

Application Form for Carers

(PLEASE COMPLETE IN BLOCK CAPITALS ONLY)

1) PERSONAL DETAILS

TITLE: MR / MRS / MS / MISS SURNAME: FORENAME:

ANY OTHER KNOWN NAME:
PREVIOUS KNOWN NAME/S **MUST** INCLUDE DATES USED (MONTH AND YEAR REQUIRED)
THIS INCLUDES NAME CHANGES FOR MARRIAGE

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DATE OF BIRTH

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NATIONAL INSURANCE NUMBER

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MARITAL STATUS:

SINGLE

MARRIED

DIVORCED

WIDOWED

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PRESENT ADDRESS:

PREVIOUS ADDRESS:

ADDRESS:

POSTCODE:

At this address since: Month / Year /

ADDRESS:

POSTCODE:

At this address between: Month / Year /

To Month / Year /

TELEPHONE : (home)

MOBILE :

E-MAIL:



NATIONALITY

**IF NOT BRITISH/EEC, PLEASE STATE VISA STATUS
(ARE YOU ALLOWED TO WORK IN THE UK?)**

YES NO

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DATE OF ENTRY INTO THE UK

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NEXT OF KIN:

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE:

**WHAT TYPE OF WORK ARE YOU INTERESTED IN?
(PLEASE SPECIFY WITH A TICK)**

	YES	NO
POP-IN VISITS		
SIT-IN/ ONE TO ONE SUPPORT		
SLEEP-IN		
LIVE-IN		

2) EDUCATION

SCHOOL/COLLEGE (ADDRESS)	QUALIFICATIONS	FROM	TO

FURTHER EDUCATION

COLLEGE/UNIVERSITY (ADDRESS)	COURSE/ DEGREE	QUALIFICATION OBTAINED	FROM	TO

3) EMPLOYMENT HISTORY

Please provide your **COMPLETE** employment and any break in employment history starting with the most recent employer. **PLEASE NOTE 10 YEARS HISTORY IS NEEDED**

NAME AND ADDRESS OF ORGANIZATION	JOB TITLE	FROM	TO	REASON FOR LEAVING

Please continue on a separate sheet if necessary

PLEASE PROVIDE DETAILS AND A BRIEF DESCRIPTION OF THE TASK/DUTIES PERFORMED. CONTINUE ON A SEPARATE SHEET IF NECESSARY

DO YOU DRIVE?

IF YES; MANUAL OR AUTOMATIC FULL UK LICENCE?



DO YOU HAVE ACCESS TO YOUR OWN CAR?

REFERENCES:

PLEASE PROVIDE TWO REFERENCES STARTING WITH YOUR MOST RECENT EMPLOYER IN THE SPACE PROVIDED. **(ONE REFEREE MUST BE YOUR MOST RECENT EMPLOYER OR AN EXPLANATION GIVEN AS TO WHY IT IS NOT INCLUDED)**

REFERENCE 1	REFERENCE 2
NAME:	NAME:
POSITION:	POSITION:
ORGANIZATION:	ORGANIZATION:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TELEPHONE:	TELEPHONE:
EMAIL:	EMAIL:

REFERENCES MAY BE TAKEN UP PRIOR TO INTERVIEW.

PLEASE INDICATE WITH A TICK IF YOU DO NOT WISH REFERENCES TO BE REQUESTED BEFORE INTERVIEW

4) HOME OFFICE CIRCULAR HOC102/88

ALL APPLICANTS MUST ANSWER ALL QUESTIONS ON THIS FORM. FAILURE TO DO SO WILL RENDER YOUR APPLICATION INVALID.

In accordance with the above circular, you are required to provide the following information which will be passed on to the police authorities to check the existence and content of any criminal record.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986. 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 removal from Impeccable Healthcare's register. Please note this information will only be provided to and checked with the Police authorities after a recruitment interview has taken place.

PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE USE BLOCK CAPITALS THROUGHOUT).

HAVING A CRIMINAL RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT WITH IMPECCABLE HEALTHCARE LTD.

Have you ever been convicted of a criminal offence, warnings or cautions?

