

Goldcare Professionals

APPLICATION FORM SENT VIA POST /EMAIL

The recruitment process within this organisation has a minimum of two stages.

The completion of this **application form** is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Goldcare Professionals aspires to be an equal opportunities employer, if you require any particular arrangement to be made to assist you with your application process, please do not hesitate to contact a member of our team on: 01179 866140

Job Description:

To deliver the day-to-day care needs of clients in line with personalised care plans designed to maintain the best quality of life possible for the individual.

Approx. no. of hours wanted	
Full-time or part-time? Full Time Part Time <i>Please select which you want to work.</i>	Availability: Days Nights Mornings Afternoons Evenings Weekend Only <i>Please select which you are able to work, you can make multiple selections.</i>
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc.):	
Current address:	
Post code:	Moved to this address on (date):
Previous address: <i>Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.</i>	
Post code:	Moved to this address on (date):

Telephone number (home):	Telephone number (work - <i>will be used with discretion</i>):
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Having your own insured transport is an essential requirement.

Do you have current driving licence? YES NO	Do you have any endorsements on your driving licence? YES NO
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Please provide details of any endorsements you have on your driving licence.

Additional information:

EDUCATION

School/College/University	Examinations Passed/Qualifications gained

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes

SHORT COURSES ATTENDED

Subjects	Location

Please supply copies of certificates and/or details of membership of a professional body.

EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Other roles (use additional sheet):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

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Full name:		
Relationship:		
Tel no:		
Additional information:		
Any offer of employment may be made subject to a satisfactory medical report.		
GP's name:		
Tel no:		
Address:		
<i>(Your GP will not be contacted without your permission)</i>		

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK, which might affect your right to take up employment in the UK?	YES	NO
If yes, please provide details.		
If you were successful in the application, would you require a work permit prior to taking up employment?	YES	NO

Note: Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	

EMPLOYMENT CONTINUITY CHECK

It is essential to check the continuity of employment, as stated in the **application form**, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.

Use the 'timeline' below to place in order all stated instances of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory. The period considered must be the whole working life of the applicant, to date.

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**GOLDCARE PROFESSIONALS
Health and Fitness Questionnaire**

Name:	
Date of Birth:	
Name of GP surgery:	
Name of GP:	

This questionnaire has been created to record your medical history and identify your support needs to enable us to proceed with your application.

Please answer the following questions:

Have you got any underlining medical condition/s that you are currently being treated for or awaiting an outpatient appointment for?	YES	NO
Are you pregnant or do you suspect that you may be pregnant?	YES	NO
Do you have any disabilities?	YES	NO
Do you have any learning difficulties?	YES	NO
Do you have a visual impairment?	YES	NO
Do you have any respiratory problems? (e.g. Asthma)	YES	NO
Do you have Epilepsy?	YES	NO
Do you have diabetes?	YES	NO
Do you have a heart condition?	YES	NO
Do you have any known allergies? (e.g. plasters/latex gloves)	YES	NO
Do you have any phobias? (e.g. dogs)	YES	NO
Do you smoke?	YES	NO

If you answered 'YES' to any of the above please provide more information in the box below (If needed please continue writing on another piece of paper and attach to this questionnaire)

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IMMUNISATION HISTORY

(It may be difficult to remember these dates, your doctors surgery will be able to assist you with this)

Vaccination	Date or Year of vaccination/s
Tetanus	
Measles	
Mumps	
Rubella	
Meningitis	
Diphtheria/whooping cough	
Polio	
Tuberculosis	
Hepatitis B (Full course of three injections)	
Mumps	
Other	

Applicant's Declaration (Read and understand before signing)

	Tick
1. I confirm that the information given above is complete and correct and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw employment offer made or if I am employed, dismiss me without notice.	
2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.	
3. I agree that the employer reserves the right to require me to undergo medical examination to assess my suitability for work.	
4. I do not wish to complete the questionnaire and I do not wish to have a free health assessment.	

Print Name:

Date Completed: