



Herts HomeCare
www.hertshomecare.co.uk

123 Lawn Lane, Hemel Hempstead, Herts. HP3 9HS
 Tel: 01442 213289 Fax: 01442 219002

APPLICATION FORM

Complete in Block Capitals

Position Applying For

Position _____ Where did you hear about this vacancy _____

Type of Work Full Time Part Time Days Nights

Live in Care Long Term Short Term

Personal Details

Title Mr Mrs Miss Ms

Forename/s _____ Surname: _____

Address _____

Post Code: _____

Home Tel _____ Mobile _____ E-mail: _____

Date of Birth DAY MONTH YEAR Nationality _____

National Ins No _____ Work Permit Required? Yes no

Driving Licence? Yes no Use of Car? Yes no Insured for Business? Yes no

Will this be your only job? Yes No If NO, please give details _____

Are you willing to work overtime and weekends? Yes No

Please give details of any hours you would not wish to work: _____

Do you have any NVQ qualification in care or other training certificates. Please list

Have you ever worked in the Care industry before Yes No

If YES please give details (if not already listed on employment history section)

Do you need a work permit to take up employment in the UK? Yes No

How much notice, if any, are you required to give to your current employer _____

Do you speak any foreign language? Yes No Have you any holidays booked? Yes No

If YES, please specify: _____ If YES, please give details: _____

NEXT OF KIN or EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Tel: _____ Work: _____ Mobile _____

Address: _____

Education & Training

Secondary Education (continue on a separate sheet if necessary)

Name of School	Subjects	Level	Grades	Date From	Date To

Further Education (continue on a separate sheet if necessary)

Name of University/College	Qualification	Level/Grades	Date From	Date To

Details of other qualifications or training attended that would support your application

CURRENT SKILLS & PRACTICAL EXPERIENCE (tick Where Relevant)

Moving and Handling	<input type="checkbox"/>	Simple Dressings	<input type="checkbox"/>	Oral Hygiene	<input type="checkbox"/>
Dementia Awareness	<input type="checkbox"/>	Assist with Medication	<input type="checkbox"/>	Light Housework	<input type="checkbox"/>
Food Hygiene	<input type="checkbox"/>	Terminal Care	<input type="checkbox"/>	Personal Laundry	<input type="checkbox"/>
Fire Safety Awareness	<input type="checkbox"/>	Bedpans/Comodes	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	Change Catheter bags	<input type="checkbox"/>	Basic cooking	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	Attach Night Bag	<input type="checkbox"/>	Changing bed	<input type="checkbox"/>
Adult Protection (Abuse)	<input type="checkbox"/>	Hoists (manual/electric)	<input type="checkbox"/>	Preparing Meals	<input type="checkbox"/>
Basic Observations	<input type="checkbox"/>	Bath/shower/strip wash	<input type="checkbox"/>	Feeding	<input type="checkbox"/>
Continence Care	<input type="checkbox"/>	Bed Bath	<input type="checkbox"/>	Food Handling	<input type="checkbox"/>
Infection Control	<input type="checkbox"/>	Use of bath Aids	<input type="checkbox"/>	Oral Hygiene	<input type="checkbox"/>
Care of Dying	<input type="checkbox"/>	Shaving	<input type="checkbox"/>	Care of Dying	<input type="checkbox"/>

Please give details of any experience gained whilst caring for family and friends:

Employment Details

Please give details of your past employment starting with the most recent first. Please explain reasons for gaps in your employment history. (History required since leaving education or the last 10 years)

Name and address of employer	Dates from: to:	Positions held/main duties and final salary	Reason for leaving

References

Please give names and addresses of three referees, two of them must be your last two employers. Referees will only be contacted if you have requested to attend an interview. All references supplied are treated as confidential information and will not be disclosed to any third parties.

