

5557= Passport
Photos

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JOB APPLICATION FORM

PRIVATE & CONFIDENTIAL

FIRST NAME:
MIDDLE NAME:
SURNAME:
DATE OF BIRTH:
NATIONAL INS. NO:
ADDRESS
POSTCODE:
HOME TEL:
MOBILE:
E-MAIL:
MARITAL STATUS:
NEXT OF KIN:
RELATIONSHIP:
ADDRESS:
POSTCODE:
PHONE NUMBER:
DO YOU HAVE PERMISSION TO WORK IN THE UK?
DO YOU HAVE A VALID PASSPORT?
YOU HAVE A VALID WORK PERMIT?
MOBILITY:
DO YOU HAVE ACCESS TO A CAR
WHICH CAN BE USED FOR WORK PURPOSES?
DO YOU HOLD A FULL UK DRIVING LICENCE?

QUALIFICATIONS/TRAINING – (CV ATTACHED)

Qualifications	School/College	Grade/Result	Dates: From-To

Relevant Training/Qualifications in Healthcare		Certificates Date
Manual handling		
Health and safety		
Basic food hygiene		
First aid		
NVQ levels		
Medication		
Others (please list)		

EMPLOYMENT HISTORY / WORK EXPERIENCE

Please record all employment in the past 5 years, including current employment by other agencies, and any other relevant experience gained within the health care field. Please start with the most recent.

Please note that we shall obtain a reference from your last employer.

Employer Name, Address & Tel no.	From	To	Position held, Duties and Responsibilities	Reason for Leaving

REFERENCES

1a) Must be your most recent employer (of at least 3 months duration) which must correspond with your employment history.

Name of Employer:

Address:

Telephone Number:

E-mail :

Fax Number:

1b) Another of your Employers in the last 3 years:

Name of Employer:

Address of employer:

Telephone Number :

E-mail:

Fax Number.....

2) Must be a fellow health care professional who does not live with you and is able to supply a character Reference of your personal and professional profile.

Name :

Address:

.....
.....

Telephone Number:

E-mail :

Fax Number.....

HEALTH DECLARATION

Carers/Support workers are required to complete this Health Declaration. Any positive answers will not necessarily affect your application. Please list any medical conditions (past or present) which may affect your ability to do the job.

Occupational Health Assessment	Yes	No	If no, please give Details
<i>Are you in good health?</i>			
<i>How much time have you lost from work due to illness in the last five years? Please provide details</i>			
<i>Have you ever been treated in hospital for serious illness or surgery? Please give dates</i>			
<i>Have you been treated in hospital during the last 12 months?</i>			
<i>Do you have any physical disabilities that could affect your ability to carry out your assignment?</i>			
<i>Have you ever left, been retired or denied a job on health grounds?</i>			
<i>Have you ever been denied a driving licence on health grounds?</i>			
<i>Are you a registered disabled person?</i>			
<i>Have you any disability related to your physical or mental health?</i>			
<i>Have you ever suffered from any mental illness, psychological or psychiatric problems?</i>			
<i>Do you get discomfort or pain in the chest or shortness of breath on exercise?</i>			
<i>Have you ever had any problems with your joints, including pain, swelling or stiffness?</i>			
<i>Do you have any difficulty in moving rapidly over short distances?</i>			
<i>Would you have difficulty looking over either shoulder?</i>			
<i>Do you need to wear glasses or contact lenses?</i>			
<i>Do you have any difficulty with your eyesight which is not corrected by glasses or contact lenses?</i>			
<i>Have you any problems working with Visual Display Units?</i>			
<i>Have you any problems working in confined spaces/using lifts?</i>			
<i>Do you have any difficulty hearing normal conversation?</i>			
<i>Are you taking any medication that makes you dizzy or drowsy?</i>			
<i>Do you have a medical condition affected by changing sleeping patterns or affecting day time sleep?</i>			
<i>Have you suffered from any alcohol or drug related illness or had an alcohol or drug problem?</i>			
<i>Are you having or awaiting any treatment at the moment?</i>			
<i>What is the date of your last chest x-ray?</i>			
<i>Are you receiving Medicines, Pills or Tablets from a doctor or on prescription?</i>			
<i>Have you ever suffered from any of the following?</i>			
<i>Heart Problems/Circulatory Illness/Hypertension</i>			
<i>High or Low Blood Pressure</i>			
<i>Diabetes</i>			
<i>Asthma/Hay fever</i>			
<i>Bronchitis/Pneumonia/Pleurisy</i>			
<i>Tuberculosis</i>			
<i>Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse</i>			
<i>Headaches/Migraine</i>			
<i>Psychiatric Illness/Anxiety/Depression</i>			
<i>Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies</i>			
<i>Back Injury/Back Problems/Back Pains</i>			
<i>Recurrent Infections e.g. Sore Throats/Ear Infections/Eye Infections</i>			
<i>Hepatitis/Jaundice</i>			

Have you ever been Vaccinated, Immunized or Tested for / against any of the following?	YES/NO	IF YES, PLEASE GIVE DETAILS
Tuberculosis incl BCG, Heaf, Mantoux or Tine		
Rubella (German Measles)		
Poliomyelitis		
Hepatitis B		
Hepatitis B Antibodies Date and Result		
HIV		
Tetanus		
Typhoid		
Any Other		
DOCTOR INFORMATION		
GP Name: Address: Postcode: Phone:		

WORK PREFERENCE

To assist us in finding suitable work for you, please place a tick next to all specialties of which you have significant recent experience and are confident to carry out such duties. Please keep us informed from time to time of all developments in your career as the work we assign to you depends on accurate up to date information.

WORK PREFERENCE: (Please tick)	
<i>Full time / Part time</i> <i>If part time, how many hours per week do you want to work...</i> <i>Home care and pop-in visits</i> <i>Hospitals</i> <i>Nursing/Residential Homes</i> <i>Morning / Day / Evening / Night Sleeper duty</i>	
Live-In Care	
<i>Please state if you are able to work as a 24-hour Residential (live-in) Carer.</i> <i>If YES, would you like:</i> <i>Long..... assignments?</i> <i>Would you accept a live-in assignment some distance from your home?</i> <i>If NO, please specify preferred areas:</i>	

Care/Support Assistant ability schedule

Please indicate yes / No in the areas you have had previous experience.

Personal hygiene		Care duties	
<i>bath/shower/strip wash</i>		<i>Pressure area care</i>	
<i>bed bath</i>		<i>Simple dressing procedure</i>	
<i>Use of bath aids</i>		<i>Assisting with medication</i>	
<i>Shaving</i>		<i>Terminal care</i>	
<i>Mouth care(inc. dentures)</i>			
<i>Care of hair</i>		Practical tasks	
<i>Care of feet(exc. toe nails)</i>		<i>Light house work</i>	
<i>Care of finger nails</i>		<i>Washing personal laundry</i>	
<i>Dressing/undressing</i>		<i>Shopping</i>	
		<i>Bed making/changing bed linen</i>	
Toileting		<i>Collecting benefits</i>	
<i>Continence care</i>			
<i>Bedpans/commodos etc.</i>		Admin. Abilities	
<i>Changing a catheter bag</i>		<i>Confidentiality</i>	
<i>Emptying catheter bag</i>		<i>Report writing</i>	
		<i>Recording instructions from GP/DISTRICT NURSE</i>	
Mobility		<i>Observing/recording</i>	
<i>Maneuvering and handling course</i>		<i>Changes in clients condition</i>	
<i>Use of hoists(man./elec)</i>		Previous exp.	
<i>Use of walking aids</i>		<i>Private house</i>	
		<i>Nursing/residential home</i>	

EQUAL OPPORTUNITIES MONITORING

RMJPI Dignity Care aims to be an equal opportunities employer. Employees are therefore put forward for work / shift irrespective of race, ethnic origin, disability, age and gender. In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Rmjpi Dignity Care wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked 'Strictly confidential' to: the *Registered Manager*:

*Rmjpi Dignity Care
Crawley Business Centre,
Stephenson Way,
Three Bridges,
Crawley
RH10 1TN.*

Gender: Man Woman Intersex Non-binary Prefer not to say If you prefer to use your own term, please specify here

.....

