**PRIVATE AND CONFIDENTIAL**

**APPLICATION FORM**

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| --- | --- |
| **Position applied for** | Reference (Office Use Only) |
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**Personal Details**

**Title:**

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**Forename(s)**

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| --- |
|  |

**Surname:**

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| --- | --- | --- |
| **Address** | **Contact Details:** | **DOB** |
| **Years at Address:** | Mobile:  E-mail  NI Number | **Gender:** |

|  |  |
| --- | --- |
| **Current Driving Licence**  Yes No (circle answer) | **Access to a car?**  Yes No (circle answer) |

**Right to Work in the UK?**

|  |  |  |
| --- | --- | --- |
| **Are you a UK national?**  Yes No | **Nationality** | **Passport number** |
| **Do you have permission to work in UK?**  Yes No | **Share Number** |  |
| **If you are not a British citizen, do you hold any of the following?** | Student visa  Work permit  Residency Visa  Spousal Visa  Other | **Expiry Date:** |

|  |  |
| --- | --- |
| Registered Nurse | **Date qualified** |
| **Pin Number** |  |

**Education**

|  |  |  |
| --- | --- | --- |
| Name of school/college/university | Date started & finished | Qualifications gained |
|  |  |  |
|  |  |  |
|  |  |  |

**Employment History (five years)**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer (most recent first) | Dates From & To | Job title & Duties | Reason for leaving |
|  |  |  |  |
|  |  |  |  |
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Do you intend to pick up another job while in employment with Cecil Home Care Services Limited? Yes / No

If yes please give details below:

|  |
| --- |
|  |

**Please indicate any training you have done in the last 12 months**

|  |  |  |
| --- | --- | --- |
| Course | Date | Expiry Date |
| Qualifications & Care Certificates |  |  |
| Medication administration |  |  |
| Mental Capacity & Dementia |  |  |
| DoLs |  |  |
| Health & Safety |  |  |
| Safeguarding of vulnerable adults |  |  |
| Privacy and dignity |  |  |
| Fire safety |  |  |
| Safeguarding children |  |  |
| Food hygiene |  |  |
| Moving & Handling information |  |  |
| Infection control and prevention |  |  |
| Person centred care |  |  |
| Basic first aid |  |  |

**CARE EXPERIENCE**

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| --- | --- | --- | --- | --- |
| Type of Care | No Experience | Less than 6 months | 6 months – 1 year | More than 1 year |
| Domiciliary care |  |  |  |  |
| Live In Care |  |  |  |  |
| Medical Ward |  |  |  |  |
| Surgical Ward |  |  |  |  |
| End of Life |  |  |  |  |
| Learning disability |  |  |  |  |
| Assisted Living |  |  |  |  |

**Work Preferences**

Kindly state your preferred shift pattern indicating days you are unable to work, as a company we pride ourselves in working as a family and we want our staff to be happy, so we will do our best to provide shifts that are as convenient as possible to you.

**References**

**Work Reference**

|  |
| --- |
| Name: |
| Company Name & Address: |
| Position Held:  E-mail:  Telephone: |

**Character Reference**

|  |
| --- |
| Name: |
| Address: |
| Relationship to you:  Telephone:  E-mail: |

**Vaccination Status**

|  |  |  |
| --- | --- | --- |
| Name of vaccine | Dates | Batch Number |
|  |  |  |
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**Criminal Record**

Rehabilitation of Offenders Act 1974

Please note that all health care post is subject to the rehabilitation of offenders Act 1974, therefore you will need to disclose all cautions, reprimands, finals warnings and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.

**Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police? Yes / No**

If yes please give details below.

|  |
| --- |
|  |

**Are you aware of any police enquiries being made against you that may affect your suitability for the post? Yes / No**

If yes please give details below

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| --- |
|  |

**Next Of Kin**

|  |
| --- |
| Name:  Address:  Relationship to you:  Telephone number: |

**Additional Information**

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| --- |
| If you will like to tell us anything else that is relevant to your application, or anything important you feel the company needs to know, please use the space below. |

IMPORTANT!!! You will require a full enhanced DBS.

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| **Declaration**  *Please ensure to read carefully before signing.*  I hereby declare that the information given in this application is accurate and complete. I understand that any misleading statement may be sufficient to cancel any offer of employment or lead to immediate termination of my employment. Due to the nature of the duties I am expected to carry out in this employment, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from register, warnings as to the conduct before and after my employment with Cecil Health Care Limited. This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with Cecil Health Care Ltd, I will declare any dismissals or disciplinary acts from my previous employment. I do understand that any offer of employment is subject to an enhanced DBS check, indicating my suitability of employment.  Print Name:  Signature:  Date: |