

EMPLOYMENT APPLICATION FORM

Once completed, this document will be treated as: PRIVATE AND CONFIDENTIAL

Return this form to:

INFINITY CARE LTD, Suite 310, The Commercial Centre, Picket Piece, Andover, Hampshire, UK, SP11 6RU

POSITION APPLIED FOR: _____

WHERE DID YOU HEAR ABOUT THIS VACANCY? _____

PERSONAL DETAILS

AFFIX PHOTO HERE	SURNAME: _____
	FIRST NAME: _____
	ADDRESS: _____

	POSTCODE: _____
	EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

MOBILE NUMBER: _____ DRIVING LICENCE NO. _____

DO YOU HAVE USE OF A CAR FOR WORK? YES NO

DETAILS OF ANY ENDORSEMENTS: _____

ARE THERE ANY RESTRICTIONS ON YOU TAKING UP EMPLOYMENT IN THE UK? YES NO

IF YES, PLEASE PROVIDE DETAILS: _____

PRESENT EMPLOYER

ADDRESS: _____

REFEREES

1: _____ 2: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

EXPERIENCE

INTERESTS

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The position, for which you are applying for, is one that is exempt under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Therefore it is necessary for you to declare any criminal convictions on this application form, even if, under the Rehabilitation of Offenders Act 1974, they would otherwise be regarded as spent. Any such information will be treated confidentially and considered only in relation to this application.

National Insurance Number: _____

Have you been convicted of any criminal offence at any time? Yes No

If yes, please give details of the conviction(s) and their date(s) _____

I declare that, to the best of my knowledge, the information attached herein, is true and accurate.

Signed: _____ Date: _____

Training and Qualifications

Training and qualifications RELEVANT to your application				
Dates		Qualification (if applicable)	Institution	Course title and brief outline of course content and/or learning outcomes.
From	To			

***If there is insufficient room to detail your full training and qualifications please attach additional sheets of information to the completed application form**

Employment History

Current position

Job title	
Date of commencement in post	
Notice period required	
Describe the main duties and responsibilities of your current post	

Previous Posts

Provide your career history, including any breaks in employment over the past 5 years, most recent first.

Dates		Post Title	Brief description of main responsibilities
From	To		

***If there is insufficient room to detail your full employment history attach additional sheets of information to the completed application form**

General Comments

Please detail your specific reasons for this application, state your main achievements to date and the strengths that you would bring to this post.

Your Health Details

Have you recently, or are you now receiving any treatment or medications?

	Yes	No
Any Allergies?		
Ever undergone any major surgery?		
Suffered from any serious illness?		
Suffered from any back problems		
Have you had a 'Hepatitis B' jab?		
Have you had a Tetanus jab?		
Have you ever suffered from, or are you suffering now from any of the following? Give details where necessary		
Nervous breakdown or mental disorder?		
Any injury of yours which would restrict your ability to work?		
Any illness or health condition which could restrict your ability to work in the care field?		

If YES to any of the above, state what for:

Health and Casualty

For use in case of emergency, please give 2 names for contact, with their full addresses and telephone numbers:

1: _____ 2: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

Your family doctor and address: _____

Carers and Support Workers

EXPERIENCE CHECKLIST

To enable us to assess your experience correctly, please tick all the appropriate boxes:

Personal Hygiene

Bath/Shower/Strip Wash	<input type="checkbox"/>
Bed Bath	<input type="checkbox"/>
Use Of Bath Aids	<input type="checkbox"/>
Shaving	<input type="checkbox"/>
Mouth Care (Inc. Dentures)	<input type="checkbox"/>
Care Of Hair	<input type="checkbox"/>
Care Of Feet (Excluding Toenails)	<input type="checkbox"/>
Care Of Fingernails	<input type="checkbox"/>
Dress/Undressing Of Patients	<input type="checkbox"/>
Care Of Eyes	<input type="checkbox"/>

Toileting

Care Of Bladder And Bowels	<input type="checkbox"/>
Emptying A Catheter Bag/Connecting Night Bag	<input type="checkbox"/>
Use Of Bedpans/Commodes Etc.	<input type="checkbox"/>
Colostomy Bag	<input type="checkbox"/>

Mobility

Moving & Transferring Clients	<input type="checkbox"/>
Use Of Hoists	<input type="checkbox"/>
Use Of Walking Aids	<input type="checkbox"/>
Moving & Handling Courses	<input type="checkbox"/>

Observation

Report Writing/Giving Reports	<input type="checkbox"/>
District Nurse/O.T Etc	<input type="checkbox"/>
Social Services	<input type="checkbox"/>

Nutrition

Preparation Of Meals	<input type="checkbox"/>
Feeding Of Helpless Client	<input type="checkbox"/>

General

Ensuring Pressure Areas Are Healthy	<input type="checkbox"/>
Simple Dressing Procedures	<input type="checkbox"/>
Ensuring Medication Has Been Taken	<input type="checkbox"/>
Light Housework	<input type="checkbox"/>
Washing Of Personal Laundry	<input type="checkbox"/>
Shopping	<input type="checkbox"/>
Bedmaking, Changing A Bed/Drawsheet With Client In/ On It	<input type="checkbox"/>
Experience In A Hospice	<input type="checkbox"/>
Experience In First Aid	<input type="checkbox"/>
Sitting With Terminal Clients	<input type="checkbox"/>
Assisting With Last Offices	<input type="checkbox"/>
Dealt With Relatives Of Ill And Terminally Ill Clients	<input type="checkbox"/>
Observe Changes In Client Condition And Report Back To The Office	<input type="checkbox"/>
Observing Client Confidentiality	<input type="checkbox"/>

Training And Experience

NVQ II, III	<input type="checkbox"/>
Food Hygiene	<input type="checkbox"/>
First Aid	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>