Are you married or in a civil partnership? Yes No Prefer not to say

Age: 16-24 25-29 30-34 35-39
40-44 45-49 50-54 55-59 60-64
65+
Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group,
please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual
Prefer not to say If you prefer to use your own term, please specify here

What is your religion or belief?

No religion or belief Buddhist Christian Hindu
Jewish
Muslim Sikh Prefer not to say If other religion or belief,
please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours

Annualised hours Job-share Flexible shifts

Compressed hours

Homeworking Prefer not to say If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over) Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

How did you hear about the post?

Are you related or do you know any member of staff at RMJPI Dignity Care?

REHABILITATION OF OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act'. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 974 (Exceptions) Order 1975.

*You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information, which you may give, will be strictly confidential and will be **considered only** in relation to this or a similar position for which you may be considered with JJ Connect Care Ltd.*

Have you ever been convicted of a criminal offence? NO

*If **yes**, please give details of all convictions and cautions, including spent convictions and cautions: (please use a separate sheet if necessary)*

.....
.....
.....
.....

You are required to complete the Criminal Records Bureau's (CRB) Disclosure form. All health professionals registered with JJ Connect Care Ltd are subject to this disclosure process in the interests of all parties concerned.

DECLARATION

I declare that:

*All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and safety at work Act
(ii) I have never been charged with, or convicted of an offence under any legislation dealing with Residential care or any offence involving dishonesty or violence.
(iii) I have been issued with a staff handbook and informed of the importance of reading and understanding it.*

Signature:

Date:

CRIMINAL RECORDS BUREAU – ENHANCED DISCLOSURE

Forenames: Surname:

I understand that before I can commence work with JJ Connect Care Ltd, I will need to be in possession of a CRB Enhanced Disclosure.

Signature: Date:

Rmjpi Dignity Care

Crawley Business Centre, Stephenson Way, Three Bridges, Crawley RH10 1TN.
Tel: +44(0)2081338243 | Web: www.rmjpidignitycare.com

DOCUMENTS NEEDED FOR REGISTRATION

- **VALID WORK PERMIT**

(Or if Student, College ID and Student Visa)

- **BRITISH PASSPORT** (or other current Home Office Document authorizing you to work in UK)

- **NATIONAL INSURANCE (NI) CARD**

(Or P45 or P60 or letter confirming you have applied for NI)

- **PROOF OF ADDRESS**

E.g. Driving Licence, Utility Bill, or any formal letter with your name and address

- **2 CURRENT PASSPORT SIZE PHOTOGRAPHS**

- **DISCLOSURE & BARRING SERVICE CERTIFICATE (DBS)** you apply with us.

- **TRAINING CERTIFICATES**, e.g. Moving & Handling, Basic Aid etc. If you do not have the certificates we can provide training

Bank Details

Name:

Account Name:

Bank Name:

Bank Address:

Account Number:

Sort Code:

Signature:

Date:

RMJPI Dignity Care

OPTING OUT OF WORKING TIMES

I understand that legally, I do not have to work more than 48 hours per week on average based upon a 17 week average.

However, I would like to work more than 48 hours on average entirely of my own choice but I do not want to work more than 60 hours per week on average.

We have agreed that I can alter or terminate this agreement by giving at least 14 days notice in writing.

Name of employee:

Signature:

Date:

I accept the above employee has chosen of their own free will to opt out of the Working Time Regulations and that no pressure, whether intentional, unintentional, implied etc., has influenced or caused this decision. This agreement can be terminated by either party by giving at least 14 days notice in writing.

Name of employer

Signature _____

Date _____

IMPORTANT NOTE

ALL JOB APPLICANTS WHO FAIL TO SUBMIT OR DO NOT HAVE A FORM P45 MUST FILL A P46 FORM.

PLEASE ASK A MEMBER OF STAFF FOR A COPY, IF IT IS NOT ATTACHED ON THE APPLICATION FORM.

**A COPY CAN BE DOWNLOADED OFF THE INTERNET-
GOOGLE -P46 FORM.**