



The Reliable Caring Hand Providing Staffing Solutions

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Attach
photograph

APPLICATION FORM

(For temporary employment)

Please complete this form using black ink (or type) then return to the above address. Ensure that you have completed and returned all parts of the application form including the separate monitoring questionnaire and declaration and consent form.

Application for post of:	
Candidate Name:	
Date of application:	

PERSONAL DETAILS

Title: Mr /Mrs/Ms/Miss/Other _____

Forename(s): _____ Surname: _____

Previous Names: _____

Dates when you last used previous names: _____

Current Address: _____

Post Code: _____

Telephone / Home: _____ Work: _____ Mobile: _____

Email Address: _____

Date of Birth: ___/___/___ Nationality: _____ NI Number: _____

Next of Kin to be notified in case of emergency

Name: _____

Relationship to you: _____

Address: _____

Post code: _____

Telephone / Home: _____ Work: _____ Mobile: _____

NMC PIN & Indemnity Insurance – Registered Nurses ONLY

NMC PIN: _____ Expiry Date: ___/___/___

Indemnity Insurance Provider: _____

Are you a car owner? () Yes () No

Do you have a full British Driving Licence? () Yes () No

Do you have any endorsements? () Yes () No

If yes, please give details: _____

Where did you learn of this post? _____

EDUCATION AND QUALIFICATIONS

Please use additional sheets of paper if required.

Date (Month/Year)		Name of School/College/University & Location	Course/Qualification	Grade Achieved
From	To			

EMPLOYMENT HISTORY

(Please write in block letters all your employment for the last 10 years starting with your current or most recent position. Include all gaps and reasons for those gaps).

Date of Employment (Month/Year)		Name & Address of Employer	Position held	Summary of Duties & Responsibilities	Reason for Leaving & last Salary/Wage
From	To				

PERSONAL STATEMENT

To complete this section, please demonstrate how you meet the requirements of the job specification. Advise your SKILLS, KNOWLEDGE AND EXPERIENCE and why you are applying for this job.



WORKING TIME REGULATIONS

The Working Time Regulations ACT 1998 states that you have the option to opt out of the 48-hour working week limitation.

Please indicate by ticking one of the following boxes

I wish to opt out

I do not wish to opt out

If at any time your circumstances change, please inform the office in writing allowing a 14day notice period.

Prior to you working with Clough Hapunda for a shift, or a series of shifts, ensure that you have allowed adequate rest from other employment or activities that you may have recently been involved with.

SPECIAL REQUIREMENTS

Do you require any special arrangements to be made to assist you if you are called for interview?

Yes

No

If yes, provide details: _____

WORK PREFERENCE

Please specify which types of work you would prefer by ticking all the appropriate boxes. If your circumstances change in the future, please keep us informed of all developments in your career and work preferences.

Positions:

Part time

Full time

Type of work preferred:

Nursing Home

Residential Care Home

Learning Disability

Shift Pattern preferred:

Days

Nights

Weekdays

Weekends

Bank Holidays

Term Time

Do you have any other work commitments? Yes No

When are you available to start working with us? ____/____/____

ADDITIONAL QUALIFICATIONS

Please provide certificates as evidence at interview including any other valid associated certificates you may have

Have you completed any of the following courses?

Course	Date completed	Expiry Date
NVQ2, NVQ3 (<i>Please specify</i>)	_____	_____
Moving and Handling	_____	_____
Health and Safety	_____	_____
Safeguarding of Vulnerable Adults	_____	_____
First Aid	_____	_____
Managing Challenging Behaviour	_____	_____
Learning Disability Awareness	_____	_____
Dementia Care	_____	_____
Food Hygiene	_____	_____
Infection Control	_____	_____

REFERENCES

Please give details of two references. One of which must be your current or most recent manager or school/college professor. Family or friends are not acceptable as Referees.

1. Professional Referee

Name: _____

Job title: _____ Relationship to you: _____

Organisation: _____

Address: _____

Post code: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Are you willing for this referee to be approached prior to the interview?

() Yes () No

2. Character Referee

Name: _____

Job title: _____ Relationship to you: _____

Organisation: _____

Address: _____

Post code: _____

Telephone No.: _____ Fax No: _____

Email address: _____

Are you willing for this referee to be approached prior to the interview?

() Yes () No

MEDICAL QUESTIONNAIRE AND HEALTH DECLARATION

It is Unethical for any Health Care Worker who acknowledges or believes themselves to be infected with any blood borne viruses (HIV, Hepatitis B or C) or other communicable disease e.g., Tuberculosis not to disclose this information to us. By not disclosing this information to Clough Hapunda Care Services Ltd, it could put clients at risk. Such unethical behaviour may affect your ability to practice within the health and social care industry.

1. Have you at any time suffered or sustained any major illness or injury that would affect your ability to perform duties required by the role? () Yes () No

If yes, please give details _____

Do you, or have you ever suffered from any of the following?

- | | | |
|--|---------|--------|
| 2. Epilepsy or disease of the nervous system | () yes | () No |
| 3. Bronchitis, Asthma or tuberculosis | () yes | () No |
| 4. Back trouble e.g. slipped disc, Lumbago, strain or Sciatica | () yes | () No |
| 5. Heart disease or circulatory problems | () Yes | () No |
| 6. Skin Disease, dermatitis or eczema | () Yes | () No |
| 7. Fainting attacks or dizziness | () Yes | () No |
| 8. Arthritis, Rheumatism | () Yes | () No |
| 9. Latex Allergy | () Yes | () No |

Ensure you make management aware prior to commencement of work about any conditions or disease that may impact your work.

Please, declare if you have any mental health conditions that could potentially affect your ability to fulfil the role for which you are applying. This is to allow for any reasonable adjustments necessary.

DECLARATION

I certify that I do not know of any reason why my health would affect my ability to practice within the health or social care industry.

I understand that Clough Hapunda Care Services Ltd may require me to obtain a fitness test/contact my GP.

I understand that no medical details will be disclosed without my permission to any individual other than those authorised within Clough Hapunda Care Services Ltd.

I understand that failure to disclose information or giving of false information may prohibit the offer of temporary staffing assignments with Clough Hapunda Care Services Ltd.

Name: _____ Sign: _____ Date: ___/___/___

EQUAL OPPORTUNITIES MONITORING FORM

Clough Hapunda Care Services Ltd operates a policy of Equal Opportunities. We therefore need to be able to check that decisions are not influenced by unfair or unlawful discrimination. In order to do this, we would be grateful if you could complete this questionnaire. Your answers will be treated with utmost confidence and used for statistical purposes only.

What is your ethnic group? Please tick the appropriate box to indicate your cultural background.

White	Mixed	Asian/Asian British
<input type="checkbox"/> British	<input type="checkbox"/> White and black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Other _____	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Black and Black British	Chinese	
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	
<input type="checkbox"/> African	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		
Sex		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Age		
<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65+

DISABILITY

Applicants with disabilities will be invited to an interview if the essential job criteria are met. As described by the Disability Discrimination Act 1995, do you consider yourself to be someone with a disability? That is, do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out your normal day to day activities? Yes No

REHABILITATION OF OFFENDERS ACT

Applicants are not entitled to withhold information about convictions that have been 'Spent'. Failure to do so will be regarded as an offence under the Rehabilitation of Offenders Act 1974 Exemption Order 1975. In accordance with the Commission for Social Care Inspectorate, it is mandatory for all applicants to have completed an enhanced level DBS and ISA check with satisfactory results before any placements. Any information provided will be completely confidential and will be considered only in relation to the problem applied for.

Have you ever been convicted of criminal offence or been made subject to any order, civil or criminal, made by a Court of Law, involving offenses against a person or child or handling of money?

() I have no convictions

() I have convictions (see Note below)

To protect the confidentiality of this information, please detail any convictions on a separate sheet of paper. Place this in a sealed envelope with your name visible, headed Private and Confidential – Criminal Convictions and attach this to your completed application Form.

I confirm that the information I have provided in support of this application is complete and true and I understand that knowingly to make a false statement could be a criminal offense.

Full Name: _____ Signature: _____ Date: ____/____/____

IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006

According to the Immigration, Asylum and Nationality Act 2006, Sections 15-25, it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

1. That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question, or
2. The person falls into a category specified by the Home Secretary where such employment is allowed.

Therefore, any employment offered will be subject to the successful applicant producing appropriate evidence that the Immigration, Asylum and Nationality Act is not being contravened.

A continuing responsibility is undertaken by Clough Hapunda to check on an annual basis the ongoing right to work in the UK of migrant workers who have limited leave to remain.

Do you have a work permit to be employed in the UK? () Yes () No

If you do have a work permit, when does it expire? ____/____/____

Please Note: Proof of the right to work in the UK will be required before any offer of employment. Original documents of your Birth Certificate and/or other appropriate documentation will be required to confirm your right to work in the UK. If you are not a British passport holder or a European Citizen, or you do not have the right to remain in the UK, you will require a work permit.

PERSONAL DECLARATION

I, _____ declare that to the best of my knowledge, the above information and that submitted in any accompanying documents is correct, and

1. I give consent for any enquiries that need to be made to confirm such matters as qualifications, experience, dates of employment and for the release by the other people or organisations such as information as may be necessary for that purpose.
2. I give permission for the processing of the personal data contained in this form for employment purposes.
3. It is my understanding that any false or misleading information could result in my dismissal.

Signed: _____ Date: ____/____/____