

Application Form Carer

STRICTLY CONFIDENTIAL Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

PERSONAL DETAILS

Surname		First name(s)	
Address		Previous Name(s)	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			
Are you a citizen of the EU?	Yes	No	
Do you need a work permit?	Yes	No	
Current driving licence?	Yes	No	
Do you drive?	Yes	No	
How do you usually travel to work?			

NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

YOUR BANK DETAILS

Your Payment Details					
Name of Bank/Building Society					
Account Name		Personal		LTD	
Branch Address & Post Code					
Account No		Sort Code			

PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

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EDUCATION

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months

Please enclose copies of your training certificates

Moving and		Basic Life		Intermediate Life		Advanced Life	
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Handling		Support		Support		Support	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis')	
Resuscitation of the Newborn (Midwifery)		Interpretation of Cardiotocograph Traces (Midwifery)		Practical			

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No
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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:		Date:	
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Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address and Telephone No
1			
2			
3			

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked_____

Period of notice required in the present post_____

Earliest start date_____

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:		Date:	
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FOR OFFICE USE ONLY

Applicant shortlisted	Yes	No
Interview Date:		
References requested:		
Verbal reference check	Yes	No
Date:		

Additional Notes from application

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

Notes for interview

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Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
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Gender	☐	Male
	☐	Female
	☐	I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick)

Asian or Asian British		Mixed Raced		Other Ethnic Group	
☐	Bangladeshi	☐	White & Asian	☐	Chinese
☐	Indian	☐	White & Black African	☐	Any other ethnic group
☐	Pakistani	☐	White & Black Caribbean	☐	I do not want to disclose this
☐	Any other Asian background	☐	Any other missed background		
Black or Black British		White			
☐	African	☐	British		
☐	Caribbean	☐	Irish		
☐	Any other Black background	☐	Any other Black background		

Employment Equality Regulations 2003

Please select the option which best describes your sexuality
religion or belief

Please indicate your

☐	Lesbian	☐	Atheism	☐	Sikhism
☐	Gay	☐	Buddhism	☐	Judaism
☐	Bisexual	☐	Christianity	☐	Hinduism
☐	Heterosexual	☐	Islam	☐	Other
☐	I do not wish to disclose this	☐	Jainism	☐	I do not wish to disclose this

Your DBS status and Uniform

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No		Yes	No	

Issue Date				Disclosure Number	
Is this certificate registered with the update service	Yes	No			

All applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Flow Healthcare Services will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be charged to the candidate.

Candidates will be required to purchase uniform if required at the cost of £20 this will be deducted from your timesheet once you have started working through us. Please fill in the box below stating your uniform size and quantity.

Uniform sizes

Female	8	10	12	14	16	18	20	22	24	26	28
Nurse											
HCA/CH											
Midwife											

Male	38	40	42	44	46	48	50
Nurse							
HCA/CH							
Midwife							

Your Registration Checklist

To complete your registration you will be required to provide the following documentation

☐	Completed Registration Form – signed in all requested areas
☐	CV – E-mailed in word format – Your CV must cover full work history from education
☐	Your Right to Work in the UK as well as your passport and forms of I.D - We require to see the originals of these documents. (Posted originals will be returned the same day received by recorded delivery).

	Birth Certificate and Driving License
	HPC or NMC Entry Certificate and up to date renewal card
	Copy of your most recent DBS – less than 1-year-old
	Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
	Mandatory Training Certificates > 1 Year ● Manual Handling ● Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support ● Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health & Safety, 'Quality, Diversion & Inclusion', Safe Guarding Children & Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you) ● Mental Health Nurses will need Restraint Training
	2x Passport Size Photos
	Proof of National Insurance Number 2x Reference forms. Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail

To be paid through a Limited Company please ensure you send

- Certificate of Incorporation
- Evidence of limited bank details and company name ie bank statement or blank cheque
- VAT Certificate
- Signed Self Billing Form (enclosed)

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date: