



## Job Application Form

Please complete this form using black ink or type. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form please call 0116-2795035 or e-mail any queries to [info@emmaculatecareservices.co.uk](mailto:info@emmaculatecareservices.co.uk)

<b>Post Applied for:</b>		<b>Post Number:</b>	
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<b>Closing Date:</b>		<b>Interview Date:</b>	
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**THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE TREATED IN CONFIDENCE**

PERSONAL DETAILS									
<i>Please complete this section in BLOCK letters</i>									
<b>Title:</b>	<b>Surname:</b>	<b>Forenames:</b>							
<b>Marital status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		<b>Nationality:</b>							
<b>Date of birth:</b>		<b>Gender :</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>							
<b>Country of Birth:</b>									
<b>Work Permit Number (If required):</b>									
		<b>Letters</b>	<b>Numbers</b>					<b>Letter</b>	
<b>National Insurance Number:</b>									
<b>Physical Address:</b>									
<b>Postcode:</b>									
<b>Telephone Number:</b>									
<b>Mobile Number:</b>									

<b>Email address</b>		
<b>Next of Kin Details</b>		
Name of next of kin:		
Relationship to you:		
Contact Address:		
Telephone Number:		
Mobile Number:		
Email Address:		
<b>Type of contract applied for</b>		
Full time hours <input type="checkbox"/>	Casual hours <input type="checkbox"/>	Part time hours <input type="checkbox"/>
<b>Right to work in the UK</b>		
Are you Legally Entitled To Work In The UK?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Location <i>Please indicated the area(s) where you want to work:</i>		
<i>Applicants will be required to provide documentary proof of their eligibility if successful</i>		
Where did you see this post advertised		
Do you hold a full UK driving license?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you have the use of a car?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you have any endorsements?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you require a Work Permit to work in the UK?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<b>PROFESSIONAL, REGISTERED OR MANAGEMENT QUALIFICATIONS</b>		
Please enter in the sections below, only qualifications relevant to the position for which you are applying. For example, NVQ Level 4, LDN, RNM, RGN		
<b>NMC PIN NUMBER</b>	<b>PART REGISTER</b>	<b>EXPIRY DATE (dd/mm/yyyy)</b>



Name of School	Dates Attended from and to	Course	Qualifications and Results / Grade obtained

( Please use a separate sheet if needed)

### TRAINING AND DEVELOPMENT

Title of Training Programme or Course	Duration	Date Training Completed (dd/mm/yyyy)

( Please use a separate sheet if needed)

Do you have any Formal Training in any of the below? (Leave blank if answer is No) Yes  No

Mandatory Courses Training Record	Date obtained (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
Moving and Handling		
Food and Hygiene		
Fire Awareness		
First Aid		
Infectious Diseases Control		

## PERSONAL STATEMENT

**Abilities, skills, knowledge and experiences.**

Please explain in detail how you meet the Job Specifications. If you are or you have been involved in voluntary / unpaid please you also need to include this information. If any additional sheets have been used please mark them clearly.

To enable us to match your previous experience and skills to a client's care needs, please indicate which of the following areas of care work you have experience of. Delete the answers that are not applicable.					
Peg Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Colostomy care (changing bag only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Spinal Injury Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acquired Head Injury Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Client senile dementia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parkinsons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cerebral Palsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Muscular Dystrophy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Terminal Illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	HIV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urinary incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal hygiene (washing etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Faecal incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Client confusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mental illness care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Client aggression (verbal & physical)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been taught Moving and Handling techniques?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer is Yes. Please state where?					
Have you been taught to use a hoist?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer is Yes. Please state where?					
Please enclose any relevant copies (please write down enclosed copies)					
Any other relevant experience?					
<b><i>Please give details of any experience you have had in a caring or healthcare professional capacity, either on a paid, voluntary or personal basis. Please give details of any professional qualifications you have e.g. NVQ, B Tech etc. and BRING ANY CERTIFICATES TO THE INTERVIEW. Please send photocopies of these certificates with this application.</i></b>					
<b>Additional Information</b>					
How do you consider your cooking skills?		Good <input type="checkbox"/>	Average <input type="checkbox"/>		
How do you consider your domestic skills?		Good <input type="checkbox"/>	Average <input type="checkbox"/>		
Please give details of any hobbies you enjoy:					

Any other relevant information:

Have you applied to or worked for **Emmaculate Care Services Limited** before?

Yes  No

If your answer is Yes, please give details (dates etc.)

### HEALTH RECORDS

All applicants are required to make a statement with regards to their physical and mental fitness. Please answer all the questions listed below and provide details for the relevant answers:

Are you suffering , or have you ever suffered from any of the following

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Back or neck pain?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Rheumatic or arthritic conditions?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Hernia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Fits, fainting attacks, epilepsy?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Depression, anxiety or nervous illness?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Typhoid, paratyphoid, dysentery or food poisoning?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Tuberculosis or hepatitis?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any illness or medical condition not specified above? If so give details on separate sheet.

Have you undergone psychiatric treatment of any kind in the last five years? Yes  No

Are you currently undergoing any treatment, medical /psychiatric? Yes  No

Have you taken significant time off work for medical reasons over the last two years? Yes  No

If Yes, how long did you take off?

*If you answered "Yes" to any of the above questions, please provide details on a separate sheet.*

**Health Statement: Please use the space below to make a statement as to whether or not you consider yourself physically and mentally fit for the position for which you have applied.**

I can confirm on (today's date) / / that **I am**  or **I am not**  (Select as appropriate) physically, mentally and emotionally fit for the position I have applied for, as detailed in the job description provided by Emmaculate Care Services Limited.

Signed:

Date (dd/mm/yyyy): / /

## CRIMINAL CONVICTIONS

Criminal Convictions: Due to the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975. Applicants are therefore required to disclose any "spent" or unspent convictions, cautions, reprimands, penalty notices and final warnings that they have received.

In accordance with the Health and Safety Care Standards Act 2000, we are also required to obtain an Enhanced Disclosure from the Disclosure Barring Services which checks your details against the Police National Computer, Local Police records, matters currently under investigation and any lists held by the Department of Health and the Department of Education which detail individuals considered unsuitable to work with children or vulnerable adults. Failure to disclose details of anything listed below could result in dismissal if the Disclosure obtained in your name does not correspond with the details you provide. You must truthfully to the questions below, as they will appear on your Enhanced Disclosure.

Have you any previous spent or unspent Criminal Convictions given by the Courts/Police	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently under investigation or do you have any Prosecutions pending by the Courts/Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been cautioned or received a reprimand by the Courts/Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever received a Penalty Notice from the Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever received a final warning by the Courts/Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>	To your knowledge, are you named on any lists held by the Departments of Health or Education?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been questioned by the Police regarding a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered "yes" to any of the above questions then you are required to provide full details on a separate sheet and send them in with your application in a sealed envelope.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EQUAL OPPORTUNITIES

Emmaculate Care Services Limited is an Equal Opportunities Employer. The aim is to ensure that no job applicant receives less favorable treatment on the grounds of race, color, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, gender, marital status, sexual orientation or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected on the basis of their relevant merits and abilities. All employees are given equal opportunity and are encouraged to progress within the organization. We are committed to an on-going programme of action to make this policy fully effective.

To ensure that this policy is fully and fairly implemented and for no other reason, would you please provide the following information:

**Please select a category and tick the box that is appropriate to you:**

White <input type="checkbox"/>	Mixed <input type="checkbox"/>	Asian /Asian British <input type="checkbox"/>	Black/Black British <input type="checkbox"/>	Chinese/Other <input type="checkbox"/>
British <input type="checkbox"/>	White / Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White/African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	
	White/Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		
Other: <input type="checkbox"/>	Other: specify _____			
Place of Birth: _____			Nationality: _____	
Languages:				
What is your first Language? _____			Do you speak any other languages? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of all Languages that you speak and any gestural languages including Sign Language with which you are familiar.				
Do you consider you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Emmaculate Care Services Limited is committed to ensuring that ability and potential for the job are				



criteria used for all staff selection.

**Monitoring**

The company has adopted the provision contained in the code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection divisions to assess whether equal opportunities is being achieved. **For this purpose, you are asked to complete and return this form with application form.** This information is for statistical reasons only and will be treated as confidential. Any information you give in this section will not be used as part of your application.

**Applicant full name:**

Position Applied for:

Location :

**EMPLOYMENT FULL HISTORY (START WITH THE MOST RECENT WORK). PLEASE USE SEPARATE SHEET IF NECESSARY**

Employer	Dates (dd/mm/yyyy) from and to	Key Duties	Reasons for Leaving

Are there any gaps in your employment history? Yes  No

If Yes ,please give details:

## REFERENCES

### PLEASE NOTE:

We cannot accept PRIVATE addresses for references unless they are providing a character reference. It is also our policy, under the Police Act 1997, to apply for a "Disclosure" prior to accepting carers and health professionals on to our Register. The procedure will be explained to you if you are selected for interview.

