

STAFF APPLICATION FORM

Section 1: Reliable Office Details	
Address	Unit 16 Beechwood Centre 40 Lower Gravel Road Bromley BR2 8GP
Telephone No:	
Position applied for:	
Section 2: Applicant's Details	
Title	
Surname	
Forenames	
Address	
Post Code:	
Home Telephone No:	Mobile No:
Email Address	
National Insurance No:	
Section 3: Next of Kin	
Name	
Relationship	
Address	
Post Code:	
Telephone No:	Mobile No:
Email Address	

STAFF APPLICATION FORM

Section 4: Full Employment Record (most recent first)				
Use additional sheets if necessary. Please explain any gaps in employment i.e. studying, unemployment, raising family etc.				
Name and address of employer	Start date mm/yyyy	Finish date mm/yyyy	Duties	Reason for leaving
Gaps in Employment		Reason for Gap		
If any of the above positions involved working with Vulnerable Adults or Children, please indicate below contact details of someone who can verify your reason for leaving				
Name of employer	Contact Name	Contact Position	Telephone Number	Email Address

STAFF APPLICATION FORM

Section 5: Education and Training				
5a Secondary Education (including further education)				
Name of School (most recent first)	Start and finish dates	Qualifications Gained		
5b: Courses and Training				
Subjects covered (most recent first)	Dates attended	Skills relevant to work		
Section 6: Travelling for work				
Do you have a driving licence?	Yes		No	
Availability of a car for work?	Yes		No	
Do you have any driving endorsements?	Yes		No	
If yes, please give details:				

Section 7: References			
Please give details of two senior individuals who may be approached for references. Where possible these should be your current and last employer and at least one must be from previous employment.			
7a: Current Employment			
Contact Name:		Company	
Address			
Post Code:			
Telephone No:			
Email Address:			
7b: Previous Employment			
Contact Name:		Company	
Address:			
Post Code:			
Telephone No:			
Email Address:			
Section 8: Criminal Record			
<p>We are required under the Health & Social Care Act 2008, to obtain an Enhanced & Barred Disclosure through the Disclosure and Barring Service for any person who is a domiciliary care worker. If your application is successful, we will need to obtain this check before we can confirm your appointment. We will only pass information from the disclosure to those authorised to receive it, in the course of their role. If you have a criminal record, we will not automatically disqualify you from a role with us.</p> <p>We carry out checks on staff periodically throughout their employment as part of our legal obligations and commitment to protecting the vulnerable adults we care for. Please ask if you would like to see our policy on the Recruitment and Selection process.</p>			
Do you have any convictions, cautions, reprimands or final warnings that are that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions order 1975) (as amended in 2013)		YES	NO
Date of conviction, caution, warning or reprimand	Details		

Section 9: Task Ability Schedule
Please tick each task in which you are experienced:

Personal Hygiene

Bath/shower/strip wash
 Bed bath
 Use of bath aids
 Shaving
 Oral hygiene (mouth care including dentures)
 Hair Care
 Nail Care (excl. toenails)
 Report writing
 Foot Care
 Dressing/undressing
 Care of eyes

Medication

Level 1 Prompt/Assist
 Level 2 Administer
 Level 3 Administer using specialist techniques
 Instillation of eye, nose and eardrops

Continence Management

Continence care
 Bedpans/commodes etc
 Changing a catheter bag
 Stoma Care

Mobility

Moving and handling
 Use of hoist (manual/electric)
 Support with walking aids
 Supporting and moving clients

Nutrition

Preparing meals
 Feeding
 Food handling
 Food presentation

Administrative Abilities

Recording instruction from GP/nurse
 Recording changes in client's condition

Practical Tasks

Light housework/ Shopping
 Washing personal laundry
 Bed making/changing bed

Areas of Specialism

Older people
 Palliative Care/End of Life
 Physical disability
 Supporting clients with infectious diseases
 Mental health
 Learning disabilities
 Young Adults and 60+

Monitoring

Water temperature
 Fluid intake
 Nutritional intake
 Urine output
 Bowel movement

STAFF APPLICATION FORM

Day	Core Hours always available (enter times)	Optional May take extra work (enter times)	Unavailable Cannot take work (enter times)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

10b: Night Work			
Sleeping Night – this means that you and sleep and may be woken up if the client needs you. If woken it would be approximately 15 mins and no more than 3 times during the night.		Waking Night – this means you can sleep but be expected to wake up to provide planned care for a short period of or you are woken more than 3 times during the night.	
Working night – this means that the client has high needs through the night and therefore you are expected to work a night shift and must remain awake throughout the night			
Please indicate the type of night work that you are available for, or indicate that you are not available for night work by ticking			
Sleeping Night		Waking Night	
		Working Night	
			No Night Work