Name:	Name:	Name:
Position:	Position:	Position:
Address:	Address:	Address:
Post Code:	Post Code:	Post Code:
Telephone No:	Telephone No:	Telephone No:

Personal Health Questionnaire

Title **Mr** **Mrs** **Miss** **Ms**

Forename(s) **Surname:**

Do you have or ever suffered from: (please tick the sections applicable to you)

Serious Illness	<input type="checkbox"/>	Frequent Colds/Sore Throats	<input type="checkbox"/>
Serious Injury	<input type="checkbox"/>	Pneumonia / Bronchitis	<input type="checkbox"/>
Surgical Operations	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>
Allergies and Other Skin Sensitivities	<input type="checkbox"/>	Severe or Frequent Indigestion	<input type="checkbox"/>
Eye Problems	<input type="checkbox"/>	Recurring Bowel Trouble	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	Kidney or Bladder Problems	<input type="checkbox"/>
Ear Problems	<input type="checkbox"/>	Hernia / Rupture	<input type="checkbox"/>
Recurring Headaches	<input type="checkbox"/>	Backache, Slipped Disc etc	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	Hepatitis or Jaundice	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>
Varicose Veins	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Recurrent Chest Pain	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Cough / Shortness of Breath	<input type="checkbox"/>	Depression or other Nervous Illness	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Epilepsy/Fits or Fainting	<input type="checkbox"/>

What is your average daily consumption of: Alcohol _____ Tobacco _____

What is your height: _____ What is your weight: _____

How many working days have you been absent from work during the last 12 months ? _____

What were the reasons for these absences: _____

Are you pregnant, and if so what is the date of our confinement? _____

Have you been Hepatitis B? **YES/NO** If yes Tuberculosis? **YES/NO** If yes Polio? **YES/NO** If yes
vaccinated against: please give date: _____ please give date: _____ please give date: _____

Have you ever had a chest X-Ray? YES/NO If yes please give date: _____	Result of X-ray: _____
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Further information may be supplied on a separate sheet and secured to this form if necessary.

Please read carefully before signing:

1. I declare that the answers given above are true and correct and give a full and complete picture of my health in every respect.
2. I give the Company permission to contact my doctor for further particulars of medical records should the Company so decide.
3. I am prepared to undergo a medical examination if this is required.
4. I understand and accept that if any of the information given in this document is incorrect or untrue, that the Company reserves the right to immediately terminate my employment with them.

Applicant Signature:	Date:
Doctor Name:	Address:
Post Code:	Telephone Number:

Equal Opportunities Monitoring

Herts HomeCare is committed to Equal Opportunities for all. We want to ensure that no one is discriminated against on the grounds of sex, marital status, age, ethnic origin or disability. We want to ensure, that this policy is working in practise and to help us do this we ask you to provide the following information about yourself.

This information will be treated in the strictest confidence and will be treated separate from the application form. This information will be used solely for monitoring purposes and it does not form part of the selection process.

1. I would describe my race or cultural origin as:

- White
- Chinese
- Irish
- Black African
- Black Caribbean
- Indian
- Pakistani
- Bangladeshi

Other (Please Specify)

2. Do you have a disability?

YES NO

3. Your Sex/gender?

Female Male

4. Your age at last Birthday?

.....Years

5. Marital Status

Single Married Divorced Widowed

Other (please specify)



Confidentiality and Data Protection

I understand that during my employment with Herts HomeCare, I may have access to confidential data and records belonging to Herts HomeCare or to its clients, of both a business and personal nature. I will not disclose or use any business or personal information, whether identified as “confidential” or not, to anyone else; either during or after my employment with Herts HomeCare.

I understand that Herts HomeCare is required, from time to time, to disclose personal details of staff members to the local authority under who's contract the company may work. I agree to Herts HomeCare sharing details included on this form with local authorities when requested to do so.

Rehabilitation of offenders Act 1974

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The position for which you are applying is one, which is exempted under the above order. Therefore, it is necessary for you to disclose any criminal convictions, even if, under rehabilitation of offenders act, they would be regarded as “spent”.

Have you been convicted of any criminal offence? YES NO
Do you have any criminal charges pending? YES NO

If YES, to either of the above, please give details:
N.B. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, if you are appointed, failure to disclose any criminal conviction could lead to termination of your employment.

Declaration

1. I confirm that the information given in this form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information, this may result in any offer of employment being withdrawn, or if already accepted, in my dismissal.
2. I hereby authorise Herts HomeCare to secure all information it may require in connection with my application for employment, subject to any specific direction I have made relating to contacting my referees.
3. I confirm that I have read and understood terms and conditions of engagement offered by Herts HomeCare and agree to be bound by and comply with the same.
4. I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
5. I understand that my application is subject to the receipt of satisfactory references, Criminal Records Bureau enhanced disclosure and any other checks (where appropriate).
6. I agree to inform Herts HomeCare of any changes or addition to the information I have supplied

Applicant Signature:

Date:.....

Print Name:

