

**APPLICATION FORM CONFIDENTIAL**

**CAREWORLD LONDON LTD: APPLICATION FORM FOR CARE SUPPORT WORKER**

**1. PERSONAL DETAILS AND INFORMATION**

Forename(s):	Surname:
Title: Mr/Mrs/Miss/Ms (delete as appropriate):	Date of Birth:
Home Address (including postcode):	
Home Tel No (inc. Code):	Mobile:
Email address:	
Nationality:	National Insurance no:

**2. ADDITIONAL INFORMATION**

Do you possess a Valid Driving Licence?	Do you have use of a car for work?
Do you have Legal Right to Work in the UK? YES/NO (delete as appropriate) <i>If 'No' please note that we are unable to recruit anyone who does not have the legal right to work in the UK.</i>	
If there are conditions attached, please specify (eg. start/finish dates/WRS etc)	Do you have any other work commitments, either paid or unpaid, which you would wish to continue if offered employment by Careworld London Ltd?
Marital Status:	Gender:
Place of Birth:	Religion:

**3. EMERGENCY CONTACT DETAILS (NEXT OF KIN)**

Forename(s)	Surname:
Next of Kin Address:	
Relationship to Applicant:	
Contact Tel no:	Mobile:

#### 4. CRIMINAL RECORD DECLARATION

The nature of the work you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (by virtue of Exemption Order 1975). If you are applying for a post involving access to persons in receipt of care services, your offer of employment will be subject to a satisfactory enhanced DBS (Disclosure & Barring Service) Check. It is therefore a requirement that all previous convictions are declared, even those which would otherwise be regarded as 'spent'. If you fail to declare under the above legislation and are later found to have a Criminal Record, it will seriously jeopardise your chances of securing a job with us.

Please read the above carefully and then answer the following questions (All such information will be treated confidentially)

<p>a) Have you ever been convicted of a criminal offence?</p> <p>Yes/No (delete as appropriate)</p>	<p>b) Have you received any official cautions, reprimands or warnings?</p> <p>Yes/No (delete as appropriate)</p>
<p>c) To your knowledge, are you subject to any criminal proceedings or police investigation?</p> <p>Yes/No (delete as appropriate)</p>	<p>If you have answered Yes to any of the 3 questions – please provide details, including details of all 'spent' convictions and cautions:</p>

#### 5. EDUCATION, TRAINING, QUALIFICATIONS AND CURRENT LEARNING

Secondary Education	Qualifications/grades obtained (including dates)
Further/Higher Education	Qualifications/grades obtained (including dates)
Other relevant training, professional qualifications or work related skills (including dates)	
Details of membership of professional bodies (please provide details including any offices held)	

**6. CURRENT/MOST RECENT EMPLOYMENT, INCL. FULL EMPLOYMENT HISTORY/  
WORK EXPERIENCE**

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

Please ensure that you start with your most recent work experience and thereafter explain any gaps in your working career

**Please note that we shall seek to obtain a reference from your LAST EMPLOYER**

Employer's Name, Address & Tel No.	Start/End Dates	Position held including brief description of duties/responsibilities	Reason for Leaving

**Relevant Experience/Suitability for Position**

Please use this section to state how your skills, strengths, experience and training would enable you to meet the requirements of the role for which you are applying. Please make reference to the person specification

**Disciplinary Procedures**

Have you ever been disciplined/dismissed or asked to resign in present or past employment? If you have please give full details

**7. VOCATIONAL QUALIFICATIONS & CONTINUING PROFESSIONAL DEVELOPMENT (CPD) –  
HEALTH & SOCIAL CARE**

**Certification**

We want to know about any Vocational Qualification you hold within the context of Health and Social Care (if so, please enclose proofs/certificates).

NVQ's or Diploma's	Yes/No	Infection prevention and control	Yes/No
Moving and Manual handling	Yes/No	Food and Hygiene	Yes/No
Health and Safety	Yes/No	First Aid	Yes/No
Basic Life Support	Yes/No	Risk Assessment	Yes/No
Children's Safeguarding (SoC)	Yes/No	Adults Safeguarding (SoVA)	Yes/No
Handling and Violence and Aggression	Yes/No	Lone Working	Yes/No

### 8. AVAILABILITY & PREFERENCES

*Our Client Group includes:  
ASD clients, ADHD, Learning Disability, Physical Disability, Mental Health Problems, Dementia (or Alzheimer's) Sensory impairment/Dual Sensory Loss, Complex Care, Elderly, Adolescents and Disabled Children, Discharge patients from hospitals*

Please state your time preferences to help us decide your work placement/shift (Yes/No):

Sociable hours (7am-7pm)	Yes/No	Any Shifts	Yes/No
Unsociable hours (early shifts)	Yes/No	Domiciliary/Home care	Yes/No
Unsociable hours (late shifts)	Yes/No	Hospital/ Day Centres and/or Residential Homes	Yes/No
Waking Nights (night shifts)	Yes/No		
Weekend Shifts	Yes/No		
Geographical area you are interested in working? (Tower Hamlets/ Newham/ Hackney/ Barking & Dagenham)			
Type of work you are interested (Personal Care, Domestic Care, Daily Chores, Outreach, Wakening Care, Sleepover, Sitting Services etc)			
Ideal number of hours you would like to work per week (note restrictions):			

### 9. HEALTH & FITNESS TO PRACTICE

Do you, or have you suffered from? (If yes, please give details)

Asthma/Hay Fever	Yes/No	Details and frequency
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Blood Disorders/Anaemia/Haemophilia	Yes/No	
Skin disorders/Eczema	Yes/No	
Tuberculosis/Bronchitis/Pneumonia	Yes/No	
Anxiety/Depression/Mental Health problems	Yes/No	
Eyesight/Hearing/wear glasses or hearing aid	Yes/No	
Headaches/Migraines/Dizziness	Yes/No	
Cardio-Vascular/BP/Circulation/Fainting	Yes/No	
Diabetes/Epilepsy	Yes/No	
Back Injury/Recurrent Infection	Yes/No	
Hepatitis/Jaundice/Kidney problems	Yes/No	
Varicose Veins/Foot problems	Yes/No	
<b>10. MEDICAL DETAILS &amp; PERSONAL HEALTH DECLARATION</b>		
This is a conditional declaration relating to personal health (Please complete all sections).		
How many sick days have you taken in the past 2 years?	How many different periods of absence was this over?	
Are you taking any medication (list below):		
Do you or have you in the last three years, suffered from any physical illness, disability, mental or psychiatric disorder or impairment which could affect your ability to care for those people who are subject to this application  YES/NO (delete as appropriate)		
Do you consider yourself to have a disability (as defined under S.1 of the Disability Discrimination Act 1995)? If yes, provide details below  YES/NO (delete as appropriate)	Do you require special arrangements to be made to assist you in attending an interview?	
G.P. Name:		
Surgery Address:		
Telephone number:	Fax:	
Email:	Permission given for us to contact (if need be)?	

## 11. REFERENCES

Please provide the names and contact details of referees, the first must be your present or MOST RECENT EMPLOYER (of at least 3 months duration), which must correspond with your employment history above.

If there is less than two years between both of these then please provide a further reference. We will not contact any referee without your permission or until an offer of employment has been accepted. If you do not have two employment references, one may be from a professional body, a lecturer or teacher or similar.

Also, if you have previously been employed in a position which involved working with vulnerable adults or children for more than three months then one of the references you provide MUST be from this agency/employer (In accordance with the Health and Social Care Act 2008)

Personal referees such as relatives, friends, neighbours etc ARE NOT acceptable as referees

1. Name of Recent Employer (or Agency):

Address of Employer (including postcode):

Telephone number:

Mobile:

Email:

Fax number:

Relationship to you (i.e. Manager/supervisor)

Can referee be contacted prior to interview?  
YES/NO

2. Name of any other Employer (or Agency) in the last 3 years:

Address of Employer (including postcode):

Telephone number:

Mobile:

Email:

Fax number:

Relationship to you (i.e. Manager/supervisor)

Can referee be contacted prior to interview?  
YES/NO

## 12. CHARACTER REFERENCE

This can be a colleague/fellow health care professional WHO DOES NOT LIVE WITH YOU and is able to supply a character reference relating to your professional standing/suitability for post

3. Full name of referee:

Designation:

Relationship to applicant:

Contact Address (including postcode):	
Telephone number:	Mobile:
Email:	Can referee be contacted prior to interview? YES/NO

### 13. APPLICANT DECLARATION

Please read carefully before signing the application form

I declare that:

- (a) All information given is true and complete. I agree that any deliberate omissions, falsification or misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation
- (b) This applies to any medical questionnaires I may complete and I confirm my fitness to work at present time. I also read and understood the Terms and Conditions and agree to comply with the current Health and Safety at Work Act.
- (c) I have not been subject to any cautions and convictions (other than those given above), investigation, disciplinary action, dishonesty or enquiry into adult/child protection matters or inappropriate behaviour/violence and that the information I have given in the Criminal Record declaration section is to the best of my knowledge correct.
- (d) I have been issued with a staff handbook and informed of the importance of reading and understanding it.

Print full name:

Signature:

Date:

Important note:

- You may include a Curriculum Vitae (CV) and a Supporting Statement to strengthen this application. However these documents will not be accepted in Lieu of actual certificates

What happens now:

- If you have downloaded this application form – please email to: [info@careworldlondon.com](mailto:info@careworldlondon.com)  
Or alternatively:
- Return this application to our main branch listed below
- If you have not received any contact or correspondence within 14 days – then please assume on this occasion you have not been successful
- Please be assured that your application form will be kept on file for 6 months

THANK YOU FOR YOUR APPLICATION

## 14. CAREWORLD LONDON LTD - EQUAL OPPORTUNITIES STATEMENT

Careworld London Ltd strive to be an equal opportunity employer and our policy on this important matter is contained within our Employee Handbook.

Our policy is designed to ensure that none of our employees or prospective employees receives less favourable treatment as a result of their gender, sexuality, disability, marital status, colour of skin, race, creed, ethnic origin or religion. Equally, we aim to ensure that no such employee is disadvantaged by terms and conditions of employment, which cannot be justified.

So that we can monitor the effectiveness of our policy and subsequent actions, we need to mirror the sex and ethnic origins of our employees, and to this end, we ask for your co-operation in providing the following information.

Please tick the appropriate box

Gender (delete as appropriate):  Male/female	Do you consider yourself to have a disability or learning difficulty? (YES/NO)
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Please state which best describes your ethnic origin	Yes/No
<b>White</b>	
White British	
White Irish	
White any other background please write in:	
<b>Mixed</b>	
White and black Caribbean	
White and black African	
White and Asian	
Any other mixed please write in:	
<b>Asian or Asian British</b>	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background please write in:	
<b>Black or Black British</b>	
Caribbean	
African	
Any other Black background please write in:	
<b>Chinese or any other ethnic group</b>	
Chinese	
Any other group please write in:	

Categories reflected in CRE good practice guide to Ethnic Minority monitoring in



