

Job Application Form

Please complete this form using black ink or type. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form please call 01536 239085 or e-mail any queries to recruitment@spotonhc.co.uk

Post Applied for:		Post Number:	
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Closing Date:		Interview Date:	
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THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE TREATED IN CONFIDENCE

PERSONAL DETAILS									
<i>Please complete this section in BLOCK letters</i>									
Title:	Surname:	Forenames:							
Marital status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		Nationality:							
Date of birth:		Gender : Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>							
Country of Birth:									
Work Permit Number (If required):									
		Letters	Numbers					Letter	
National Insurance Number:									
Physical Address:									
Postcode:									
Telephone Number:									
Mobile Number:									
Email address									

Next of Kin Details		
Name of next of kin:		
Relationship to you:		
Contact Address:		
Telephone Number:		
Mobile Number:		
Email Address:		
Type of contract applied for		
Full time hours <input type="checkbox"/>	Casual hours <input type="checkbox"/>	Part time hours <input type="checkbox"/>
Right to work in the UK		
Are you Legally Entitled To Work In The UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Location <i>Please indicated the area(s) where you want to work:</i>		
<i>Applicants will be required to provide documentary proof of their eligibility if successful</i>		
Where did you see this post advertised		
Do you hold a full UK driving license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have the use of a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any endorsements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require a Work Permit to work in the UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PROFESSIONAL, REGISTERED OR MANAGEMENT QUALIFICATIONS		
Please enter in the sections below, only qualifications relevant to the position for which you are applying. For example, NVQ Level 4, RNLD, RNM, RGN		
NMC PIN NUMBER	PART REGISTER	EXPIRY DATE (dd/mm/yyyy)

Qualifications obtained from colleges and universities. Please list the most recent qualification first.
(Please use a separate sheet if needed)

EDUCATIONAL QUALIFICATIONS

Please list any training courses you have attended: (List the most recent first)

Name of College or University	Dates Attended from and to	Course	Qualifications and Grade obtained
Name of School	Dates Attended from and to	Course	Qualifications and Results / Grade obtained

TRAINING AND DEVELOPMENT

Title of Training Programme or Course	Duration	Date Training Completed (dd/mm/yyyy)
(Please use a separate sheet if needed)		

Do you have any Formal Training in any of the below? *(Leave blank if answer is No)* Yes No

Mandatory Courses Training Record	Date obtained (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
Moving and Handling		
Food and Hygiene		
Fire Awareness		
First Aid		
Infection Control		
Equality, diversity and human rights		
Patient Consent & Confidentiality		
Safeguarding Children		
Safeguarding Adults		
Conflict Management		
COSHH		
Basic Life Support		

PERSONAL STATEMENT

Abilities, skills, knowledge and experiences.

Please explain in detail how you meet the Job Specifications. If you are or you have been involved in voluntary / unpaid please you also need to include this information. If any additional sheets have been used please mark them clearly.

To enable us to match your previous experience and skills to a client's care needs, please indicate which of the following areas of care work you have experience of. Delete the answers that are not applicable.					
Peg Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Colostomy care (changing bag only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Spinal Injury Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acquired Head Injury Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Client senile dementia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parkinsons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cerebral Palsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Muscular Dystrophy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Terminal Illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	HIV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urinary incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal hygiene (washing etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Faecal incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Client confusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mental illness care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Client aggression (verbal & physical)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been taught Moving and Handling techniques?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer is Yes. Please state where?					
Have you been taught to use a hoist?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer is Yes. Please state where?					
Please enclose any relevant copies (please write down enclosed copies)					
Any other relevant experience?					
<i>Please give details of any experience you have had in a caring or healthcare professional capacity, either on a paid, voluntary or personal basis. Please give details of any professional qualifications you have e.g. NVQ, B Tech etc. and BRING ANY CERTIFICATES TO THE INTERVIEW. Please send photocopies of these certificates with this application.</i>					
Additional Information					
How do you consider your cooking skills?		Good <input type="checkbox"/>	Average <input type="checkbox"/>		
How do you consider your domestic skills?		Good <input type="checkbox"/>	Average <input type="checkbox"/>		
Please give details of any hobbies you enjoy:					

Any other relevant information:

Have you applied to or worked for **Spot-On Healthcare Limited** before? Yes No

If your answer is Yes, please give details (dates etc.)

HEALTH RECORDS

All applicants are required to make a statement with regards to their physical and mental fitness. Please answer all the questions listed below and provide details for the relevant answers:

Are you suffering , or have you ever suffered from any of the following

a) Back or neck pain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Rheumatic or arthritic conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Hernia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Fits, fainting attacks, epilepsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Depression, anxiety or nervous illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Typhoid, paratyphoid, dysentery or food poisoning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Tuberculosis or hepatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any illness or medical condition not specified above? If so give details on separate sheet.

Have you undergone psychiatric treatment of any kind in the last five years? Yes No

Are you currently undergoing any treatment, medical /psychiatric? Yes No

Have you taken significant time off work for medical reasons over the last two years? Yes No

If Yes, how long did you take off?

If you answered "Yes" to any of the above questions, please provide details on a separate sheet.

Health Statement: Please use the space below to make a statement as to whether or not you consider yourself physically and mentally fit for the position for which you have applied.

I can confirm on (today's date) / / that **I am** or **I am not** (Select as appropriate) physically, mentally and emotionally fit for the position I have applied for, as detailed in the job description provided by Spot-on Healthcare Limited.

Signed:

Date (dd/mm/yyyy): / /

CRIMINAL CONVICTIONS

Criminal Convictions: Due to the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975. Applicants are therefore required to disclose any "spent" or unspent convictions, cautions, reprimands, penalty notices and final warnings that they have received.

In accordance with the Health and Safety Care Standards Act 2000, we are also required to obtain an Enhanced Disclosure from the Disclosure Barring Services which checks your details against the Police National Computer, Local Police records, matters currently under investigation and any lists held by the Department of Health and the Department of Education which detail individuals considered unsuitable to work with children or vulnerable adults. Failure to disclose details of anything listed below could result in dismissal if the Disclosure obtained in your name does not correspond with the details you provide. You must truthfully to the questions below, as they will appear on your Enhanced Disclosure.

Have you any previous spent or unspent Criminal Convictions given by the Courts/Police	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently under investigation or do you have any Prosecutions pending by the Courts/Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been cautioned or received a reprimand by the Courts/Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever received a Penalty Notice from the Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever received a final warning by the Courts/Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>	To your knowledge, are you named on any lists held by the Departments of Health or Education?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been questioned by the Police regarding a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered "yes" to any of the above questions then you are required to provide full details on a separate sheet and send them in with your application in a sealed envelope.	Yes <input type="checkbox"/> No <input type="checkbox"/>

EQUAL OPPORTUNITIES

Spot-On Healthcare Limited is an Equal Opportunities Employer. The aim is to ensure that no job applicant receives less favorable treatment on the grounds of race, color, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, gender, marital status, sexual orientation or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected on the basis of their relevant merits and abilities. All employees are given equal opportunity and are encouraged to progress within the organization. We are committed to an on-going programme of action to make this policy fully effective.

To ensure that this policy is fully and fairly implemented and for no other reason, would you please provide the following information:

Please select a category and tick the box that is appropriate to you:

White <input type="checkbox"/>	Mixed <input type="checkbox"/>	Asian /Asian British <input type="checkbox"/>	Black/Black British <input type="checkbox"/>	Chinese/Other <input type="checkbox"/>
British <input type="checkbox"/>	White / Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White/African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	
	White/Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		
Other: <input type="checkbox"/>	Other: specify _____			
Place of Birth: _____			Nationality: _____	
Languages:				
What is your first Language? _____			Do you speak any other languages? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of all Languages that you speak and any gestural languages including Sign Language with which you are familiar.				
Do you consider you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Spot-On Healthcare Limited is committed to ensuring that ability and potential for the job are criteria used				

for all staff selection.

Monitoring

The company has adopted the provision contained in the code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection divisions to assess whether equal opportunities is being achieved. **For this purpose, you are asked to complete and return this form with application form.** This information is for statistical reasons only and will be treated as confidential. Any information you give in this section will not be used as part of your application.

Applicant full name:

Position Applied for:

Location :

FULL EMPLOYMENT HISTORY (RECENT WORK HISTORY FIRST). PLEASE USE SEPARATE SHEET IF NECESSARY

Employer	Dates (dd/mm/yyyy) from and to	Key Duties	Reasons for Leaving

Are there any gaps in your employment history? Yes No

If Yes ,please give details:

REFERENCES

PLEASE NOTE:

We cannot accept PRIVATE addresses for references unless they are providing a character reference. It is also our policy, under the Police Act 1997, to apply for a "Disclosure" prior to accepting carers and health professionals on to our Register. The procedure will be explained to you if you are selected for interview.

Employment Reference 1	Employment Reference 2
Full Names:	Full Names:
Position :	Position :
Company:	Company:
Relationship:	Relationship:
Tel Number:	Tel Number:
Fax Number:	Fax Number:
E-mail Address:	E-mail Address:
How long have you known this referee?	How long have you known this referee?
Company Address:	Company Address:
Postcode:	Postcode:
Referee may be contacted prior to interview Yes <input type="checkbox"/> No <input type="checkbox"/>	Referee may be contacted prior to interview Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

WORKING TIME REGULATIONS(1998)

I agree that I can be required to work for more than 48 hours on average per the duration of the contract made between the Client (and/ **Spot-On Healthcare Limited**) and myself because of the continuous nature of the services provided to the Client.

I understand that I can change my mind four weeks written notice to the Client (and/or **Spot-On Healthcare Limited**) and I agree to provide a copy of that notice to **Spot-On Healthcare Limited** for information.

I confirm that the information I have given on this form is true and correct. I am willing to work more than 48 hours each week and that as far as I am aware; I am fit and able to carry out the tasks of a career.

Signed

Date: / /

Please say how you heard about the agency (e.g. Job Centre, Advertisement, specific post etc.)
If newspaper please state which paper. If Job Centre please give ref no. And if specific post

Please give details.

Could you please supply 3 of the following. Work permit to work in the UK is a must.

Please ensure that the following documentation is enclosed when returning this form:

1. Copy of driving license } Where applicable
2. Copy of car insurance } Where applicable
3. Two recent passport size photograph
4. Passport
5. Birth Certificate
6. Marriage Certificate / Civil Partnership Certificate
7. Evidence of Current Address
8. Up to Date Utility Bill
9. NHS Card
10. Council Tax Statement
11. Bank Statement / Mortgage Statement
12. National Insurance Number
13. Certificates of Educational and Professional Qualifications
14. Certificates of Training Undertaken
- 15. Work Permit / Visa - Must be provided**
- 16. Student Permit / Visa - Must be provided**

Driving Licence & Counterpart (requirement for support workers carrying clients in their cars)

Vehicle M.O.T Certificate (requirement for support workers carrying clients in their cars)

Vehicle Insurance Certificate (requirement for support workers carrying clients in their cars)

DBS Application fees- You are expected to meet your own cost.

Please provide or bring the above information to the interview or send copies to the office as soon as you can.

APPLICATION FORMS.

1. When filling an application form please try to fill in all information requested.

2. Fill in the full name and address of references and provide telephone numbers, as this will help us to process your application prompter.

If you have any friends who may be interested in this type of work advice us of their name and address and we will be please to send those details.

PLEASE NOTE THAT WE NOW ROUTINELY FAX ALL IMMIGRATION DOCUMENTS, PASSPORTS, VISAS AND ANY OTHER RIGHT TO WORK DOCUMENTS TO THE HOME OFFICE FOR VERIFICATION. THIS IS PRIOR TO PROCESSING THE APPLICATION FORM. BY SENDING YOUR APPLICATION FORMS IN TO US YOU ARE AGREEING TO THE ABOVE PROCEDURE. WE ARE UNABLE TO PROCESS YOUR APPLICATION WITHOUT PROOF OF ELIGIBILITY TO WORK IN THE UK.

Thank you very much for contacting **Spot-on Healthcare Limited, we look forward to hearing from you.**

PAYEE - NEW TEMP (or CHANGE OF DETAILS)

FORM

Send this form via email to info@spotonhc.co.uk

Agency Partner Name	Cost Centre Number	Change of Details: <input type="checkbox"/>
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THIS FORM MUST BE ACCURATELY COMPLETED IN BLOCK CAPITALS

All fields must be completed in full

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Title	Temp Number:
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Fore name:	Surname:
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D.O.B:	National Insurance Number:
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Address:

Postcode:

Temps to note. Payment will be made directly to your account via the BACS system. Please complete the details below of the account to which payment is to be made. If the account is not your own please sign the authorization

Bank Name:	Payee Name:
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Sort Code:	Account Number:
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Building Society Ref:

AUTHORISATION Date:		-		-			
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Please pay my wages into another person's/my agencies bank account.

Signed	Print Name:
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Do you require notification by email of pay slips instead of paper? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Temps Email address: (if applicable)

Please complete and sign a tax statement if you have no P45. Is a P45 Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you included a signed P38? Yes <input type="checkbox"/> No <input type="checkbox"/> NI exemption certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Your present circumstances Read all the following statements carefully and enter 'X' in the one box that applies to you.</p> <p>B – This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension. <input type="checkbox"/></p> <p>OR</p> <p>C – I have another job or receive a state or occupational pension. <input type="checkbox"/></p>	<p>A – This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension. <input type="checkbox"/></p> <p>OR</p> <p>D - Student Loans If you left a course of Higher Education before last 6 April and received your first Student Loan installment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (If you are required to repay your Student Loan through your bank or building society account do not enter an 'X' in box D.) <input type="checkbox"/></p>
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Temps must sign and date below if statement A or D are marked with an "X". If boxes B or C are marked with an "X" the agency can sign and date on behalf of the temp.

Signature and Date I can confirm that this information is correct
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Signature	Date: DD/MM/YYYY			/		/			
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