<b>Employment Reference 1</b>	<b>Employment Reference 2</b>
Full Names:	Full Names:
Position :	Position :
Company:	Company:
Relationship:	Relationship:
Tel Number:	Tel Number:
Fax Number:	Fax Number:
E-mail Address:	E-mail Address:
How long have you known this referee?	How long have you known this referee?
Company Address:	Company Address:
Postcode:	Postcode:
Referee may be contacted prior to interview Yes <input type="checkbox"/> No <input type="checkbox"/>	Referee may be contacted prior to interview Yes <input type="checkbox"/> No <input type="checkbox"/>

### **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

### WORKING TIME REGULATIONS(1998)

I agree that I can be required to work for more than 48 hours on average per the duration of the contract made between the Client (and/ **Emmaculate Care Services Limited**) and myself because of the continuous nature of the services provided to the Client.

I understand that I can change my mind four weeks written notice to the Client (and/or **Emmaculate Care Services Limited**) and I agree to provide a copy of that notice to **Emmaculate Care Services Limited** for information.

### SUPPORTING STATEMENT

Please use this section to provide any further information which you think will support your application further. Please evidence using your previous skills, knowledge and experience how you meet the criteria detailed in the role profile. Include any skills of experiences that have been gained through paid employment, voluntary work, and community activities or through family experience.

Please use the space here and no more than TWO additional sheets.

### REHABILITATION OF OFFENDERS ACT (1974)

Protection under the above Act is not afforded to persons applying for the position of Carer or health professional, e.g. nurse.

This is a job which exempt under the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). You must therefore answer the following question.

Do you have any criminal convictions either "spent or unspent"? Yes  No

Do you have any criminal proceedings pending Yes  No

Date of answering this question / /

Please would you sign the statement below, thank you?

I confirm that the information I have given on this form is true and correct. I am willing to work more than 48 hours each week and that as far as I am aware; I am fit and able to carry out the tasks of a career.

Signed

Date: / /

Please say how you heard about the agency (e.g. Job Centre, Advertisement, specific post etc.)  
If newspaper please state which paper. If Job Centre please give ref no. And if specific post

Please give details.

Could you please supply 3 of the following. Work permit to work in the UK is a must.  
Please ensure that the following documentation is enclosed when returning this form:

1. Copy of driving license } Where applicable
2. Copy of car insurance } Where applicable
3. Two recent passport size photograph
4. Passport
5. Birth Certificate
6. Marriage Certificate / Civil Partnership Certificate
7. Evidence of Current Address
8. Up to Date Utility Bill
9. NHS Card
10. Council Tax Statement
11. Bank Statement / Mortgage Statement
12. National Insurance Number
13. Certificates of Educational and Professional Qualifications
14. Certificates of Training Undertaken
- 15. Work Permit / Visa - Must be provided**
- 16. Student Permit / Visa - Must be provided**

- Driving Licence & Counterpart (requirement for support workers carrying clients in their cars)
- Vehicle M.O.T Certificate (requirement for support workers carrying clients in their cars)
- Vehicle Insurance Certificate (requirement for support workers carrying clients in their cars)

DBS Application fees- You are expected to meet your own cost.

Please provide or bring the above information to the interview or send copies to the office as soon as you can.

#### APPLICATION FORMS.

1. When filling an application form please try to fill in all information requested.
2. Fill in the full name and address of references and provide telephone numbers, as this will help us to process your application prompter.

**If you have any friends who may be interested in this type of work advice us of their name and address and we will be please to send those details.**

***PLEASE NOTE THAT WE NOW ROUTINELY FAX ALL IMMIGRATION DOCUMENTS, PASSPORTS, VISAS AND ANY OTHER RIGHT TO WORK DOCUMENTS TO THE HOME OFFICE FOR VERIFICATION. THIS IS PRIOR TO PROCESSING THE APPLICATION FORM. BY SENDING YOUR APPLICATION FORMS IN TO US YOU ARE AGREEING TO THE ABOVE PROCEDURE. WE ARE UNABLE TO PROCESS YOUR APPLICATION WITHOUT PROOF OF ELIGIBILITY TO WORK IN THE UK.***

**Thank you very much for contacting [Emmaculate Care Services Limited](#), we look forward to hearing from you.**