## For company use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date application received: | *mm/dd/yyyy*/ /  |  |  | 2xPassportPhotos |
| **Interview date** | / /  |  |  |
| **Induction date** | / /  |  |  |
| Position applied for: |  |  |  |
| **Checklist complete** |  |  |  |
|  |  |  |  |

## Applicant Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Miss [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Other: |  | D.O.B *mm/dd/yyyy*/ /  |
| **Full Name:***(Block capitals)***Professional Nickname** | *First* |  |  |  |
|  |  |  | Nationality |
| *Middle* |  |
| *Last* |  |  | National |
|  |  |  | Insurance number |
| *Name you prefer to be called at work if different from above* |  |  |
| Passport number |
|  |  |  |  |
| **Email:** |  |  | Mobile number |
| **Address**: | *Line 1* |  |  |
|  |
|  | *Line 2* |  | Landline number |
|  |
|  | *Line 3* |  |  |
|  | *City: Post code:* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact name:** |  |  |  |
| **Contact no..:** |  |  |  |
| **Relationship to you:** |  |  |  |

## Work Availability

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you permitted to work in the U.K.? | YES[ ]  | NO[ ]  | Do you require a VISA to work in the U.K? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, what type of VISA do you have? |  |  |  |  |
| And what is the start date & expiry? | *Start: / / End: / /* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you ever worked for this company? |

|  |
| --- |
| YES[ ] NO[ ]  |

 | Date Available to startmm/dd/yyyy.: | / / | Desired Salary: | £ p/hr:  |

### Please tick all the boxes that give an idea of the times of day you are available to work.

|  |
| --- |
| Full time[ ]  Part time[ ]  Casual[ ]  |
| Day of the week | Morning08:00am to 11:59am | Afternoon12:00pm to 16:59 | Evening17:00 to 22:00 | Night 22:00 to 08:00 |
| Monday | [ ]  | [ ]  | [ ]  | [ ]  |
| Tuesday | [ ]  | [ ]  | [ ]  | [ ]  |
| Wednesday | [ ]  | [ ]  | [ ]  | [ ]  |
| Thursday | [ ]  | [ ]  | [ ]  | [ ]  |
| Friday | [ ]  | [ ]  | [ ]  | [ ]  |
| Saturday | [ ]  | [ ]  | [ ]  | [ ]  |
| Sunday | [ ]  | [ ]  | [ ]  | [ ]  |
| Any additional comment: |
| **Drivers’ license:** Do you have a clean full driver license that permits you to drive in the UK? YES [ ] NO[ ] Do you have access to a car you can use legally? YES [ ] NO[ ]  |

## Criminal Convictions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have any unspent criminal convictions? | YES[ ]  | NO[ ]  | Do you have any pending hearings? | YES[ ]  | NO[ ]  |
| Do you have any cautions, reprimands or warnings? | YES[ ]  | NO[ ]  |

|  |  |
| --- | --- |
| If yes, explain |  |

## Training and Education

*Please list all qualifications and provide copies of relevant certificates.*

|  |  |  |
| --- | --- | --- |
| Qualification | Date achieved | Awarding body/ institution |
|  | / / |  |
|  | / / |  |
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| --- | --- | --- | --- | --- | --- |
| Pin number (if applicable) |  |  |  | Expiry date: |  |
| Training institution: |  |  |  |  |  |
| Contact name: |  |  |  | Number: |  |

## Mandatory Training Certificates

Please provide copies of all applicable certificates as verification of below.

|  |  |  |
| --- | --- | --- |
| **Category** | Organisation who provided  | Date attended |
| Basic Life Support |  | / / |
| Fire Safety |  | / / |
| First Aid |  | / / |
| Food Hygiene |  | / / |
| Health & Safety (inc COSSH & RIDDOR) |  | / / |
| Infection Control |  | / / |
| Manual Handling |  | / / |
| POVA/SOVA |  | / / |
| Other: |  | / / |

|  |
| --- |
| Self-assessment of Clinical Expertise Answering as honestly as possible please state your level of experience you have in the following categories, (Ratings: 1 = competent and up to date 2 = Not confident 3= witnessed but never done 4 = no experience) |
| **Physical Disabilities** requires assistance with activities of daily living, for example walking or feeding.  |  |
| **Personal Care,** requires assistance with toileting, washing and dressing |  |
| **Manual handling**, using slide sheets and hoists. |  |
| **Neuro-disabilities** i.e. acquired brain injuries, stroke.  |  |
| **Learning Disabilities** i.e. Autism, developmental delays. |  |
| **Mental health**, i.e. conditions like schizophrenia or Bipolar.  |  |
| **Challenging behaviours** i.e. confusion, agitation, aggression  |  |
| **Dementia** |  |
| **Catheters** |  |
| **PEG/RIG/ Tubes** |  |
| **Naso-Gastric (NG) Tubes** |  |
| **Oral Suction**  |  |
| **Spinal Injuries**, caring for paraplegic, tetraplegic or quadriplegic clients |  |
| **Spinal Bowel Management**, using digital stimulation and manual evacuation technique |  |
| **Autonomic Dysreflexia** (AD) management with spinal cord injuries |  |
| **Tracheostomies** |  |
| **Home Ventilators** |  |
| **Trache–Ventilated** together  |  |
| **Nebulisers** |  |
| **Palliative Care** |  |
| **Diabetes**, taking blood sugar levels (BSL), knowing normal BSL range, understanding the role of insulin, “Hypo” management. The difference between type 1 or 2 diabetes.  |  |
| **Epilepsy** and seizure management.  |  |

## Employment History

List most recent / current employment first then the previous employments in order of most recent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: |  |  | Phone: |  |
| Website address: |  |  | Line manager |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  | Salary: |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: | / / | To: | / / | Reason for Leaving *(if applicable)*: |  |
| May we contact your manager for a reference? | YES[ ]  | NO[ ]  |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: |  |  | Phone: |  |
| Website address: |  |  | Line manager: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  | Salary: |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: | / / | To: | / / | Reason for Leaving *(if applicable)*: |  |
| May we contact your manager for a reference? | YES[ ]  | NO[ ]  |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: |  |  | Phone: |  |
| Website address: |  |  | Line manager: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  | Salary: |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |
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|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: | / / | To: | / / | Reason for Leaving *(if applicable)*: |  |
| May we contact your manager for a reference? | YES[ ]  | NO[ ]  |  | Email: |  |

If you require another sheet for employment history, please make a request.

## Work References

**If you have not listed more than 3 employers above that we can contact for a reference, please list below.**

.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

**Have you ever been subject to a formal investigation or under a disciplinary procedure in the workplace?**

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |
|  |  |

If yes, please give details. If you require an additional page, please request.

|  |
| --- |
|  |

## Character References

**Please list 2 referees who have known you for at least 3 years of appropriate professional relationship that can provide a reference based on your character. Please ensure in advance that they are aware that you have put them down for us to contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Duration of Relationship: |  |
| Organisation: |  |  | Phone: |  |  |
| Email address: |  |  | Job title |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Duration of Relationship: |  |
| Organisation: |  |  | Phone: |  |  |
| Email address: |  |  | Job title |  |

## Disclosure and Barring Service (DBS) References

Under the Rehabilitation of Offenders Act 1974 (“The Act”) from which the Healthcare industry is exempt, you are required to reveal all convictions. This must include ALL spent convictions as defined under The Act. We actively promote equality of opportunity for all, as stated in our Equal Opportunities Policy, which can be found in your handbook or at your local office. If you are in any doubt whatsoever about a declaration, you must discuss this with your Manager. A conviction does not automatically prevent you from registering; however, failure to declare will lead to immediate action. You are required to inform us if you are convicted of a criminal offence, cautioned or have a hearing pending in the future.

Please list three professional references for the purposes of the DBS.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

**Declaration**

I have completed an application for a Disclosure and Barring service Disclosure and can further state that to the best of my knowledge and belief there will not be any positive disclosure made that will preclude me from working with children or vulnerable adults.

I also give permission for a copy of the said disclosure to be made available, upon written request, to a named authorised person, who acts on behalf of the National or Local Government for auditing purposes.

I hereby authorise the Company to deduct or collect the relevant fee, as laid down by the Disclosure and barring service, for the purpose of collecting the disclosure fee only.

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |  |  |  |
| Signature: |  | Date: |  |

## EQUAL OPPORTUNITIES MONITORING QUESTIONAIRE

### The Company views itself as an equal opportunities organisation; that are continually monitoring its policies, procedures and practices to ensure they are all inclusive for employees within our organisation. To promote equal opportunities in the work place we prohibit unlawful or unfair discrimination on the following grounds: age, disability, gender identity, race, religion, sex or sexual orientation.

### In order to track the effectiveness of our recruiting efforts and ensure that our company consider the needs of all our employees please consider the following optional questions. Please note any responses to this section remain confidential and will not be used for any purpose other than internal monitoring and analysis.

If you have any questions about this section, please speak to a manager.

|  |
| --- |
| **Please select the option you identify with from the below list** |
| **Gender:** |  | **Ethnic Origin:**  |  |
| Male FemaleNon-Binary/ Third genderPrefer to self describePrefer not to say | [ ] [ ] [ ] [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  | Asian BackgroundBlack background-White backgroundMixed backgroundOther background (please state) | [ ] [ ] [ ] [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

|  |  |
| --- | --- |
| **Do you consider yourself to be disabled?** |  |

(Disability is defined as a physical or mental impairment, which has a substantial and long-term effect on his or her ability to carry out normal day to day activities.) If yes, please provide further details

|  |
| --- |
|  |

**TO BE COMPLETED AT INTERVIEW STAGE**

## True and Complete Disclaimer

I certify that all the information given in 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 subsequent dismissal from employment with Associates healthcare cic.

I confirm that I have read and agree to abide by the terms and conditions of Associates Healthcare cic and have access to the company handbook.

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |  |  |  |
| Signature: |  | Date: |  |

## DATA PROTECTION

Under the Data Protection Act 1998 (“The Act”) we are required to provide you with certain information and to seek your consent to the processing of personal data supplied by you on this form.

For the purposes of The Act the data controller in respect of personal data relating to you is Associates Healthcare. The purposes for which personal data supplied by you on this form are intended to be processed are as follows:

* To assess your skills, suitability and eligibility for work
* To assist in introducing you to our clients
* To update you with relevant information

The personal data supplied by you on this form may also be disclosed to other approved third-party companies in order to inform you of training courses and additional benefits. Please tick if you do not wish to be supplied with this information.

We may retain certain personal data supplied by you on this form after you have ceased work in order to comply with current legislation and client requirements.

Please sign this declaration to indicate your consent to the processing by the Company of the data supplied by you on this form.

**Declaration**

I consent to the Company processing all or any personal data supplied by me on this form, and to the disclosure and transfer of such personal data, for the purposes described above.

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |  |  |  |
| Signature: |  | Date: |  |

**NOTES**