

APPLICATION FORM



Position applied for:

Certified NVQ level:

1. PERSONAL DETAILS

Title:	First Name(s):	Last Name:
Address:	Post Code:	Previous Last name:
		Telephone Number:
		Mobile Number:
Date of Birth:	National Insurance Number:	
Email Address:		

Address History Please provide continuous history of your residences for the past 5 years

Address 1	Address2	Address3
Date From	Date From	Date From
Date To	Date To	Date To

2. NEXT OF KIN (Or person to be contact in an emergency)

Name:	Relationship to you:	Telephone number(s):
Address (if different from above):		

3. HOW DID YOU HEAR ABOUT ASCOT CARE?

--

4. TRANSPORT

Do you have a full driving license? Issue date:
What are your usual means of transport?

5. YOUR RIGHT TO WORK IN THE UK

UK Citizen	Work Permit	Expiry date:
EU Citizen	Student Visa	
Workers Registration scheme	Working Holiday	
Permanent Residency	Other (Please specify)	

6. DISABILITY

Do you consider yourself to have a disability?	Nature of Disability
--	----------------------

7. WORKING TIME REGULATIONS/RTI

In order to comply with Real Time Information Legislation, it would help if you could indicate the appropriate number of hours you are seeking. Please circle one option below, and sign if applicable.			
Less than 16 hours per week	Between 16 and 30 hours per week	More than 30	If you would like the opportunity to work MORE than 48 hours per week you must sign the statement below, in order to comply with Working Time Regulations I AM WILLING to work more than 48 hours per week on average Signed..... Date.....

8. EMPLOYMENT HISTORY (Most recent first). Please include ALL Employment as we need to go back a MINIMUM of 5 years. Use the box at the bottom of the page to explain any gaps in your employment. Use a continuation sheet or supply a CV if this page covers less than 5 years.

Company Name		Telephone Number	Email
Company Address			
Line Manager		Main duties (If agency, please state companies you were placed at)	
Your Job Title			
Date Employed from	Date Employed to:	Reason for leaving	Can we contact for a reference

Company Name		Telephone Number	Email
Company Address			
Line Manager		Main duties (If agency, please state companies you were placed at)	
Your Job Title			
Date Employed from:	Date Employed to	Reason for leaving	Can we contact for a reference

Company Name		Telephone Number	Email
Company Address			
Line Manager		Main duties (If agency, please state companies you were placed at)	
Your Job Title			
Date Employed from:	Date Employed to	Reason for leaving	Can we contact for a reference

Personal Reference:	Telephone Number	Email / Fax
Address		
Name	In what capacity do you know each other:	
Known from:		
Known to:		

Please explain any gaps in the employment history above, including dates (e.g. studying, childcare, unemployment)

Have you ever been dismissed from any employment?

9. TRAINING, QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT

Relevant Qualification(s) and Training				
Do you have a relevant NVQ?		YES/NO	Level	
Are you currently studying for a relevant NVQ?		YES/NO	Level	
Would you be interested in NVQ training?		YES/NO	Level	
Have you completed any of the following courses in the last year?				
Safeguarding Adults	Food Hygiene	Infection Control	Health and Safety	Manual Handling
Date:	Date:	Date:	Date:	Date:
Medication	Dementia	First Aid	Record Keeping	End of Life
Date:	Date:	Date:	Date:	Date:
Confidentiality	Equality / Diversity	Person Centred care		
Date:	Date:	Date:		
TRAINED NURSES ONLY : Pin number:			Pin Expiry Date:	

Please tell us why you want to do this type of work?

Hobbies and Interests: Please list anything you may think are relevant to the position applying for

10. HEALTH DETAILS

G.P.'S NAME:
ADDRESS:
TELEPHONE:

Have had any mental health or addiction problems?
If yes, please provide details:

Do you have any dietary need or preferences that we should know about (For Live in Care Workers only) e.g vegetarian

Have you ever suffered from any of the following listed below? Please give details where necessary. Please note that full disclosure is necessary, irrespective of nature or gravity of any condition.

	YES / NO / COMMENTS
ASTHMA, BRONCHITIS, OR LUNG DISEASE?	
HEART DISEASE?	
HIGH BLOOD PRESSURE?	
LOSS OF CONSCIOUSNESS OR EPILEPTIC FITS?	
MENTAL DISEASE OR DISEASE OF THE NERVOUS SYSTEM?	
RHEUMATIC FEVER, RHEUMATISM OR ARTHRITIS?	
TYPHOID OR DYSENTRY?	
LUMBAGO, SCIATICA, SLIPPED DISC, BACK TROUBLE?	
SKIN DISEASE, ECZEMA, ETC.?	
DIABETIC? Type 1 / Type 2	
HEARING DEFECT? SIGHT DEFECT?	
ANY SERIOUS PHYSICAL ACCIDENTS?	
ANY MAJOR SURGERY?	
ANY DISABILITY NOT LISTED ELSEWHERE?	
ARE YOU ON ANY N.H.S. WAITING LIST?	
ARE YOU A SMOKER? DETAILS: (Number Per day/Week/Social)	
ARE YOU A DRINKER? DETAILS: (Number of glasses/pints Per week/month/Social).	

12. Work Wear (Domiciliary care workers only)

The work you have applied for may require you to wear a uniform. Please circle your uniform size:	<u>Male</u>	<u>Female</u>
	S M L XL	8 10 12 14 16 18 20 22 24

13. Disclosure – Please read carefully

Due to the nature of the work for which you are applying, you must disclose any information regarding any criminal convictions either current or which would normally be considered and spent. This is provided by virtue of the 1975 Exemptions Order to section 4.2 of the Rehabilitation of offenders Act (1974). You must also disclose details of any cautions, which, when given, you admitted. All information will be treated in strictest confidence. Any pending offences, for which you are awaiting an outcome, must be disclosed. In addition, during your period of engagement with Ascot Care, you should inform us if you are convicted, or are awaiting an outcome, of any new offences (including motoring offences)

I confirm that **do not** (delete as appropriate) have any cautions, charges or convictions

(Please cross through the statement which does not apply to you. If the answer 2nd statement you will need to provide a written statement with details before we send off for a new disclosure. Any CRB money is non-refundable, even if we do not offer you work.)

Signed..... Full Name
Date

14. Consent

In order to comply with some of our contracts with our clients, we have been asked to obtain the following:
- I consent to my personal data being made available to authorised third parties in order to comply with current regulations and for the purpose of auditing
- I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business

Signed..... Full Name.....
Date

15. Declaration

Please read carefully and sign to confirm you understand your obligations

I understand that it is my responsibility to check that I am up to date with any immunisations, which are relevant to the type of work for which I am registering. I understand that my engagement with Ascot Care is subject to the receipt of a satisfactory Enhanced Criminal Records Bureau Disclosure. I confirm that the information given on this application is, to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform Ascot Care if any details in this application form change. I agree to the company's Terms and Conditions of engagement.

Signed..... Full Name.....
Date

16. Proof of Identity & Address

Please provide the following documents:

- Passport or Birth Certificate
- Driving Licence / ID Card
- Marriage Certificate (if applicable)
- Proof of your current home address
- Proof of addresses for the last 5 years (if applicable)
- P45 or P60
- National Insurance Number

17. DBS

The cost is £63.20, which we ask you to pay for initially, Ascot Care will refund this cost to you on completion of your first 6 months employment with us. Payment can be by cash, cheque (Made payable to Ascot Care Ltd) or bank account (Please contact the office for more details if you want to pay directly into the bank account)