**

*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 applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Connections Healthcare Ltd will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be*

**5 ADDITIONAL PERSONAL DETAILS**

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

**6 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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**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	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Female
	<input type="checkbox"/>	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	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	I do not want to disclose this
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other missed background		
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British		
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Any other White background		

**Employment Equality Regulations 2003**

Please select the option which best describes your religion or belief describes your sexuality.

<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Atheism	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Judaism
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Other
<input type="checkbox"/>	I do not wish to disclose this	<input type="checkbox"/>	Jainism	<input type="checkbox"/>	I do not wish to disclose this

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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**FOR OFFICE USE ONLY**

Applicant shortlisted	<input type="checkbox"/> Yes	<input type="checkbox"/> 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**

**Your Registration Checklist**

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

<input type="checkbox"/>	Completed Registration Form – signed in all requested areas
<input type="checkbox"/>	CV – E-mailed in word format – Your CV must cover full work history from education
<input type="checkbox"/>	Your Right to Work in the UK as well as your passport and forms of I.D - <b>We require to see the originals of these documents.</b> (Posted originals will be returned the same day received by recorded delivery).
<input type="checkbox"/>	Birth Certificate and Driving License
<input type="checkbox"/>	HPC or NMC Entry Certificate and up to date renewal card
<input type="checkbox"/>	Copy of your most recent DBS – less than 1-year-old
<input type="checkbox"/>	Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
<input type="checkbox"/>	<p>Mandatory Training Certificates &gt; 1 Year</p> <ul style="list-style-type: none"> <li>• Manual Handling</li> <li>• Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support</li> <li>• Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health &amp; Safety, 'Quality, Diversion &amp; Inclusion', Safe Guarding Children &amp; Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you)</li> <li>• Mental Health Nurses will need Restraint Training</li> </ul>
<input type="checkbox"/>	2x Passport Size Photos
<input type="checkbox"/>	Proof of National Insurance Number

	<p>2x Reference forms</p> <p>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</p>
	<p>If you do not want to be paid as an employee and instead you want us to be paid as a limited company, please ensure you send us:</p> <ul style="list-style-type: none"> <li>• Certificate of Incorporation</li> <li>• Evidence of limited bank details and company name ie bank statement or blank cheque</li> <li>• VAT Certificate</li> <li>• Signed Self Billing Form (enclosed)</li> </ul>

I declare that the information given is correct to the best of my knowledge. 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:	
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