



## APPLICATION FORM - CARE WORKERS

Please supply **4** recent passport sized photograph of yourself with this application.

Full Name: .....

Address: .....

..... Postcode: .....

Telephone No: ..... Mobile No: .....

Previous Name(s): .....

Date of Birth: ..... National Insurance No: .....

Next of Kin: .....

Relationship: ..... Telephone No: .....

Will You Have The Use Of A Car For Work? .....

### SCHOOL/COLLEGE/EDUCATIONAL DETAILS:

.....  
.....  
.....

### QUALIFICATIONS:

.....  
.....  
.....  
.....

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## WORK HISTORY:

(Please give as much information as possible even if the work was not connected with care or in this country and please do not leave gaps in the record.)

.....  
.....  
.....  
.....  
.....

I.e. sign language, Maketon, speak and/or write other languages, certificates in skills relevant to care provision:

.....  
.....  
.....  
.....

## Please provide two or more references – one should be from your current or most recent employer:

**1).** Name: ..... Position: .....  
Address: .....  
..... Postcode: .....  
Telephone No: .....

**2).** Name: ..... Position: .....  
Address: .....  
..... Postcode: .....  
Telephone No: .....

**3).** Name: ..... Position: .....  
Address: .....  
..... Postcode: .....  
Telephone No: .....

**Signed:** ..... **Print Name:** ..... **Date:** .....

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## Criminal Records Bureau Disclosure and Rehabilitation of Offenders Act (1974) Declaration.

### REHABILITATION OF OFFENDERS ACT (1975)

Because of the type of work that you have applied for, the Rehabilitation of Offenders Act (1974) (Exemptions 1975 apply) requires that it is a requirement on people who apply for social care positions to disclose any conviction that would otherwise be considered 'spent'.

Have you been convicted of a criminal offence? .....

Have you been given a conditional discharge for a criminal offence? .....

**I understand that any information i give will be treated in the strictest confidence. Any information that i give that details any offences – will not jeopardize my application.**

**Signed:** ..... **Print Name:** ..... **Date:** .....

### CRIMINAL RECORDS BUREAU DISCLOSURE

Before you can commence working as a Care Worker in the community, the Company must obtain a CRB clearance for you. You will have already completed the form and supplied documents that confirm your identity.

The Company will keep the documentation under the terms of the Data Protection Act 1998. The CRB documents will only be checked by CQC Inspectors for inspection purposes under the Care Standards Act 2000 when the Company's records are checked.

**I give my consent to the disclosure of the CRB documentation relating to my application only in the circumstances described above.**

**Signed:** ..... **Print Name:** ..... **Date:** .....

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## EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

The Company promotes equality of opportunity and would ask your co-operation in completing this form to confirm that we do not make decisions based on discriminatory issues.

### DISABILITY

If you suffer from a disability, you may not be considered suitable for the work involved in providing care in the community. However, if after having read the job description, you feel that you would like to proceed with the application, you will receive our support.

We would, however, need to consider the implications from a Health and Safety viewpoint and assess this when we process your application.

### ETHNICITY

Please tick the box of the ethnic groups listed below that most clearly applies to your background.

- |                             |                          |                 |                          |
|-----------------------------|--------------------------|-----------------|--------------------------|
| White British               | <input type="checkbox"/> | Black African   | <input type="checkbox"/> |
| White Irish                 | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| White other                 | <input type="checkbox"/> | Black other     | <input type="checkbox"/> |
| Mixed White/Black African   | <input type="checkbox"/> |                 |                          |
| Mixed White/Black Caribbean | <input type="checkbox"/> |                 |                          |
| Mixed White/Asian           | <input type="checkbox"/> |                 |                          |
| Mixed other                 | <input type="checkbox"/> |                 |                          |
| Asian Indian                | <input type="checkbox"/> |                 |                          |
| Asian Pakistani             | <input type="checkbox"/> |                 |                          |
| Asian Bangladeshi           | <input type="checkbox"/> |                 |                          |
| Asian Chinese               | <input type="checkbox"/> |                 |                          |
| Asian other                 | <input type="checkbox"/> |                 |                          |

Thank you for completing this form.

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## PREVIOUS EXPERIENCE AND TRAINING

Please give details of experience:

Experience	Description	Tick
<b>Personal Care:</b>	Bathing or showering	<input type="checkbox"/>
	Hair washing and dressing	<input type="checkbox"/>
	Helping to the toilet/using aids	<input type="checkbox"/>
	Moving and handling	<input type="checkbox"/>
	Incontinence care	<input type="checkbox"/>
	Medication assistance	<input type="checkbox"/>
	Health related tasks	<input type="checkbox"/>
<b>Preparation Of Food:</b>	Menu planning	<input type="checkbox"/>
	Preparing culturally suitable food	<input type="checkbox"/>
	Feeding	<input type="checkbox"/>
<b>General Duties:</b>	Housework	<input type="checkbox"/>
	Laundry and Ironing	<input type="checkbox"/>
	Shopping	<input type="checkbox"/>
	Finances	<input type="checkbox"/>
<b>Have You Ever Worked With People Suffering From:</b>		
	Dementia/Alzheimer's Disease	<input type="checkbox"/>
	Stroke	<input type="checkbox"/>
	MS	<input type="checkbox"/>
	Cancer	<input type="checkbox"/>
	Learning Disability	<input type="checkbox"/>
	Physical Disability	<input type="checkbox"/>
<b>Children:</b>	Employment in child care	<input type="checkbox"/>

**Signed:** ..... **Print Name:** ..... **Date:** .....

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### HEALTH DECLARATION/MEDICAL QUESTIONNAIRE

Please complete the following questionnaire regarding your health status and your fitness to carry out the duties as described in the job description of a Home Carer.

Please give details if you have suffered from any of the following and give dates.

Description	Examples	Details & Dates
Mental Health Condition that required hospital treatment and/or drug treatment?	Depression, bipolar disorder, schizophrenia, anxiety, alcoholism, drug dependency	
Chest complaint, breathing, pain or condition that required hospital treatment or surgery or is being treated with drugs?	TB, cancer, asthma, emphysema, angina, heart condition, heart attack, high blood pressure	
Back pain that is receiving hospital treatment and/or drug treatment?	Sciatica, spondylitis, disc degeneration	
Arthritis that is receiving hospital treatment or drug treatment?	Rheumatoid, osteo	
Epilepsy, blackout, vertigo receiving (received) hospital treatment and/or drug treatment?	Fits, giddy attacks	
Stomach, kidney or bowel condition that required Hospital treatment and/or drug treatment?	Cancer, colitis, pancreatitis, gall bladder, hernia	
Diabetes, thyroid or other glandular problems that required Hospital treatment and/or drug treatment?		
Infectious or contagious disease that required or requires Hospital treatment and/or drug treatment?	Hepatitis, HIV/AIDS, MRSA, diarrhoea, vomiting, skin disease, dysentery	
Is your eyesight and hearing good?	Do you wear glasses or a hearing aid?	
Do you suffer from any allergies?	Hay fever, reactions to drugs, food and fumes	
Are you pregnant?		

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Have you had surgery in hospital in the past 2 years? .....

Are you a hospital outpatient receiving treatment? .....

If so – please give details: .....

.....

How many days have you taken in sick leave in the past 2 years? .....

Have you been inoculated for any of the following?

<b>Tuberculosis BCG:</b>	Yes	Date: .....	No
<b>Hepatitis B:</b>	Yes	Date: .....	No
<b>Rubella:</b>	Yes	Date: .....	No
<b>Tetanus:</b>	Yes	Date: .....	No
<b>Flu:</b>	Yes	Date: .....	No

The Company may wish you to have a course of vaccinations against Hepatitis B and the Manager will discuss this with you.

**I certify that the information I have provided is accurate and that I am in good health and fit to carry out the duties as described in the Care Worker's job description.**

**Signed:** ..... **Print Name:** ..... **Date:** .....

**Please provide additional information to support your application.**