



POSITION APPLIED FOR:

Job Reference:

*Please complete this Application Form in block capitals in black or blue ink.
Should you require more space please continue on a separate sheet clearly marking the section to which it relates.*

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____

Address: _____ Postcode: _____

Telephone: Home: _____ Mobile: _____ Mobile: _____

E-mail address: _____ This address is: Personal ___ Work ___

Date of Birth: _____ Do you need a permit to work in the UK? YES: ___ NO: ___

NEXT OF KIN: Name: _____ Tel:mob/Li _____ Relationship: _____

B: DRIVING RECORD

Do you have regular use of a car? YES: ___ NO: ___ Make / model / year: _____

Current Driving Licence: PROVISIONAL: ___ FULL: ___ PSV: ___ NONE: ___

Driving Licence valid from: _____ to: _____

Details of current endorsements : _____

Do you have any driving-related prosecutions / fixed penalties / endorsements or similar currently pending? YES:___ NO: ___

If "YES" please provide brief details: _____

Have you ever been disqualified from driving? YES: ___ NO: ___

If "YES" please provide brief details: _____

Have you ever had insurance refused? YES: ___ NO: ___

If "YES" please provide brief details: _____

Education Centre (<i>school, college etc</i>)			Qualifications gained
<p>Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ : _____ SPOKEN / FLUENT / WRITTEN / READ : _____ SPOKEN / FLUENT / WRITTEN / READ</p>			
<p>If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the <i>Rehabilitation of Offenders Act (Exceptions) Order 1975</i>, we are entitled to ask Exempted Questions as defined by Section 113(5) of the <i>Police Act 1997</i> about you. We are required to acquire a DBS Certificate in relation to any person who is a Care Manager or Care/Support Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a DBS Certificate relating to you before your appointment is confirmed.</p> <p>Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the “Code of Practice for Registered Persons and Other Recipients of Disclosure Information” published by the Criminal Records Bureau on behalf of the Home Office and we will provide you with a copy of it upon request.</p>			

F: SICKNESS ABSENCE

How many days have you been absent from work due to sickness in the past one year: _____
 What was this due to? (Continue on separate sheet if necessary):

G: MEDICAL HISTORY

Please answer all of the following questions. Have you ever had or do you have now any of the following?	Yes	No
1. An impairment, which may affect your ability to work safely or perform your duties?		
2. Eyesight problems not corrected with glasses or contact lenses?		
3. Hearing problem not corrected with a hearing aid?		
4. Difficulty in standing, bending lifting or other movements?		
5. Any kind of skin problem		
6. Are you aware of MRSA guidelines and the need of screening?		
7. Any muscular, skeletal problems, including arthritis? Any kind of back problem?		
8. Any psychiatric or psychological conditions, including stress at work?		
9. Suffered significant discomfort when using key board?		
10. Fits, blackout or epilepsy?		
11. Any allergies?		
12. Any accidents, which have significantly affected you physically or mentally?		
13. Asthma, Bronchitis, or chest problems?		
14. Treatment for Tuberculosis (TB)?		
15. In the last 12 months, have you had a cough for more than 3 weeks, ever coughed up blood, had any unexplained loss of weight or fever?		
16. Any gastrointestinal problem including Hepatitis?		
17. Diabetes, thyroid or Endocrine problems?		
18. Any cardio – vascular problems including hypertension? Any blood disorder?		
19. Dysentery, Typhoid, paratyphoid, food poisoning, Salmonella, Severe Gastroenteritis or diarrhea?		
20. Seen the doctor in the last one year for any kind of health problem?		
21. Any operations in the past 2 years?		
22. Are you at present receiving or taking any form of medication?		
23. Frequent headaches or episodes of Migraine?		
24. A drug or alcohol problem?		
25. Would you regard yourself as having a disability		
26. Is there any additional relevant medical information not covered in the above questions?		

If you have answered yes to any of the questions above, please give details below.
 (Continue on a separate sheet if required)

Question no.	

H: OCCUPATIONAL HEALTH QUESTIONARE

WORK PROFILE

Please tick the areas below that you believe are appropriate to the position(s) you are applying for:

Working in confined spaces

Exposure to chemicals

Contact with client for personal care

Exposure to blood and / or body fluids

Exposure prone Invasive procedures
(EPIP)

Night work

Shift rotation

Driving

Moving and handling of clients

Moving and handling of other objects

Food handling

In relation to night work:

Have you ever felt that night work was harming your health? If yes, please explain below: Yes No

Do you consider that you have any form of medical condition that might affect your ability to work at night? If yes, please explain: Yes No

I: EMPLOYMENT HISTORY					
<i>Please provide details of all employment, beginning with your present or most recent job first</i>					
DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				
J: VOLUNTARY & COMMUNITY WORK EXPERIENCE					
DATES		Organisation	Position(s) held	Duties	
from	to				
K: JOB FLEXIBILITY					
<p>Prepared to work: FULL-TIME: ____ PART-TIME: ____ SHIFTS: ____</p> <p>If PART-TIME please indicate preferred hours: _____</p> <p>Details of any other work which you will continue to undertake if you are offered this Job Position:</p> <p>Please provide details of any outstanding holidays to be taken:</p> <p>AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____</p>					

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

2. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS WHICH MAY RESULT IN DISMISSAL

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

ACTION2CARE LTD IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.

Data Protection Act, 1998: Your signature on this document gives us the right, under the *Data Protection Act, 1998* to process the information you have given, including data of a sensitive nature, relating to your application for employment. Any processing of the data by us will be in accordance with our Policy and the processing principles set out in the Act. Application forms of unsuccessful candidates will be destroyed after 6 months in accordance with our Record-keeping Policy.

