

Job Application Form



Post applied for:		
Job reference (if applicable)		
Are you permitted to work in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I require a work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Personal Details:	
Surname	
First name	
Address line 1	
Address line 2 (if applicable)	
Town	
County	
Postcode	
Home telephone number	
Mobile number	
Email	
National Insurance number	

Driving Details:	
Do you have a full Driving Licence that allows you to drive in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a car that you can use for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been banned from driving?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any current endorsements on your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your car insurance include Class 1 business insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all your documents up to date and valid?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Languages:

State your fluency (both written and spoken) in ALL languages – including English:

Language	Spoken			Written		
	Fluent	Good	Fair	Fluent	Good	Fair
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Availability:

Full Time Part Time (less than 30 hours) Weekends Weekdays

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast 7-11am							
Lunch 11am-3pm							
Tea time 3-6pm							
Evening 6-10pm							

Are there any current restrictions to your availability?

Education/Qualifications/Training

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

Education/Qualifications		
Qualifications	Date	Grade
Secondary School		
College		
University		

Training (If you have undertaken any relevant training to this post please give details)

Course details	Date	Training provider

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Employment background (please continue on a separate sheet if necessary)		
Current/most recent job		
Company name		
Your job title		
Reason for leaving		
Salary		
Notice required		
Employment dates	From: DD / MM / YYYY	To: DD / MM / YYYY
Brief description of duties		

Previous jobs (paid or voluntary)

Please detail the most recent first. Your employment history must continue directly from your education and where there are gaps between jobs of any length, please indicate why – e.g. continuing education, travelling, family, child care, unemployment etc.

Company name		
Your job title		
Reason for leaving		
Employment dates	From: DD / MM / YYYY	To: DD / MM / YYYY

Company name		
Your job title		
Reason for leaving		
Employment dates	From: DD / MM / YYYY	To: DD / MM / YYYY

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Continue on a separate sheet if necessary

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References:

Please provide us with two employment references, one of whom should be your current or most recent employer.

If you cannot supply two employment references and need to use a character referee we ask that you choose someone who is working in a professional or managerial position of their own. Relatives and friends are not acceptable as character referees.

Referees full name		
Referees job title		
Company Name		
Address line 1		
Address line 2 (if applicable)		
Town		
County		
Postcode		
Telephone number		
E-mail		
Employment dates	From: DD / MM / YYYY	To: DD / MM / YYYY
Capacity in which they know you (e.g. Line Manager)		
May we contact this reference if you are successful in your application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Referees full name		
Referees job title		
Company Name		
Address line 1		
Address line 2 (if applicable)		
Town		
County		
Postcode		
Telephone number		
E-mail		
Employment dates	From: DD / MM / YYYY	To: DD / MM / YYYY
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Previous experience

Please put a cross in the appropriate boxes in which you have previous experience, professional or personal

	Task	No Experience	Experience	Trained
Personal Care	Dressing/undressing			
	Washing			
	Bathing			
	Bed baths			
	Bath aids			
	Use of bedpans/commodes			
	Hair care			
Specialist Care	Eye care			
	Pressure area care			
	Continence			
	Catheter bags			
	Mouth care			
	Colostomy care			
Mobility	Moving and handling			
	Use of hoists			
	Walking aids			
Nutrition	Meal preparation			
	Feeding			
	PEG feeding			
Practical	Housework			
	Laundry/washing			
	Bed making			
	Shopping			
Specialist	Palliative care			
	Dementia care			
	Learning disabilities			
	Physical disabilities			
	Child care			
	Mental health			
Other please specify				

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Rehabilitation of Offenders

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place, are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind-overs or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bind-overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in the staff handbook or at your local office.

Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been issued with a Penalty Notice for Disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide details and dates of the offence(s) below – please continue on a separate sheet where necessary:	

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

Criminal Record Check

On commencing employment with Assist Home Care, the company agrees to pay for the criminal record check for the named person on this application form subject to offer and acceptance of the position.

By signing the application form, the above named employee agrees that Assist Home Care will recover the cost of the criminal record check, should his/her employment with Assist Home Care cease within six months of commencing employment, for any of the following reasons:

- The employee resigning from employment with Assist Home Care
- Employment being ceased by Assist Home Care for any reason, other than redundancy.

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Data Protection

The Data Protection Act 1998 requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Assist Home Care adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this

Previous Application

If you have previously applied to us for work, when did you apply and what was the vacancy?

Were you interviewed?

Yes No

If yes, what was the outcome?

Declaration

I confirm that all the information given is true and I understand that any false or misleading information may result in my removal from Assist Home Care's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print Name

Signed

Date

What happens now?

Please return the application form to:

Name	Emma Bouttell
Address	Assist Home Care Fir Tree House Old Horsham Road Beare Green Surrey RH5 4QU
Email:	jobs@assisthomecare.co.uk
Contact Number	01306 710905