STAFF APPLICATION FORM

Live-in-care			
Would you like to be considered for live-in-care	YES		NO
If you have answered 'Yes' do you have any restrictions that Reliable Community Care Services need to take into account:			
Any other work information we should know?			
Is there anything else that you need to tell us about your work pattern (e.g. cyclic work patterns)			
Amount of hours that you can work per week			
Times we can contact you			
Section 11: Working Time Regulations			
If you DO wish to work more than 48 hours per week , it is necessary to sign the form below to show that you are available.			
I (name) confirm that I want to be able to work more than 48 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.			
Signature		Date	
If you DO NOT wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are not available			
I (name)confirm that I do not want to work more than 48 hours a week, I will however, inform you should my circumstances change and I am able to do more than 48 hours work per week.			
Signature		Date	

STAFF APPLICATION FORM

Section 12: Right to work in the UK				
I (name) confirm that I have the right to work in the UK and provide the correct documents/work permits/visas to evidence this.				
Signature		Date		
Section 13: Vehicle declaration for work and related road safety				
I have a current UK driving license	Yes		No	
My car has a valid MOT	Yes		No	
My car is taxed	Yes		No	
I have business Class 1 car insurance	Yes		No	
Penalty points (endorsements) on my driving license				
Signature		Date		
Section 14: Applicant Declaration for work				
<p>I declare that the information given on this application form is true. I understand that all personal information about me which relates to my position with Reliable Community Care Services is confidential, but I hereby give my permission for this information to be made available, on an 'as needs to know' to and including the Regulatory Body and those authorised within the Local Authority.</p> <p>Reliable Community Care Services has provided me with information about data protection so that I know how my information will be handled.</p> <p>I hereby agree that I shall not disclose confidential information to any third party, unless I have written consent from Reliable Community Care Services.</p> <p>I understand that if any aspect of this declaration is false, or I disclose any confidential information, it is liable to lead to actions being taken and it may affect the offer of work being made to me. I certify that I have answered all questions truthfully and fully and will notify Reliable Community Care Services if there are any changes or updates to the information given.</p>				
Applicant's full name				
Applicant's signature				
Date				

STAFF APPLICATION FORM

Disability Discrimination Act 2005

Definition of Disability: A physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day to day activities. Do you consider that you have a disability as defined under the Disability Discrimination Act 2005?

Please answer: Yes No or I do not wish to disclose whether or not I have a disability

If answering yes, please give details below.

Please details of your disability:

Is there any adjustments to working conditions or the workplace which would help you in applying for this post?

Reliable Community Care Services Ltd is committed to the employment and career development of people with disabilities.

All information collated with Reliable Community Care Services Ltd to monitor the application of policies, service and employment arrangements. The information is governed by the Data Protection Act 1998 and all employees should be assured that all data provided will be kept confidential and will remain anonymous. You are under no obligation to give such information, but in doing so will help us to ensure that all policies, services and employment arrangements are underpinned by equality and diversity principles.

STAFF APPLICATION FORM

ACCESS AND OPPORTUNITIES EMPLOYMENT POLICY

Reliable Community Care Services Ltd provides Access and Opportunity for all. It operates a policy that aims to ensure that unfair discrimination does not take place in recruitment.

To help us monitor the effectiveness of the policy you are asked to provide the information requested below.

The information provided will be treated in the strictest confidence and is for monitoring purposes only and in no way forms any part of the selection process. This form will be separated from your application form and filed away.

Title: Surname Name Position applied for:							
Gender – Please indicate by ticking the appropriate one. Are you: Male or Female Marital Status: Single Married/Civil Partnership Divorced Widowed Separated Co-habiting Other Age Group In between 18-25 26-39 40-59 60+							
Ethnic Origin (please indicate by a tick appropriately) <table border="0"> <tr> <td> White British Irish Any other white background </td> <td> Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background </td> <td> Black British African Caribbean Any other black background </td> </tr> </table>					White British Irish Any other white background	Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background	Black British African Caribbean Any other black background
White British Irish Any other white background	Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background	Black British African Caribbean Any other black background					
<table border="0"> <tr> <td> Asian British Pakistani Indian Bangladeshi Any other Asian background </td> <td> Other Ethnic Group Chinese Any other mixed background </td> <td> Not Stated I do not wish to disclose my ethnic group Any other ethnic group </td> </tr> </table>					Asian British Pakistani Indian Bangladeshi Any other Asian background	Other Ethnic Group Chinese Any other mixed background	Not Stated I do not wish to disclose my ethnic group Any other ethnic group
Asian British Pakistani Indian Bangladeshi Any other Asian background	Other Ethnic Group Chinese Any other mixed background	Not Stated I do not wish to disclose my ethnic group Any other ethnic group					

STAFF APPLICATION FORM

This should be completed before attending the interview by the applicant and discussed at the interview

If I were a Service User of Reliable Community Care Services Ltd, I would like:	
I believe that the Service User's family and relatives would like the following from Reliable Community Care Services Ltd:	
I believe that I can support a Service User in Reliable Community Care Services Ltd because:	
As a member of the team at Reliable Community Care Services Ltd, I feel valued when:	
I believe that a good relationship between me and the Service User depends on:	
I believe that I learn best when:	
I believe that a good working team is made by:	
I believe that my role in relation to the Service User is:	
My other beliefs and values of relevance to my job are:	