



EMPLOYMENT APPLICATION FORM - HEALTH CARE ASSISTANT -

(Must be completed by the applicant using own handwriting and not by any other acting as proxy)

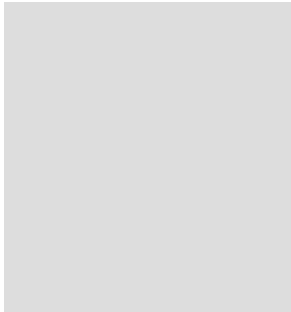
- PLEASE COMPLETE IN BLACK INK -

IMPORTANT NOTE

PREVENTION OF ILLEGAL WORKING:- Everycare has a legal duty to verify the eligibility of applicants to work within the United Kingdom. For UK and EEA (European Economic Area) and Swiss citizens this can be sight of and a retained copy of your passport. For applicants from other countries (including applicants from some countries that are more recent entrants to the EU) we will need to see either an 'Identity Card for Foreign Nationals' issued by the UK Border Agency or alternatively some other satisfactory proof of your right to work in the UK, in addition to your passport. We will conduct checks with the Home Office UK Border Agency on an applicant's eligibility to work in the UK if we deem it necessary. Eligibility to work regulations change from time to time, therefore we recommend you refer to the Home Office web site for the latest information (www.ind.homeoffice.gov.uk). **All verification documents must be the original.**

**PAGES 1 & 2 ARE FOR OFFICIAL USE ONLY
 PLEASE COMMENCE ON PAGE 3**

RECENT PHOTOGRAPH



SURNAME _____

FORENAMES _____

EVERYCARE STAFF CODE _____

QUALIFICATIONS _____

SPECIALITIES _____

Appointment date			
Interviewed by	Signed		
References 1.	Requested	Received	
References 2.	Requested	Received	
UNION Membership?	YES / NO	If YES enter details	
Ethnic Origin Entered On Equal Opportunities Monitoring Form	YES / NO		
(If Applicable) Identity Card for Foreign Nationals or other proof of right to work in the UK checked and copy placed on Staff File	YES / NA	Card No. _____	
		Expiry Date. _____	
Accounts Information sent	Details	P46	P45

APPLICANT'S SUITABILITY FOR POST

Interviewing Manager's Comments	
Experience	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Professional Development	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Perception of Role	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Perception of Needs of Client Groups	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Personal Qualities	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

PERSONAL DETAILS (Please make all entries in block capitals in the spaces provided)

Title _____ (Mr. Mrs. Miss. Ms.) Surname _____

Forenames in full _____

Permanent Address

Home telephone number _____

Mobile telephone number _____

Email Address _____

Postcode _____

Date of Birth _____

Male/female _____

Maiden Name _____

N.I. Number ____/____/____/____/____/____/____/____/____

Religion _____

Work Permit expiry date _____ (if applicable)

Name of Next of Kin _____

Relationship _____

Address _____

Home telephone number _____

Mobile telephone number _____

Email Address _____

ETHNIC ORIGIN										
Black									Asian	Other
African	Caribbean	Other	Indian	White	Arab	Pakistani	Bangladeshi	Chinese	Other	please specify

Driving Licence YES/NO

Car Owner YES/NO

What areas are you prepared to travel to _____

Will you be working solely for Everycare YES / NO

Reason for application _____

How did you hear about Everycare?

Local advertisement _____

Through another Everycare employee (name) _____

Website/Internet (please specify) _____

Other (please specify) _____

SECONDARY & FURTHER EDUCATION

(Start with most recent)

Full-Time School/College Attended	From	To	Qualification & Grades achieved

PROFESSIONAL TRAINING & QUALIFICATIONS

(Start with most recent)

Name & Address of Training Body	From	To	Qualification Achieved

Are you a member of a professional body? Yes No

If YES, please provide details: _____

DISCIPLINARY DISCLOSURE & ABUSE STATEMENT

Have you ever been subject to any disciplinary process involving Gross Misconduct by an employer, or been required to attend such a process (whether or not this resulted in dismissal)?

NO YES

Have you ever been referred to the POVA list (Protection of Vulnerable Adults), POCA (the Protection of Children Act) or the ISA (Independent Safeguarding Authority) on the grounds of misconduct which has harmed or caused risk of harm to a vulnerable adult or child? (whether or not this resulted in any disciplinary process or dismissal)?

NO YES

If you have answered YES to any of the above, describe fully the circumstances, the outcome of any investigations and the final decision reached by your employer.

PLEASE PROVIDE A BRIEF DESCRIPTION OF ANY EXPERIENCE RELEVANT TO THIS APPLICATION

PLEASE INDICATE SPECIALITIES

	Exp.	Qual.		Exp.	Qual.		Exp.	Qual.
A & E	<input type="checkbox"/>	<input type="checkbox"/>	Gynae	<input type="checkbox"/>	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	ITU	<input type="checkbox"/>	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>
Burns / Plastic	<input type="checkbox"/>	<input type="checkbox"/>	Medical	<input type="checkbox"/>	<input type="checkbox"/>	Practice Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Cardio -Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	<input type="checkbox"/>
CCU	<input type="checkbox"/>	<input type="checkbox"/>	Midwifery	<input type="checkbox"/>	<input type="checkbox"/>	Renal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
Elderly Care	<input type="checkbox"/>	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	<input type="checkbox"/>	SCBU	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	Oncology	<input type="checkbox"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Genito - Urinary	<input type="checkbox"/>	<input type="checkbox"/>	Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>			

Please indicate any others _____

How many hours per week are you normally available to work? _____ hrs

Period/s of the week you are available to work?

Morning

Day

Evening

Night

Weekdays

Weekends

Total Number of days absent due to sickness within the last 12 months: _____ Number of occasions _____

WHAT ARE YOUR MAIN INTERESTS AND HOBBIES?

REFERENCES

Please give the names and addresses of two referees. One of these must be your current or most recent employer and must be a senior line manager who knows you. Referees cannot be non-employing friends, acquaintances or family members. Other referees may be acceptable, for instance tutors etc. if you have recently left or are still in college or education. If in doubt about the acceptability of a referee please discuss with an Everycare manager before completing this section.

1.
Name: _____

Position: _____

Relationship to you: _____

Organisation: _____

Address: _____

Post Code: _____

Telephone No. _____

FAX No. _____

E-mail Address: _____

2.
Name: _____

Position: _____

Relationship to you: _____

Organisation: _____

Address: _____

Post Code: _____

Telephone No. _____

FAX No. _____

E-mail Address: _____

REHABILITATION OF OFFENDER ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exception Order 75) the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should therefore include any "spent" convictions:-

Have you ever received a caution, been convicted of a criminal offence **including any spent convictions** or have any outstanding pending prosecutions? (NB a criminal conviction may not necessarily prohibit your employment; however we will require further details at interview).

YES NO

Regulations require that we obtain an Enhanced Disclosure from the Criminal Records Bureau (CRB) for any temporary staff supplied to our client groups. The disclosure incorporates a check against the POVA (Protection of Vulnerable Adults), the POCA (Protection of Children Act) and the ISA (Independent Safeguarding Authority) registers. As a Registered Body, we conduct the check at cost on your behalf. You will have to pay the current fee to us on completion of a satisfactory interview before your application can be processed. Your payment will not be refunded should your application be unsuccessful or you withdraw your application.

I agree to your obtaining an Enhanced CRB Disclosure.

Name: _____ Signature: _____

Note:- An appointment will be made with you to undertake the CRB Disclosure application process. Please see our separate CRB Information Sheet, which contains details of the documentation you will need to bring with you.

DATA PROTECTION ACT

Any information provided to and retained by Everycare (Wessex) Ltd is subject to the provisions of the Data Protection Act; however the monitoring requirements of the Care Quality Commission and Social Services may require authorised officers from those bodies having access to your personnel and record files. By signing the Declaration below you agree to this superseding your rights under the Data Protection Act.

DECLARATION

You are responsible for the accuracy of the information provided in this application form. Any false statement may invalidate your application or, when employed, render you liable to dismissal.

I declare that the information given on this application form is complete and correct to the best of my knowledge.

Signed: _____ Date: _____

When you have completed this application form, please forward it to the Everycare office immediately. We will acknowledge receipt and inform you of the next stage of our recruitment process.

