

**ENDLESS LOVE HEALTHCARE SERVICES**

**Application Form**

*If completing this form by hand, please use* ***BLACK INK*** *and complete all sections.*

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| **Position Applied for** | * Part-time Care Assistant
* Full-time Care Assistant
* Bank Care Assistant
* Care-Coordinator
* Live In Carer
* Volunteer

***(please circle or tick as appropriate)*** |
| **Your Surname and Initials** |  |

**The recruitment process within this organisation has a minimum of two stages.**

* The completion of this application form is **part of Stage One**. This application will be reviewed, and a decision made as to whether to proceed to **Stage Two**

**Data Protection Statement**

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are 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 purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

**Please Note: A copy of Our Data Protection Policy is available upon request**

**Work Restrictions in Regulated activities**

Do you have any restrictions why you should not work in regulated activities?

*I have no restrictions*  *I have restriction (please state below the reasons)*

Please √ as appropriate

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| **SECTION 1: Job Details**   |  |
|  Position Applied For: \*  |  |
| Approx. no. of hours wanted\*  |  |
| National Insurance No.\* |  |
|  Indicate preferred working arrangements\*   | **Days/ Nights/ Mornings/Afternoons/ Evenings/ Weekends only***(please circle which you are able to work)* |
| How did you hear about this vacancy\*? Please state e.g. Indeed, Facebook, Word of mouth, Friend etc. If referred by an Endless Love Healthcare Services employee, please provide their details  |  |

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| **SECTION 2: Personal Details** |  |
| Title:  |  Surname:   |
| Forenames:   |  Preferred Name:  |
| Address:     |  D.O.B  |
|  Mobile:   |
|  Telephone: Email :  |
| Proficiency in English:  |  High Moderate Low   |
| Other Languages:   |   |
| Do you hold a clean driving licence? YES / NODo you have any endorsements? Yes No Please √ as appropriate If Yes, please give details  | Do you have your own car? YES / NO   |

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|  **SECTION 3: Capacity to work in the UK** |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? YES / NO**If yes, please provide details :** |
|  Do you have the right to work in the UK? YES / NO  |
|  Do you require a work permit? YES / NO  |
|  If yes, what type and expiry date?   |

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|  **SECTION 4: Next of Kin Details**  |  |
|  Name:  | Relationship: |
|  Address:    Post Code:  |  Mobile: Telephone: |

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|  **SECTION 5: Exceptions:**  |
| Are there any particular circumstances that may prevent you from up-taking assignments? Yes No (E.g. allergies, pets, other work etc.) (If yes please supply details)    |

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|  **SECTION 6: Education Details**  |  |  |
| From - To   | School/College/University  | Subject / Course Title   | Qualification   |
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|  **SECTION 7: Professional Qualification / Training**   |  |  |
| From - To  | Training Provider  | Course Title  | Qualification   |
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|  **SECTION 8: Employment History (starting with the most recent)**  |
| Please provide details of all previous employment for a period of at least 10 years in reverse order, starting with your present (current employer) ensuring you detail any gaps in employment. Please explain reason for the gaps e.g studying, maternity leave etc. Must cover the whole of your working life to date. Use a separate attached sheet if required, please sign that sheet(s) if you’re filling in using ink. |
| Company Name: Position Held  Post Code:  |  Main duties/responsibilities:  |
| Date From: To:  |  Reason for leaving:  |
| Company Name:   Position Held Post Code:   |  Main duties/responsibilities:  |
|  Date From: To:   |  Reason for leaving:   |
| Company Name: Position Held Post Code:  |  Main duties/responsibilities:    |
|  Date From: To:   |  Reason for leaving:   |
| Company Name:   Position Held Post Code:  |  Main duties/responsibilities:   |
|  Date From: To: |  Reason for leaving:  |
| **SECTION 9: Experience Details**  |  |  |  |  |
|  *Please tick all tasks that you have experience in:* |   |  |  |  |
| • Personal care incl. bathing / showing / toileting  |   | • | Reading care plans / risk assessments  |  |
|  • Prompting Medication  |  | •  | Record keeping  |  |
|  • Preparing meals/food hygiene X | •  | Assisting clients in the community  |  |
| • Catheter care  | •  | Support with finances  |  |
| • Using a manual handling equipment e.g. hoist  |  | •  | Promoting independence and wellbeing  |  |
| • Raising and lowering a profile bed  |  | •  | Managing challenging behaviours  |  |
| • Domestic tasks incl. making beds / laundry  |  | •  | Reporting of safeguarding concerns  |  |
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**Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.**

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| **SECTION 10: Training courses completed in the last 12 months e.g****Manual Handling, First Aid, Dementia etc** |  |
| Name of Training Course  |  Date Completed |
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|  **SECTION 11: Statement on disclosure regarding Data Protection Act 1998:**  |
| Registration implies acceptance of our code of confidentiality. In the course of your duties you may have access to confidential information about our clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. 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 TO 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 I understand the above and I agree to abide by the contents therein. |
|  Signature:  |  Date:   |

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|  **SECTION 12: Previous Employer Reference Details**  |
| Endless Love Healthcare requires 2 verifiable references, one of which must be from your most recent employer. You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.  |
|  **Name of Referee 1:**   |  **Name of Referee 2:**  |
|  Relationship:  |  Relationship:   |
|  Date from: To:   |  Date from: To:   |
|  Company Name:  |  Company Name:  |
|  Address:  Postcode:  |  Address:  Postcode:   |
|  Tel. No:   |  Tel. No:   |
|  Email:   |  Email:   |

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| **SECTION 13: Character Reference** |  |
| Full Name: |  |
| Address:  |  |
|  E-mail Address: |  |
| Mobile No: |  |
| Tel No: |  |
| Relationship to you: |  |

| **SECTION:13 Health Details** |
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| **Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying?** Yes / No |
| If yes, please give details: |
|   |
| **What adjustments (if any) need to be made to the working environment to accommodate your disability?** |
|   |
| **Please give details of any illnesses/accidents/injuries in the last 2 years** |
|   |
| **GP’s Name**  |   |
| Tel No |   |
| Address |   |
| ***(Your GP will not be contacted without your permission)*** |

**CONFIDENTIAL HEALTH QUESTIONNAIRE *(form)***

**To be completed by New Employee**

**Please complete the following questions about your health, giving details and dates where appropriate.**

1. Endless Love Healthcare Services Ltd is committed to the health and safety of its staff. As part of these commitments, this Medical Health Questionnaire is required to be completed by all staff and the purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered. Endless Love Healthcare Services, like every employer is bound by The Management of Health and Safety at Work Regulations 1992, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition the Disability Discrimination Act 1995 imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up the offered employment.
2. **Please tick (**✓**) either ‘Yes’ or ‘No’ to each question. If the answer to any question is "yes" please give details, including dates where relevant,** *(please use additional sheet of paper if required)*

