

Please Affix
Photo Here

POSITION APPLIED FOR

PERSONAL DETAILS

Title _____ Forename(s) _____ Surname _____

Previous names _____

Address _____

Postcode _____

Telephone No. _____ Mobile No. _____

Email _____ Date of birth _____

National Insurance No. _____

Do you hold a full current driving licence? Yes No

Do you have a car available for work purposes? Yes No

Are you eligible to work in the UK? Yes No

Which languages do you speak? _____

NEXT OF KIN DETAILS

Name _____ Relationship _____

Address _____

Postcode _____

Telephone No. _____ Mobile No. _____

EDUCATIONAL/FURTHER & HIGHER QUALIFICATIONS

Name of school university/establishment	Date started DD/MM/YYYY	Date finished DD/MM/YYYY	Qualification level

WORK HISTORY

Please give details of your work history over the past five years indicating job title, responsibilities, training courses and reasons for leaving. You may attach a separate sheet if necessary.

Please authenticate all courses with relevant certificates, copies of which will be held on your file.

Job title	From/To	Brief outline of job	Reason for leaving

DECLARATION OF HEALTH

Do you have a health problem or disability that may affect your work?

If so, give details:

WHY DO YOU FEEL YOU ARE SUITABLE FOR THE POSITION YOU HAVE APPLIED FOR?

Please support this application with a brief outline of relevant skills and strengths that you consider makes you suitable to work in the community with vulnerable people.

WORKING HOURS

Please indicate what hours you are available to work.

Day Times	Morning 7am-12am	Lunch 12am-3pm	Afternoon 3pm-7pm	Evening 7pm-11pm	Out of hours 11pm-7am
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available to work bank holidays? Yes No

CLIENT PROCEDURES

Please indicate if experienced in the following client procedures.

Personal Care

Bathing / Showering	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Strip wash	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of bath aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bed bath	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dressing / Undressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mouth care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foot care (excl. toenails)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shaving	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Personal Care

Pressure area awareness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prompting medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Terminal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Observing confidentiality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Report writing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meal preparation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Feeding a client	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please indicate if experienced with the following client groups

Frail and elderly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sensory disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental health	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Toileting

Use of commode	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bladder awareness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bowel awareness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use & disposal of pads	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mobility

Transferring clients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of walking aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of hoists	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Practical Tasks

Light housework	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shopping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Physical disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children & families	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EQUAL OPPORTUNITIES

De Vere Care is an equal opportunities employer and as such will not discriminate against any person of grounds of race, colour, ethnic origin, religious beliefs, sex/sex orientation, marital status, age or disability. In order that our policy is maintained we need to monitor applications. This form must therefore be completed to enable us to do this. The information will not in any way affect your application for employment. Thank you for your co-operation

Please tick the appropriate boxes in response to each of the following sections.

Age	16- 23 <input type="checkbox"/>	24 - 30 <input type="checkbox"/>	31 - 45 <input type="checkbox"/>	46 - 60 <input type="checkbox"/>	Over 60 <input type="checkbox"/>	
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Other <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
Sexual orientation	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Transsexual <input type="checkbox"/>	

Nationality - How would you describe your ethnic origin?

White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background <input type="checkbox"/>	
Mixed	White / Asian <input type="checkbox"/>	White / Black African <input type="checkbox"/>	White / Black Caribbean <input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	
Chinese or other ethnic background	Chinese <input type="checkbox"/>	Any other Ethnic background <input type="checkbox"/>		

Religion _____

REFERENCES - YOU WILL NOT BE CONSIDERED IF THIS SECTION IS NOT FILLED IN

Please indicate below the names and addresses of two people whom we may contact for a reference.
One must be your present or most recent employer.

First reference

Title _____ Name _____

Organisation _____

Position _____

Address _____

_____ Postcode _____

Telephone No. _____ Email _____

Second reference

Title _____ Name _____

Organisation _____

Position _____

Address _____

_____ Postcode _____

Telephone No. _____ Email _____

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, the provisions of section 4.2 of the Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exception) (amendments) October 1986. You are therefore required to give information in regards to convictions, spent or otherwise under the provisions of the Act. Failure to do so may result in terminating your employment.

Have you ever been convicted of a criminal offence? Yes No

If yes, please enclose details on a separate sheet.

DECLARATION

I declare that to the best of my knowledge the information supplied in this form is true and accurate in every respect.
I understand that false information could lead to dismissal from the company.

Signed _____

Print Name _____ Date _____ / _____ / _____

FOR OFFICE USE ONLY

1st Interviewer _____ 2nd Interviewer _____

Interview date: _____

Interviewers comments _____

Interviewer successful/unsuccessful Yes No Department _____

Training days: From _____ to _____