HEALTH CARE ASSISTANT

APPLICATION FORM

**Please complete this form in black ink and complete all sections**

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| **Position Applied for:** |  |
| **Surname and Initials:** |  |

**Data Protection Statement**

The personal information (data) collected on this form and on the attachments (which includes the collection of sensitive personal data) is collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect and keep secure, all personal data collected. All personal data is processed for the purpose of recruitment and in the case of successful Applicants for the satisfactory administration of their employment and for no other purpose.

**Equality of Opportunity Statement**

The Agency’s Equal Opportunities Policy covers all employees or potential employees and embraces the principle that all people shall be treated equally regardless of their age, gender, ethnic origin, nationality, colour, religion or belief, marital status, disability, or offending background.

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|  **Personal Details** |
| **Title** |       |  | **Surname** |       |
| **First Name(s)** |       |  | **Maiden Name** |       |
| **Previous Surnames (If Any)** |       |
| **Address** |       |
|  |       | **Post Code** |       |
| **Telephone No. Home** |       | **Work** |       | **Mobile** |       |
|  **May we contact you at work? Yes** [ ]  **No****[ ]  Please Tick**  | **Date of Birth** |       |
| **Email Address** |       | **Nationality** |       |
| **National Insurance No.**  |       |
| **Next of Kin Name** |       |
| **Relationship to you** |       |
| **Address** |       |
|  |       | **Post Code** |       |
| **Telephone No. Home** |       | **Work** |       | **Mobile** |       |
| 1. Formal Education and Qualifications
 |
| **Name of / school/College** **University and Location** | **Dates of attendance** | **Course of Study/ Qualification(s) gained e.g. GCSE’S, ‘A’ levels, NVQ, Degree etc.** | **Grade** |
|  | **From** | **To** |  |  |
|  | **Month /Year** | **Month /Year** |  |  |
|       |       |       |       |       |

Please continue on another sheet if necessary

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| 1. Employment History

**Please write details of your employment history starting with your most recent position, leaving no gaps.** |
| **Name and address of Employer** | **Dates of Employment** | **Position held and brief summary of duties and responsibilities** | **Reason(s) for leaving**  |
| **From** | **To** |
| **Month/Year** | **Month/Year** |
|       |       |       |       |       |
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Please continue on another sheet if necessary

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| 1. General Information
 |
| **Do you hold a valid and current British Driver’s Licence? Yes****[ ]**  **No****[ ]  (Please Tick appropriately)** |
| **Do you have any endorsements? Yes** **[ ]  No** **[ ]  (Please Tick appropriately) If Yes Please Explain:**      |
| **Please state which languages you speak, including any indication of fluency** |        |
| **How did you hear about this agency** |       |
| 1. Preference regarding work
 |
| **Please specify which work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences****Positions:** [ ] **Part time** [ ] **Full time** [ ] **Live in**  [ ] **Days**  [ ] **Nights** [ ] **Other**  |
| **Do you have other work commitments?**  |       |
| **When will you be available to start work?** |       |
| 1. Additional Information
 |
| **Please give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the agency and their relationships to you.** |
|       |

Please continue on another sheet if necessary

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| 1. References

**Please give details of the names and addresses of two work-related referees.** |
| **Name and Address** **(Current or Most Recent Employer)** | **Name and Address** **(Previous Employer)** |
|       |       |
| **Post Code** |       | **Post Code** |       |
| **E-mail** |       | **E-mail** |       |
| **Telephone (Landlines Only)** |       | **Telephone (Landlines Only)** |       |
| **Position** |       | **Position** |       |
| **Relationship to you** |       | **Relationship to you** |       |
| **May we contact the above person? Yes** **[ ]  No** **[ ]**  | **May we contact the above person? Yes** **[ ]  No** **[ ]**  |
| G. Confidentiality Declaration |
| **Registration implies acceptance of our code of confidentiality. In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable clients be divulged to anyone other than the agency manager and Team coordinator. You should not disclose ANY information to your family, friends or neighbours. 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 WITH YOUR MANAGER.****Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.****I have read and understand the above and I agree to abide by the contents therein.**  |
| **Signed:**       | **Date:**       |
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| H. Asylum and Immigration Act 1996 |
| **Under Section 8 of the Asylum and Immigration Act 1996, it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:**1. **That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or**
2. **The person comes into a category specified by the Home Secretary where such employment is allowed**

**Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.** **Are you eligible to work in the UK? Yes** **[ ]  No** **[ ]  Please indicate appropriately**  |
| **Type of Visa:** |       |
| **Date of Issue:** |       |
| **Expiry Date of Visa:** |       |

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|  I. Personal Declaration |
| I declare that to the best of my knowledge the above information and that submitted in any accompanying documents, is correct and I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment and, for the release by other people or organisations of such information as may be necessary for that purpose I give permission for the processing of the personal data contained in this form for employment purposesI understand that any false or misleading information could result in my dismissal  |
| Print Name:       | Signed:        | Date:       |

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| J. Rehabilitation of Offenders Act |
| **Officially, no one needs answer about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:** |
| 1. **Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties; or**
2. **Any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties.**

**One or both of the above apply to work with the Agency and covers all occupations.****You are requested to provide details of all convictions, including those which would otherwise be considered as “spent”. All employment applications will be considered carefully and the disclosure of a conviction does not imply that this employment application will be rejected.****Records will be checked via the Criminal Records Bureau procedures****I have no Convictions** **[ ]  I have convictions (See Note Below)** **[ ]** Note: **In Order to protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in an envelope and seal it. Ensure your name clearly visible, and it is headed “Private and Confidential”** **Attach this to your completed Application Form** |
| Signed:       | Date:       |
|  |
| K. Disclosure and Barring Service Certificate |
| **Disclosure and Barring Service have issued a code of practice regarding Disclosure Information, a copy of which is available upon requested. A Disclosure certificate (enhanced) will be requested from the DBS which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands or final warnings. The agency will ask for your approval to this application. The Disclosure certificate will only be requested in the event that you are successful in your application for employment.**  |
| *Please use the Blank Space below, if there is anything we need to know before sending a DBS:*      |
| **Signed:**       | **Date:**       |

**OPT OUT AGREEMENT FORM**

|  |  |  |
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| I |       | **[ ]** agree/ **[ ]** disagree (please indicate) to work for more  |
| than an average of 48 hours a week. If I change my mind, I will give my employer a minimum of three  |
| months notice in writing to end this agreement. |
| **Signed:** |       |  |
| **Date:** |       |  |
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**Equal Opportunities Monitoring Form**

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| **Pechiv Care Service operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire.****Your answers will be treated with the utmost confidence and will be only for statistical purposes.** |
| **What ethnic group do you belong to?****Please choose one and circle the appropriate answer**1. **[ ] White**

**[ ] British****[ ] Irish****[ ] Any other white background, please explain:**1. **[ ] Mixed**

**[ ] White and Black Caribbean****[ ] White and Black African****[ ] White and Asian****[ ] Any other mixed background, please explain:**1. **[ ] Asian or Asian British**

**[ ] Indian****[ ] Pakistani****[ ] Bangladeshi****[ ] Any other Asian background, please explain:**1. **[ ] Black or Black British**

**[ ] Caribbean** **[ ] African****[ ] Any other Black background, please explain:**1. **[ ] Chinese of other ethnic group**

**[ ] Chinese****[ ] Any other Chinese background, please explain:** |
| Sex: [ ]  **Female** **[ ]  Male** |
| **Disability** **Applicants with disabilities will be invited for interview if the essential job criteria are met.** **Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities? Yes** **[ ]  No****[ ]**  |
| **Print Name:** | **Signed:** | **Date:** |

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| For Office Use Only |
|  | **Initials** |
| **Date Application Received** |       |       |
| **Date Application Acknowledged** |       |       |
| **Initial Decision** |       |       |
| **Date Applicant Informed** |       |       |
| **Date of Interview** |       |       |
| **Decision** |       |       |
| Notes |
|  |

**Health Declaration Form**

**Employee Name:**

**Employee DOB:**

**Doctors Details:**

**Name:**

**Address:**

**Telephone Number:**

**Employee Health Assessment Questions**

Do you suffer from any of the following? If ‘Yes’, please provide us with brief details:

|  |  |
| --- | --- |
| **CRITERIA** | **DETAILS** |
| **Allergies**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Asthma**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Migraine Headaches**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Blackouts/ Fits** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Fainting Spells/ Giddiness**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Epilepsy**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Heart Problems/ Chest pains/** **Shortage of breath** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Diabetes**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Visual Problems/ colour blindness**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Ear infections/ Problems**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Mental Illness/ Anxiety/ Depression** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Back injury/ Backaches** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Joint Muscle Problems** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Hepatitis**  | **Yes****[ ]**  | **No****[ ]**  |       |
| **Skin Problems** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Hernia/ Rapture** | **Yes****[ ]**  | **No****[ ]**  |       |
| **Are You Pregnant** | **Yes****[ ]**  | **No****[ ]**  |       |

**Immunisation Information**

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| --- | --- | --- |
| **IMMUNISATION TYPE**  | **DATE** | **COMMENTS** |
| **Tetanus** |       |       |
| **Mumps** |       |       |
| **Measles** |       |       |
| **Rubella** |       |       |
| **Polio** |       |       |
| **Tuberculosis (BCG)** |       |       |

**By signing below, I confirm that I have answered every question to the best of my knowledge.**

|  |  |
| --- | --- |
| **Full Name:** |       |
| **Date:** |       |
| **Signature:** |       |

Note: Please contact us as soon as possible if any of the information you have provided changes. Many thanks.