|  |  | **Yes** | **No** | **Details** |
| --- | --- | --- | --- | --- |
|  | Have you visited your doctor in the last 12 months? |  |  |  |
|  | Are you receiving any medical or homeopathic treatment e.g. pills, injections, inhalers, ointments? |  |  |  |
|  | Have you been off work / school in the past 12 months? If ‘Yes’, how many times? How many days? |  |  |  |
|  | Have you had any illnesses, operations or injuries in the past which have caused you to be off work / school for more than four weeks? |  |  |  |
|  | Do you have a disability? |  |  |  |
|  | Do you smoke? If "yes," indicate how many cigarettes or how much tobacco you smoke a day. |  |  |  |
|  | Do you drink? If "yes" indicate how much wine / beer / spirits you drink a week e.g. 1 unit = ½ pint beer, measure of spirit / wine etc. |  |  |  |
|  | **HAVE YOU EVER HAD AT ANY TIME** |  |  |  |
|  | Problems with your hearing? e.g. deafness frequent ear infections, discharging. |  |  |  |
|  | Problems with your eyesight? Do you wear spectacles or contact lenses? Give date of last optician or specialist appointment. |  |  |  |
|  | An occupational disease / accident at work? |  |  |  |
|  | Back injury / strain / pain / disc problems / sciatica? |  |  |  |
|  | Difficulty bending / lifting / standing? |  |  |  |
|  | Neck or shoulder injury / pain? |  |  |  |
|  | Jointtrouble / arthritis / stiffness in feet or hands? |  |  |  |
|  | Skin conditions e.g. eczema / dermatitis / psoriasis? |  |  |  |
|  | Problems with latex gloves? |  |  |  |
|  | Chest infection / pleurisy / bronchitis? |  |  |  |
|  | Tuberculosis or contact with tuberculosis in the family? |  |  |  |
|  | Asthma / hay fever or any other allergic condition including sensitivity to antibiotics? |  |  |  |
|  | Tonsillitis / sinusitis / ear infection? |  |  |  |
|  | Heart or circulation problems / high or low blood pressure / angina / palpitations? |  |  |  |
|  | Varicose veins? |  |  |  |
|  | Menstrual or gynaecological problems (if applicable)? |  |  |  |
|  | Stomach / bowel trouble including frequent and prolonged indigestion? |  |  |  |
|  | Dysentery / typhoid / gastroenteritis / food poisoning? |  |  |  |
|  | Hernia or ruptures? |  |  |  |
|  | Bladder or kidney problems including urinary tract infections? |  |  |  |
|  | Diabetes? |  |  |  |
|  | Thyroid or other glandular illnesses? |  |  |  |
|  | Hepatitis / jaundice / blood disorders? |  |  |  |
|  | Blood-borne infection including Hepatitis B, Hepatitis C, or HIV? |  |  |  |
|  | Migraine / headache / giddiness? |  |  |  |
|  | Epilepsy / attacks of fainting / fits or blackouts? |  |  |  |
|  | Depression, anxiety, phobias, mental illness or experienced mental health problems? |  |  |  |
|  | Any attempt at self-harm? e.g. Overdosing or cutting or injuring yourself. |  |  |  |
|  | An eating disorder (e.g. anorexia, bulimia) or had an unexplained weight loss or gain? |  |  |  |
|  | Counselling, psychological or psychiatric treatment? |  |  |  |
|  | A problem with alcohol consumption or other substance abuse? |  |  |  |
|  | Some other condition requiring hospital treatment or investigation? |  |  |  |

***I certify that to the best of my belief the above answers are true and complete. I understand that medical information gained from this questionnaire will remain confidential but will be used by Endless Love Healthcare Services Ltd to assess my fitness to undertake the duties of the employment relating to the job I have been offered and I consent to this use being made of the information.***

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| Signed:  |  Date:   |

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| **SECTION 14: Additional Information:**   |  |
|  Earliest date available if appointed?   |   |
|  Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, please give details   |  YES | NO  |
|  Have you applied for employment with this company before?  |  YES | NO  |

