

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR

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INTERNAL USE ONLY

JOB REFERENCE & CANDIDATE NUMBER:

PERSONAL DETAILS – PART A

Preferred Title (Mr Mrs Miss Ms Other (specify))	
First Name(s)	
Surname/Family Name	
Address	
Postcode	
Telephone Numbers inc. STD Code	Home
	Mobile
	Work
Email Address	

- Any other addresses in the last five years (in full, starting with the most recent)

Address:	
House name or number:	
Street Name:	
Town:	
County:	
Postcode:	
Dates lived at this address from:	To:

Address:	
House name or number:	
Street Name:	
Town:	
County:	
Postcode:	
Dates lived at this address from:	To:

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ASYLUM & IMMIGRATION ACT 1996

National Insurance No									
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Are you eligible to live and work in the UK in accordance with the Asylum & Immigration Act 1996?	
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If your application is successful you will be required to bring proof of eligibility to work in the UK to your interview.

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and final warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Care Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

If you have no convictions, please write NONE _____

If you do have any previous or outstanding convictions, cautions, reprimands or final warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc if you are invited for interview. Please see guidelines on completing the application form for further details.

DISCIPLINARY / GRIEVANCES

Have you been involved in any Disciplinary/Grievance procedures in the last two years or do you have any issues pending?	YES / NO
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EDUCATION & QUALIFICATIONS

Names of Schools / Colleges / Universities Attended since age 11	Qualifications gained / being sought – including grades

PRESENT / MOST RECENT EMPLOYMENT

Employer's Name	
Employer's Address & Postcode	
Your Job Title	
Salary/Wages Other Benefits	
Date Employed From	
Date of Leaving (or notice period required)	
Please give us a brief description of your duties (please continue on a separate sheet if necessary)	

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Reason for leaving	
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ABOUT YOU – PART C

Have you had training and/or experience of (Please tick as appropriate)				
	Task	No Experience	Experience	Trained
Personal Care	Dressing/undressing			
	Washing			
	Bathing			
	Bed baths			
	Bath aids			
	Use of bedpans/commodes			
	Hair care			
Specialist Care	Eye care			
	Pressure area care			
	Continence			
	Catheter bags			
	Mouth care			
	Colostomy care			
Mobility	Moving and handling			
	Use of hoists			
	Walking aids			

	Task	No Experience	Experience	Trained
Nutrition	Meal preparation			
	Feeding			
	PEG feeding			
Practical	Housework			
	Laundry/washing			
	Bed making			
	Shopping			
Specialist	Palliative care			
	Dementia care			
	Learning disabilities			
	Physical disabilities			
	Child care			
	Mental health			
Other please specify				

DO YOU DRIVE? YES / NO _____

DO YOU HAVE ACCESS TO A VEHICLE? YES / NO _____

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PAST EMPLOYMENT

EMPLOYERS NAME AND ADDRESS:	DATES EMPLOYED FROM & TO:	JOB TITLE & BRIEF DESCRIPTION OF DUTIES:	REASON FOR LEAVING:

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Please give names, addresses and telephone numbers of two people who can provide references for you. They should be your last two employers.

Present Employer	
Name	
Job Title	
Organisation	
Address & Postcode	
Telephone Number	
Email Address	
How is this referee known to you?	
Do you wish to be contacted before we approach this referee?	YES / NO

Previous Employer (Please indicate if this referee is not your previous employer)	
Name	
Job Title	
Organisation	
Address & Postcode	
Telephone Number	
Email Address	
How is this referee known to you?	
Do you wish to be contacted before we approach this referee?	YES / NO

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DECLARATION

I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge. Please note that if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

Signed:

Date:

THIS SECTION IS FOR CARE STAFF ONLY

Please complete the table below detailing your work availability. Please complete each section. If you are available anytime just a tick is required, but if your availability is for specific times only, please write the times in the box.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am - 8pm							
8pm - midnight							
Overnight							

Would you like to work with Male/Female/Both? (Please circle)	Yes		No	
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Additional Information

Please list anything else you think Prima Care & Training should be aware of concerning your working hours, e.g. childcare commitments, other caring commitments.

Please return the completed application form to the address below:

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PRIMA CARE & TRAINING
330-332 Uxbridge Road,
Shepherds Bush,
London,
W12 7LL

EQUAL OPPORTUNITIES MONITORING

- ◆ We are an equal opportunities employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, ethnic or national origin, disability, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment, or political affiliation.
- ◆ Our selection criteria and procedures are frequently reviewed to ensure that all individuals are selected, promoted and treated on the basis of their relative merits and abilities.
- ◆ All employees are given equal opportunity and are encouraged to progress within the organisation.
- ◆ The information on this form will be treated in confidence and will not be used as part of the selection process. This monitoring form will be separated from your application form on receipt and will not be seen by the recruitment manager.
- ◆ We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

Post applied for:

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Where did you see this post advertised?

Website	
Word of Mouth	
Referred by a friend (please name the individual)	
Other (please specify)	

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GENDER

Male Female

ETHNIC ORIGIN

I would describe my ethnic origin and/or nationality as:-

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Other ethnic group - please specify below
<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other Asian		

Nationality:

AGE BAND: 16-24 25-29 30-34 35-39 40-44
 45-49 50-54 55-59 60-65 65+

DISABILITY

The Equality Act 2010 defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term (more than 12 months) adverse effect on his/her ability to carry out normal day to day activities.

Do you have a disability as defined above? YES/NO

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