



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

PLEASE ANSWER ALL QUESTIONS AND DELETE OPTIONS WHERE APPLICABLE

GENERAL INFORMATION	
POSITION APPLIED FOR:	
FULL NAME OF APPLICANT:	
CURRENT ADDRESS:	
House No and Street	
Town/City:	
From (i.e. Date/Month/Year): / / /	
MOBILE NO:	POST CODE:
TEL NO: (HOME):	(WORK):
(MAY WE CALL YOU AT YOUR PLACE OF WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE OF BIRTH:	NATIONALITY:
N.I. No:	
Full U.K. Driving Licence: Yes/No	Marital Status: Single/Married

Next of Kin or preferred contact: Name.....

Address

Postcode..... Relative/Friend/Other please state

Landline..... Mobile

Have you ever worked in the care sector in either a voluntary or professional capacity? YES/NO
If the answer is yes please provide details on this application - use extra paper if necessary

WORK EXPERIENCE	Please list your FULL employment history (starting with the most recent) or send a DETAILED Curriculum Vitae - Use extra paper if needed
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If this is your first employment please give details of secondary schools/colleges attended, qualifications obtained and any further education			
DATE OF EMPLOYMENT FROM TO	NAME OF EMPLOYER	ADDRESS & TELEPHONE NUMBER	RESPONSIBILITIES AND REASON FOR LEAVING

Please use additional space provided at the back of the form if required

WOULD YOU BE PREPARED TO WORK AS A LIVE IN CARER? YES/NO

Do you hold a current valid licence	Yes /No	Do you have your own transport:	Yes/No
Trade union Membership	Yes/No		
Name of Union:			
Membership Number	Expiry Date:	/	/
How did you hear of SSA Quality Care(specify)			

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

To the Applicant:

Please complete parts B and C of this questionnaire and return in the stamped addressed envelope before your interview or at the time of interview. It will only be opened in the event of you being successful at interview.

Late arrival of the questionnaire may prejudice any offer of employment.

A. TO BE COMPLETED BY THE OCCUPATIONAL HEALTH ADVISER

Nominated Personnel Officer	Contact telephone number
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(Please mark X in the relevant box)	
a) This person is considered suitable for the proposed employment £	
b) Occupational Health Clearance is required – OH department contacted £	
Signed	Date

B. TO BE COMPLETED BY THE APPLICANT

Please answer all the questions by marking X in the relevant boxes. This will help to process your appointment speedily and may prevent the need for you to attend for a medical examination.

Please do not include any additional health details on this form.

Do you have any medical condition or disability that may affect your ability to carry out your proposed work?	Yes	£	No	£
Have you ever been retired from work for health reasons?	Yes	£	No	£
Have you ever failed a medical examination or had special medical restrictions imposed, e.g. for entry into HM forces or Life Insurance?	Yes	£	No	£
Are you attending, or waiting to attend hospital for treatment or surgery?	Yes	£	No	£
Are you currently under medical supervision?	Yes	£	No	£
Do you take any form of medication on a regular basis (excluding contraceptive medication or hormone replacement therapy)?	Yes	£	No	£
Have you ever had a job which resulted in health problems?	Yes	£	No	£
During the past 12 months have you been absent from school/college/work due to illness or injury for a period of 12 weeks or more?	Yes	£	No	£
During the last 12 months have you had 3 or more periods of absence related to sickness?	Yes	£	No	£

Declaration to be completed by the candidate

I understand the information given and declare that the statements made in this document are complete and true to the best of my knowledge. I understand that the information on this form will be processed and archived by UKHCA in accordance with the Data Protection Act and will only be disclosed to a third party in instances of litigation.

Failure to disclose, or the giving of false information, could put others or myself at risk and may result in my application not being pursued or my contract being terminated if I have already been appointed.

Signed	Date
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C. SICKNESS RECORD:

Please give details of sickness lasting more than 3 days over the last 3 years. You may be asked to complete a detailed health questionnaire.

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Are you permitted to work in the UK YES/NO

Evidence is required before a post is offered

REFERENCES:

Please give names, addresses and telephone numbers of **TWO** referees whom we may contact. One of these referees **MUST** be your present (or most recent) employer. If this is your first employment **ONE** referee should be your secondary school/college of further education

NAME	ADDRESS	TELEPHONE NUMBER / E-MAIL
1.		
2.		

May we approach your referees at this stage? YES/NO

HEALTH CARE ASSISTANT/CARE WORKER/SUPPORT WORKER EXPERIENCE

PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE.

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Nursing Homes				
Residential Homes				
Private Homes				
Hospitals				
Learning Disability				
Mental Health				
Paediatrics				
Home Care				
Palliative care				
Catheter Care				
Fluid Charts				
Dementia				
NVQ or equivalent				

WORK EXPERIENCE

SUITABILITY FOR THE POST APPLIED FOR:
Please state what particular qualifications and experience is relevant to your application. In addition, please state your strengths and weaknesses in meeting the job specification - use a separate sheet if necessary

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE.

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence

I consent to SSA Qualitycare or their legal representative checking the details I have provided in support of this application against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies.

SIGNATURE _____ Date: _____

SSA Qualitycare retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep on file in line with the Data Protection Act.

If the applicant does not commence employment with SSA Qualitycare Ltd, this form will be shredded six months from the date on the form, in compliance with data protection law.

A copy of this application can be requested in writing and is charged at a fee of £10 per request.

Tel 01296 678589

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Additional space