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| **SECTION 15: Rehabilitation of Offenders Act:**  |
| Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the DBS. **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and caution.** You will not be eligible for work in a care setting if you are on the ISA Register(s). **Please Note** (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form)Further information can be found at:[https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-checkcertificates](https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates)  Filtering rules do not apply to certain convictions, please refer to: [https://www.gov.uk/government/publications/dbs-list-ofoffences-that-will-never-be-filtered-from-a-criminal-record-check](https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check) If you are successful the information on the form will be considered and, if you have declared any previous criminal convictions, cautions or reprimands, these may be discussed with you prior to a decision being taken on your appointment. If you are appointed any failure to disclose cautions or convictions not expressly covered by the filtering rules may result in the offer of appointment being withdrawn or disciplinary action being taken and possibly the police and/or the Disclosure and Barring Service being notified.  |
| Have you ever been convicted of any offence in a Court of Law or received any bind-overs or cautions from the police?\* (Any caution or conviction covered by the Disclosure and Barring Service filtering rules need not be disclosed).  |  YES | NO  |
| Have you ever been included on any Disclosure and Barring/Criminal Records Bureau list which disqualified you from working with children or vulnerable adults?   |  YES | NO   |
| Are there any alleged offences outstanding against you?   |  YES | NO  |
| I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately. I understand that I cannot be offered a post until a satisfactory response has been received in respect of my ISA Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the Disclosure and Barring Service.I understand that until a satisfactory response is received from the Disclosure and Barring Service, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. By my signature, I authorise Endless Love Healthcare Services (Pvt) Ltd to request a ISA Register check and a criminal records check from the Disclosure (CRB or DBS), on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 16: Consent to Inspection:**  |
| On occasion Endless Love Healthcare may be subject to external audits from its clients and the Care Quality Commission (CQC). Therefore, the details on this registration form may be shared with these organisations as part of the audit process. I agree to Endless Love Healthcare sharing information about me with its clients. I understand that the only information that is relevant to me suitability to carry out assignments will be disclosed. All other information retained by Endless Love Healthcare will be kept in accordance with the Data Protection Act 1998. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 17: Car Insurance and MOT Agreement:**   |
| I understand that if I intend to use any vehicle to travel to, from and between my assignments, I am responsible for ensuring that the vehicle is road worthy and holds a valid MOT certificate, where applicable. I am also aware that I am responsible for ensuring that the vehicle is insured to cover business use. Failure to ensure the above can lead to my suspension from assignments.  |

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|  **SECTION 18: 48 Hour Limitation Waiver:**  |
| The European Union have guidelines set for all workers, governing the maximum length of the working week that is safe to work. The current limit is 48 hours per week. As you are under no obligation to accept the work offered by Endless Love Healthcare, you will never be compelled to work more than 48 hours per week, but you may choose to do so. I confirm that I have read and understood the above statement and have indicated my preference by ticking the appropriate box. I understand that upon completion of my registration I will be required to not disclose to any person, any information obtained whilst attending an assignment which is in line with the Data Protection Act 1998.  |
| I am happy to work more than 48 hours per week |  YES | NO |
|  Signed:  |  Date:   |

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| **Section 19: Equal Opportunities Monitoring** |

**Monitoring**

Endless Love Healthcare Services is committed to equal opportunities for all its employees and all prospective employees. 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, marital status, sexual orientation, religion or belief, disability, or offending background.

The Company has adopted the provisions contained in the Code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection decisions to assess whether equal opportunities is being achieved. **For this purpose you are asked to complete and return the form below with your application form.** This information is for statistical reasons only and will be treated as confidential

To ensure that all applicants are dealt with equally, we wish to monitor our recruitment process. Please place a **🗸** in the appropriate box - this will allow us to monitor our policies.

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| **1** | Gender | Male | Female |
| **2** | Registered Disabled | Yes | No |
| **3** | Marital Status | Married  | Single  | Divorced |
| **4** | Children | Yes | No |
| **5** | Please indicate your Ethnic background. Please tick as appropriate. | **White** |
| 1. English/Welsh/Scottish/Northern Irish/British
2. European
3. Any other White background, please describe:
 |
| **Mixed/Multiple ethnic groups** |
| 1. White and Black Caribbean
2. White and Black African
3. White and Asian
4. Any other Mixed/Multiple ethnic background, please describe:
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| **Asian/Asian British** |
| 1. Indian
2. Pakistani
3. Bangladeshi
4. Chinese
5. Any other Asian background, please describe
 |
| **Black** |
| 1. Black African
2. Black Caribbean
3. Black British
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| Do you consider yourself to have a disability? * Yes
* No

 **“Ethnic Origin”** refers to a racial group defined by the Race Relations Act 1976 as a group of persons described by reference to colour, race, nationality or ethnic origin. |

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| **SECTION 20: Application Declaration**  |
| ***Read and understand before signing**** 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 purposes
* I understand that any false or misleading information could result in my dismissal without notice.
* I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability to work

I hereby acknowledge that I have read and agree to the above statements.**I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT** Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |