



CARE WORKER/
HEALTH CARE ASSISTANT

Application form for :

Full name:

Everycare (MK & Beds) Ltd
Suite LGA, Oak HouseWoodlands Business Park
Breckland, Linford Wood Milton Keynes. MK14 6EY
Tel: 01908 224820

PERSONAL DETAILS (Please make all entries in block capitals)

Permanent Address

Postcode _____

Home telephone number _____
Mobile telephone number _____
Email Address _____@_____
Would you like to receive correspondence via email? Y N

Date of birth (optional) : ____ / ____ / ____ (DD/MM/YYYY)

Maiden Name _____ N.I. Number ____/____/____/____/____/____/____/____/____/____/____
Work Permit expiry date _____(if applicable)

Name of next of kin _____ Relationship _____

Address _____ Home telephone number _____

Mobile telephone number _____
Email Address _____@_____

- Are you competent in another language? YES NO 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 If 'NO' who else do you work for?

- Reason for application _____
- How did you hear about Everycare?
Local advertisement _____
Through an Everycare employee (name) _____
Website/Internet (please specify) _____
Other (please specify) _____

SECONDARY & FURTHER EDUCATION (starting with most recent)

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

PROFESSIONAL TRAINING & QUALIFICATIONS (starting with most recent)

Name & Address of Training Body	From	To	Qualification Achieved

EMPLOYMENT HISTORY - Please list your full employment history, starting with the most recent. Please include both paid and unpaid work explaining any gaps. (Continue on separate sheet if necessary)

DATES				EMPLOYERS NAME & ADDRESS	DEPARTMENT/POSITION & DUTIES	REASON FOR LEAVING	FOR OFFICE USE ONLY
FROM		TO					
Month	Year	Month	Year				
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____
							Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Reason _____ _____ _____

IF YOU ARE AN EXPERIENCED HEALTH CARE ASSISTANT PLEASE INDICATE EXPERIENCE & QUALIFICATION

	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"/>	Learning Dis	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>
Cardio - Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	Medical	<input type="checkbox"/>	<input type="checkbox"/>	Practice Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Care of Elderly	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disability	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>
CCU	<input type="checkbox"/>	<input type="checkbox"/>	Midwifery	<input type="checkbox"/>	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	<input type="checkbox"/>	Renal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	Oncology	<input type="checkbox"/>	<input type="checkbox"/>	SCBU	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmics	<input type="checkbox"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	<input type="checkbox"/>
Genito - Urinary	<input type="checkbox"/>	<input type="checkbox"/>	Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>	Theatre	<input type="checkbox"/>	<input type="checkbox"/>

Other please specify _____

OTHER

What are your life skills and interests (e.g. hobbies, interests, talents etc)? _____

Please provide a brief description of any experience relevant to this application:

Please provide your availability for duty:

Immediately or **Date from** _____/_____/_____

How many hours per week are you looking 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 _____

Have you ever been subject to a disciplinary investigation by an employer, or been required to attend such a process (whether or not this resulted in dismissal)? Yes No

If 'Yes', please provide details and outcome: _____

Have you ever been investigated or been involved (in anyway) in an investigation/enquiry regarding abuse or any other inappropriate behaviour? Yes No

If 'Yes', please provide details and outcome: _____

REFERENCES:

Please give the names and addresses of two referees. One of these must be your current or most recent employer and who must be a senior line manger who knows you. Referees must neither be family members.nor resident abroad.

1.
Name: _____
Position: _____
Relationship to you: _____
Organisation: _____
Address: _____

Post Code: _____
Tel No.(NOT Mobile Tel No.) _____
FAX No. _____
E-mail Address: _____

2.
Name: _____
Position: _____
Relationship to you: _____
Organisation: _____
Address: _____

Post Code: _____
Tel No.(NOT Mobile Tel 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? (n.b. a criminal conviction may not necessarily prevent applications from being processed, however, we will require further details at interview).

YES NO

Have you ever been referred to the POVA (Protection of Vulnerable Adults) list on the grounds of misconduct which has harmed or caused risk of harm?

YES NO

Everycare is required to instigate a Criminal Records Bureau (CRB) Enhanced Disclosure on all our prospective employees. Please sign and print your name here if you agree to such checks being carried out.

Name: _____ Signature: _____

You (the applicant) 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 the information given on this application form to be complete and correct to the best of my knowledge.

Signed: _____ Date: ____/____/____

When you have completed this application form, please return this form to:

Completed Application
Freepost RSCS-HCAG-YBGG
Everycare (MK & Beds) Limited
Suite LGA, Oak House
Breckland, Linford Wood
Milton Keynes
MK14 6EY

No stamp is required.

Once we have received the form, we will review it and contact you in due course.

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CRIMINAL RECORDS BUREAU (CRB) DISCLOSURE

It is compulsory for all individuals employed within the Care sector to have a CRB Discloser carried out on them.

When attending your interview, you will be assisted in completing the CRB Discloser application form. In order for you to do this, you are required to bring with you the following documents:

- Photo-driving licence

AND

- Valid passport

(If you do not have one or both of the above documents, you must supply as many of the following documents as possible:

- Original Birth certificate (or similar if born outside the U.K.) (NOT a duplicate copy);
- Non-original birth certificate (NOT a duplicate copy);
- P45;
- P60; or
- Paper driving licence.

AND - proof of address (x2) e.g.

- Recent Utility Bill;
- Recent Credit Card Statement;
- Recent Bank Statement;
- Recent Mortgage Statement; or
- Recent insurance Statement.

PREVENTION OF ILLEGAL WORKING

In addition to the above, you must present the following documents at the interview:

LIST 1 - Any **one of the documents included below in **List 1****

- A passport showing that you are a British citizen, or have a right of abode in the United Kingdom.
- A document showing that you are a national of a European Economic Area country or Switzerland. This must be a national passport or national identity card.
- A residence permit issued by the Home Office to a national from a European Economic Area country or Switzerland.
- A passport or other document issued by the Home Office which has an endorsement stating that you have a current right of residence in the United Kingdom as the family member of a national from a European Economic Area country or Switzerland who is resident in the United Kingdom.
- A passport or other travel document endorsed to show that you can stay indefinitely in the United Kingdom, or has no time limit on their stay.
- A passport or other travel document endorsed to show that you can stay in the United Kingdom; and that this endorsement allows you to do the type of work Everycare are offering if you do not have a work permit.
- An Application Registration Card issued by the Home Office to an asylum seeker stating that you are permitted to take employment.

DOCUMENTATION REQUIREMENTS FOR CRB & PREVENTION OF ILLEGAL WORKING

If you can provide the originals of any of the above, there is no need to provide any further documents contained in List 2. If however, you cannot provide any of the documents as listed in List one, please provide the following from List 2:

LIST 2 – You must provide the original documents as stated in **EITHER** the first combination **OR** the second combination

First combination

- A** A document giving you a permanent National Insurance Number and name. This could be a: P45, P60, National Insurance card, or a letter from a Government agency. The following **is not** acceptable:
- A card or certificate issued by the Inland Revenue under the Construction Industry Scheme;
 - A document with an invalid National Insurance Number. This would include any temporary number beginning with **TN**, or any number ending in a letter from **E to Z** inclusive.

Along with item A, you must also provide one of the following documents listed in sections B–H:

- B** A full birth certificate issued in the United Kingdom, which includes the names of your parents; **OR**
- C** A birth certificate issued in the Channel Islands, the Isle of Man or Ireland; **OR**
- D** A certificate of registration or naturalisation stating that you are a British citizen; **OR**
- E** A letter issued by the Home Office to you which indicates that you can stay indefinitely in the United Kingdom, or has no time limit on your stay; **OR**
- F** An Immigration Status Document issued by the Home Office to you with an endorsement indicating that you can stay indefinitely in the United Kingdom, or has no time limit on your stay; **OR**
- G** A letter issued by the Home Office to the holder which indicates that the person named in it can stay in the United Kingdom, **and** this allows them to do the type of work you are offering; **OR**
- H** An Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay in the United Kingdom, **and** this allows them to do the type of work Everycare are offering.

Second combination

- A** A work permit or other approval to take employment that has been issued by Work Permits UK.

Along with a document issued by Work Permits UK, you must also provide one of the following documents listed at B–C:

- B** A passport or other travel document endorsed to show that the holder is able to stay in the United Kingdom and can take the work permit employment in question; **OR**
- C** A letter issued by the Home Office to the holder confirming that the person named in it is able to stay in the United Kingdom and can take the work permit employment in question.

For further information, refer to: Policy & Procedure-Staff Employment-Prevention of Illegal Working & Policy & Procedure-Criminal Records Disclosure and Guidance on Employing People with a Criminal Record