Yes	No
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If yes, please Specify.....

We need 5 years previous address history to complete your DBS check

(Continue on from the front page of application form if necessary)

Address:	Address:
Postcode:	Postcode:
From: Month..... Year.....	From: Month..... Year.....
To: Month..... Year.....	To: Month..... Year.....

(Please continue on a separate sheet if necessary)

The following information is required to complete your DBS:

Place of birth: Country: _____ Town: _____

(Please also state if not applicable) _____

What colour are your eyes _____

What is your height _____

Do you have any other identifying particulars? e.g. Tattoo's

(Please also state if applicable) _____

I consent to the above particulars being checked with the police and I am aware that any "spent" convictions will be disclosed. I also consent to my immigration and work permit details being forwarded for necessary checks by immigration and NI officials.

SIGNED..... DATE.....



5) EQUAL OPPORTUNITY MONITORING FORM

Impeccable Healthcare Service Ltd is committed to promoting equal opportunities. It is our policy to ensure that all job applicants and employees receive equal treatment irrespective of their gender, race, color, age or disability. To enable us monitor this effectively, please complete below, as applicable to you. Information provided is strictly for monitoring purposes.

Gender:

Male

Female

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Nationality/ Origin:

Asian

Black

Caucasian

Bangladeshi { }

African { }

British { }

Pakistani { }

Caribbean { }

European { }

Indian { }

British { }

Other { }

British { }

European { }

Other { }

Other { }

DISABILITY

Do you consider yourself as having a disability that could affect your day-to-day work? If yes, please specify: _____

Are you a registered disabled?

Yes { }

No { }

If yes, please provide your registration number _____

Any further information _____

Supporting statement:

Please tell us why we should offer you the position and how you closely match what we are looking for?

Please use space provided above to supply more information in support of your application. Please continue on a separate sheet as appropriate.

6) DECLARATION

I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION THAT HAS BEEN PROVIDED ON THIS APPLICATION FORM IS CORRECT. I UNDERSTAND THAT FALSE INFORMATION MAY LEAD TO DESELECTION OF MY APPLICATION FOR INTERVIEW. I ALSO UNDERSTAND THAT THE INFORMATION/DATA GIVEN MAY BE USED FOR REGISTERED PURPOSES UNDER THE DATA PROTECTION ACT 1984.

SIGNED..... DATE.....

If you are invited in for interview, these are documents that you will be required to bring. Please make a copy of this list:

- **Passport or Original UK birth certificate**
- **Work Visa if necessary**
- **Full UK/EEC driving licence**
- **Marriage certificate if applicable**
- **Car Insurance Certificate (if you a driver)**
- **2 current proofs of address (not a mobile phone bill)**
- **Certificate of vaccinations or signed report from GP**
- **National insurance number (card) or wage slip**
- **2 passport size photographs**
- **Original certificates relevant to Health and Social Care**
- **If studying, letter from college detailing term times/availability**



Eligibility for Employment in the UK

Impeccable Healthcare Service is committed to ensuring that all employees undergo a thorough recruitment and employment process which includes ensuring applicants are eligible for employment within the UK.

Impeccable Healthcare will obtain confirmation from the Home Office prior to an offer of employment and will continue to complete routine checks throughout the duration of employment.

DECLARATION

I confirm that I am eligible to work in the UK and provide Impeccable Healthcare Service Ltd with consent to undertake all relevant and ongoing checks. I understand that knowingly giving false information will disqualify me as an employee of Impeccable. Impeccable Healthcare Service also has a responsibility to provide the relevant authorities with any falsified information gained.

Signed _____

Date _____

PLEASE SEND COMPLETED APPLICATIONS TO THE ADDRESS OR EMAIL INDICATED BELOW.
THANK YOU.

HEAD OFFICE:

**Impeccable Healthcare Services Ltd,
TMS House,
Cray Avenue,
Orpington,
Kent.
BR5 3QB**

Email: info@impeccablehealthcare.co.uk

Tel: (01689) 885 002

Continuation Sheet (if necessary)
