

Employment Application Form



Please return Application Form to:
HACO Healthcare 1b Northgate, Rochester ME1 1LS
Tel: 01634844044 — Email: info@hacohealthcare.org.uk

IMPORTANT:

Before you fill this application read this paragraph carefully.
 All notes Filled out on the application form must be filled out in **BLACK INK ONLY**; any additional notes should be attached to the application form on separate piece of paper.

POSITON APPLIED FOR

Section 1 - Personal Details

Title:	Surname:	First Name:	Maiden Name:	Previous Surname:
Address:				
				Postcode:
Home Tel:			Mobile No:	
Nationality:				
NI Number:		Date of Birth: / /		

Details of Next of Kin (to be contacted in case of an emergency)	
Forename(s):	Surname:
Relationship to you:	
Address:	
Postcode:	
Mobile:	Home Tel:

Section 2 - Practical Experience (Please tick X as appropriate)

Personal hygiene (Client) Practical tasks (Domestic) Support Work Escort Maintenance Mobility Moving & handling clients Use of hoists (man. /elec.)	Administrative abilities Confidentiality Observing/recording Changes in clients' condition Recording instructions from GP/District nurse Nutrition Food handling Preparing meals Feeding	Working with: Older People Mental Health Learning Disabilities Physical Disabilities Children & families Domestic only
Please give relevant details of any training or courses you have attended (e.g. First Aid, NVQ etc):		

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Section 3-Preference Regarding work

All Individuals are required to complete our three day induction course. Individuals with no experience must be willing to enroll in our training courses to become Carers. HHC advises you to enroll on the next Homecare worker's courses.

HHC recognises that Care workers must have the experience and ability to care for people and achieve the right level of training to achieve that. Individuals who do not have the right experience must undergo NVQ 2 and 3 level training.

Please specify which types of work you would prefer: You should tick all the appropriate boxes. The service we give depends on accurate up-to-date information. Please keep us in formed of all developments, in your career and work preferences

Positions: Full-time Part-time Do you have any other work commitments?

Yes No

Days available to work: Please tick the days that you would like to work

Tuesday Wednesday Thursday Friday Saturday Sunday

Are you prepared to work Days Nights

Section 4-Employment History

Please print details of your employment for at least 5 years, in reverse date order, starting with you present or last positions

Name and Address of Employer, Present/last position	Position held, Duties Performed	Dates from	Dates to	Reason for Leaving

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Section 5-General Information

Do you hold a current driving license? Yes No

Do you have a car available? Yes No

Please state which language(s) you speak _____

Section 6-

By virtue of the rehabilitation of Offenders Act 1974(Exemptions)(Amendments) Orders 1986, the provisions of sections 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/hers normal duties. Your to the following questions should include any 'spent' convictions. This may or may not affect your application.

Have you ever been convicted of a criminal offence including convictions considered as spent?

Yes No

If yes, Please give information on a separate sheet.

If during the course of your employment you are convicted or cautioned for a criminal offence then this must be immediately declared to Preston Care.

Your employment is subject to satisfactory C.R.B and POVA checks, by signing these applications you are authorising this company to carry out a Criminal record and POVA check.

Section 7

Are you in good health? Yes No

Are you taking any medication or receiving any treatment? Yes No

Please give details of the last 12 months: Please give details of any sickness absence in the last 2 years

GP Name and Address

Have you ever had any problems with any Of the sections below: Please answer yes or no and give details Recovery

	Yes	No	Yes	No
Mental health problems inc.:depression, Psychiatric treatment, attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or are receiving counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse including alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence/recurrent Backache or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck injury/or any problems with your neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any operations in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Admissions to Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious accidents/visits to casualty. If 'Yes' how many times have you attended a casualty dept, in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other conditions or serious illnesses not listed above please give details:				

Note if there is a possibility that you may be suffering from an infection, you are requested to discuss this in confidence with the manager before taking up employment

Section 8- References

Please give the names and address of two references, including your present or most recent employer, whom we may contact.

Can we contact your referees before your interview? Yes No

1st Referee Name:

Position:

Address:

Telephone:

2nd Referee Name:

Position:

Address

Telephone:

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Section 9- Confidentiality Declaration

This application is an acceptance of our code of confidentiality
In the course of you working you may have access to confidential information about your clients. On no account must information relating identifiable clients be divulged to anyone other than your branch manager or his/her assistant.

You should not disclose any information to your family members, friends or associates. Further information our confidentiality procedure will be given at induction.

Failure to observe these rules will be regarded as serious misconduct, which could result in disciplinary action or dismissal.

I have read and understood the above and I agree to abide the contents therein.

Signed:

Date:

Section 10-Passport and Work Permit Details(For Workers From Overseas Only)

Work Permit:

Yes No

Expiry date:

Passport Nationality:

Place of issue

Passport Number:

Date of issue:

Expiry date:

Known restrictions in use: