 Application for Employment





## Please read this application form carefully before completing.

PLEASE PRINT IN BLOCK LETTERS USING A BLACK BALL POINT PEN.

Please complete all sections of the application form to ensure you provide all of the information requested.

Tel: 01784 247 782

Fax: 01784 421 404

Email: info@morecareservices.co.uk

Position Applied For

PERSONAL DETAILS

**1**

Surname

Forenames

Any other names known by

Address

Mr n Mrs n Miss n Ms n

Post Code

Home Telephone

Mobile

Age

Date of Birth NI Number Nationality

UK Driving License

Have you got a permit to work in the UK? Yes n Non Do you own your own transport Yes n Non

NMC Pin Number

(Qualified Nurse)

Emergency Contact Details

Name

Tel

Address

Overseas students excluding EC, are entitled to work a maximum of 20hrs per week during the term time. They are therefore required to provide evidence that they are attending a full time course of study and that they have a student visa.

##### You are required to provide ID as a full CRB check is required for all successful applicants

Passport n Driving License n ID Card n Work Visa n Utility Bill n Bank Statement n Birth Certificate n Marriage Certificate n Existing CRB n DWP Letter n P45 or P60 n Work Registration n Email

**Policy about relevant convictions** Rehabilitation of offenders ACT 1974 – Exemption from s4 (2)

This employment is exempt from the above and employees are not therefore entitled to with hold information about “spent” convictions. If you have ever been ***convicted or cautioned*** for any offence by a court of law, whether in the United Kingdom or elsewhere, you are required to give details below of each offence, the date of your conviction and the penalty or sentence imposed.

If you have not had a conviction or caution, please write NO CONVICTIONS OR CAUTIONS.

Signed

Date

**2**

EDUCATION & QUALIFICATIONS

Please list School and College/Universities attended, qualifications obtained and dates

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| --- | --- | --- | --- | --- |
| Name of School/College/University | Subjects taken | Level/Grade | From (date) | To (date) |
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| Name and address of employer | Date From-To | Position Held and brief description | Reason for leaving | Salary |
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Continue at the back of this application form on the notes page if required.

**3**

EMPLOYMENT HISTORY

A full career history from school until present must be provided with no gaps.

Have you ever been dismissed from employment, faced disciplinary action or awaiting a disciplinary hearing/investigation ?

Yes

n Non

If you have not been employed and/or never worked or you have not worked for some time you could provide the name of a head teacher or course tutor, supervisor or coordinators of school and college work experience placements and/or any voluntary work.

**4**

REFERENCES

Please give names and addresses of two referees, at least one reference must be your present or last employer who is in a position to comment on your work experience and suitability for the post to which you have applied. This must be a manager or supervisor

Please do not give names of family members or friends. *Note that the references you provide should have direct relationship with your work and/or life history.*

**REFERENCE ONE REFERENCE TWO**

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Name Name

Work Title

How known to you From

Address

Post Code Telephone Email

Work Title

How known to you From

Address

Post Code Telephone Email

##### Please note, references will be taken up prior to deployment for shifts and before commencing work. More Care expects that you had the work experience and qualifications that you have stated in your application.

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| --- |
| Please specify when you would be available to work |
| Days of the week | All Day | Morning | Afternoon | Evening | Morning/Afternoon | Afternoon/Evening |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

We request that staff have availability to work every other weekend.

**H.C.A.’s AND CARE WORKERS ONLY**

**5**

APPLICANT’S SKILL PROFILE

**LEVEL OF COMPETENCE –** Please tick the box in accordance with your level of expertise as indicated below:

1. **I am familiar with this procedure and can perform independently.**
2. **I am familiar with this procedure but would need supervision.**
3. **Understand theory behind procedure, but never performed task.**
4. **No contact with the equipment or this situation. No knowledge of procedure.**

Full Name Speciality

Date Grade

#### PERSONAL HYGIENE 1 2 3 4

Bath, shower, assisted wash Use of bath aids

Mouth care (including dentures) Care of feet (excluding toenails) Dressing/undressing of patients Bed bath

Shaving Care of hair

Care of fingernails Care of eyes

#### TOILETING 1 2 3 4

Use of bedpans/commodes Recording fluid balance Emptying catheter bag Care of incontinent patient

#### MOBILITY 1 2 3 4

Lifting/Transferring patient Use of walking aids

Use of hoists

Lifting/handling course (written evidence required}

#### OBSERVATION 1 2 3 4

Temperature Respiration Blood pressure Urine testing

#### NUTRITION 1 2 3 4

Preparation of meals Feeding a dependant patient

#### GENERAL 1 2 3 4

Pressure area care

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Washing of personal laundry

Bed making: changing a bed or drawsheet with patient in/on it

Light housework Shopping

Care of terminally ill

#### OTHERS 1 2 3 4

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| Maintaining client confidentiality |  |  |  |
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| Report writing/giving |  |  |
| Observe changes in patient/client’s condition and report to person in charge |  |  |
| **EXPERIENCE** |  | **ES NO** |
| Hospital |  |  |  |  |  |
| Nursing home |  |  |  |  |  |
| Hospice |  |  |  |  |  |
| Patient with dementia |  |  |  |  |  |
| First aid |  |  |  |  |  |
| **TRANSPORT** |  | **ES NO** |
| Do you have a current Full UK Driving Licence |  |  |  |  |  |
| Do you own or have access to a motor vehicle |  |  |  |  |  |

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**Y**

**Y**

Signed

Date

Other Skills/Comments

##### Have you ever been Vaccinated, Immunized or Tested YES NO DETAILS for/against any of the following?

Varicella

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Tuberculosis including BCG Heaf, Mantoux or Tine Rubella (German Measles) Poliomyelitis

Hepatitis B

Hepatitis B Antibodies Date and Result HIV

Tetanus Typhoid Any Other

##### I declare that the statements are true and complete to the best of my knowledge and belief. I understand that my General Practitioner may be consulted with my prior consent.

Signed

Date

**DECLARATION**

I understand that any offer of employment is subject to health clearance, Enhanced CRB Disclosure and confirmation of statutory qualifications/registration if applicable.

I certify that the information given on this form is correct and understand that any misleading statements or deliberate omissions will be regarded as grounds for withdrawal of offer or subsequent action, which could result in dismissal.

I understand that the information will be entered on our computer database under the terms and conditions of the Data Protection Act 1998 and will be treated in a secure and confidential manner.

I have read and understood the More Care Services Limited OPT-OUT 48-HOUR WORKING AGREEMENT as described in the terms and conditions of Engagement and I hereby consent that the working week limit shall not apply to my assignments in accordance with paragraph 3 of the agreement. I understand that under paragraph 4, WITHDRAWAL OF CONSENT, I can end this agreement by giving the Employment Business 14 days notice in writing.

Signed

Date

### REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available on request. A criminal record will not necessarily be a bar to obtaining a position.

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON THE NOTES PAGE.

NOTES

Please add any additional information

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# REGISTRATION VALIDATION – FOR OFFICE USE ONLY

1. CRB Check Countersigned
2. Full face to face interview
3. Copy of British Passport or Birth Certificate if British/EU National
4. Statement of Entry
5. Signed Contract of Employment
6. Completed & signed health check (including Doctor’s name & address)
7. Keywording complete
8. 48 hour opt out
9. Candidates written and spoken English checked
10. More Care Reference Number 11 Photograph submitted

#### YES NO

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| --- | --- | --- | --- | --- |
|  | **YES** |  | **NO** |  |
| 1 Work Permit |  |  |  |  | Expires |  |
| 2 CRB Reference No. |  |  |  |  | Expires |  |
|  |  |  |  |  |  |  |
| 3 Manual Handling |  |  |  |  | Expires |  |
| 4 CPR Update |  |  |  |  | Expires |  |
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| 5 Hep B Immunisation |  |  |  |  | Expires |  |
| 6 Paediatric Advanced Life Support |  |  |  |  | Expires |  |
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| 7 Aggression Awareness |  |  |  |  | Expires |  |
| 8 Induction – Health & Safety |  |  |  |  | Expires |  |
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**FOLLOW-UP PROCESSES**

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**Dates Dates**

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| Verbal References | 1 |  | 2 |
| Written References | 1 |  | 2 |
| Request Received | 1 |  | 2 |

**Numerical Interview**

**Assessment**

**COMPLETE SIGN OFF**

I confirm that I have interviewed this candidate in accordance with the registration requirements set out by More Care Services Limited. I am satisfied that he/she can be cleared for work.

Name of Consultant

Signature of Consultant

Date