



Chislehurst  
Healthcare

Exquisite Private Care

APPLICATION FORM

# APPLICATION FORM

Position applied for	
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Applicants Details			
Title			Photograph
Surname			
Forenames			
Address Line			
County		Postcode	
Home Tel No.		Mobile No.	
Email Address			
Are you a current citizen of the EU?			
Do you need a Work Permit			
National Insurance No.			

Next of Kin			
Name			
Relationship			
Address Line			
County		Postcode	
Tel No.			
Email Address			

Travel		
Do you have a driving licence?	Yes	No
Availability of a car for work?	Yes	No
Do you have any endorsements?	Yes	No
If yes, please give details		

# APPLICATION FORM

**Full employment record** (most recent first, then go backwards), use additional sheets if necessary. Please explain any gaps in employment i.e. studying, unemployment, raising family etc.

Name and address of employer	Start date dd/mm/yy	Finish date dd/mm/yy	Duties	Reason for leaving

## APPLICATION FORM

If any of the above positions involved working with **Vulnerable Adults or Children**, please indicate below contact details of someone who can verify your reason for leaving.

Name of employer	Name of person to contact and position within company		Telephone number

# APPLICATION FORM

**Education & Qualifications** (most recent first, then go backwards),

Secondary Education including further education (in reverse order – most recent first)		
Name of school	Start and finish dates	Qualifications gained

Courses and Training (most recent first)		
Subjects covered	Dates attended	Skills relevant to work

# APPLICATION FORM

**References** – Please give details of two / three senior individuals who may be approached for references. Where possible these should be your current and last employer and at least one must be from previous employment.

Current Employer			
Contact Name		Company	
Address			
County		Postcode	
Tel No.			
Email			

Previous Employer			
Contact Name		Company	
Address			
County		Postcode	
Tel No.			
Email			

Previous Employer			
Contact Name		Company	
Address			
County		Postcode	
Tel No.			
Email			

# APPLICATION FORM

## Criminal Record

### REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

The position for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Chislehurst Healthcare is required under the Health & Social Care Act 2008, to obtain a criminal record check. This will be processed through the Disclosure and Barring Service (DBS). This was formed by merging together the functions of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority. This has to be completed in relation to any person who is a domiciliary care worker. Therefore, if your application is successful we will need to obtain this Disclosure before your appointment is confirmed.

Please advise us of any criminal convictions (excluding minor road traffic offences), cautions, reprimands or warnings you have received before we obtain an Enhanced Criminal Record Bureau Disclosure. Having a criminal record will not necessarily mean that you will not be able to work in the care sector but will depend on the nature of the position, the circumstances and background of your offences.

Do you have any convictions to disclose? YES  NO

Have you been convicted of a criminal offence or received a caution, warning or reprimand?	Yes	No
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Date of conviction, caution, warning or reprimand	Details

Any information should be given on a separate sheet and sent with this application form. This information will be treated as strictly confidential and will not necessarily preclude you from employment.

I declare all information I have provided regarding the Rehabilitation Act 1974 is true

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# APPLICATION FORM

Task Ability Schedule		
Please tick each task in which you are experienced:		
	Personal Hygiene	Practical Tasks
	Bath/shower/strip wash	Light housework
	Bed bath	Washing personal laundry
	Use of bath aids	Shopping
	Shaving	Bed making/changing a bed
	Mouth care (inc. dentures)	Collecting benefits
	Care of hair	
	Care of feet (excl. toenails)	<b>Administrative Abilities</b>
	Care of fingernails	Report writing
	Dressing/undressing	Recording instructions from GP/nurse
	Care of eyes	Recording changes in Customer's condition
	Toileting	Previous Experience In
	Continence care	Private house
	Bedpans/commodes etc.	Nursing/Residential Home
	Changing a catheter bag	Hospital
	Stoma care	Care Agency
	Mobility	Areas of Specialism
	Lifting and handling	Older people
	Use of hoist (manual/electric)	Terminal illness
	Use of walking aids	Physically disabled
	Lifting and moving of clients	HIV/AIDS
		Mental health
		Learning disabilities
	Observation	
	Temperature	Child care
	Pulse	Other
	Respiration	
	Urine testing	
	Blood pressure	
	Nutrition	
	Preparing meals	
	Feeding	
	Food handling	



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**HEALTH DECLARATION** - Due to the nature of the work that you will undertake with Chislehurst Healthcare and the frequent requirement for a certain level of physical and mental fitness, we require you to provide us with certain details of your medical history as a part of the application process. The information requested here will only be considered in accordance with the provisions of the Equality Act 2010.

Have you in the last three years suffered from any of the following?			If yes, date	Details
Tuberculosis, asthma, bronchitis or any disease of the lungs	Yes	No		
Heart disease or disorder, strokes or high blood pressure	Yes	No		
Rheumatic Fever	Yes	No		
Osteoarthritis, Rheumatoid Arthritis, or other painful inflammatory conditions	Yes	No		
Back trouble i.e. slipped disc, lumbago or other mobility difficulties	Yes	No		
Any neurological disorders e.g. Multiple Sclerosis or Epilepsy	Yes	No		
Diabetes Type 1 or 2 or any other blood sugar disorders	Ye	No		
Skin disease e.g. eczema or dermatitis	Yes	No		
Any known allergies	Yes	No		
Recurrent stomach troubles, gastric disorders/vomiting	Yes	No		
A hernia	Yes	No		
Any hearing defects/difficulties in either ear	Yes	No		
Eye disease (inc. Colour blindness), visual difficulties	Yes	No		
Mental health complaints e.g. depression, Post Traumatic Stress Disorder, Bi-Polar Disorder	Yes	No		
In addition, have you?				
Had any surgical operations in the last twelve months or are you awaiting any surgical operations or hospital appointments	Yes	No		
Received medical treatment during the past three months or are you on a waiting list for such treatment	Yes	No		
Received any immunisation or vaccines in the last twelve months	Yes	No		
Been diagnosed with any contagious illness or disease during the last twelve months:	Yes	No		

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## WORKING TIMES REGULATIONS DECLARATION

If you do wish to work more than 35 per week, it is necessary to sign the form below to show that you are available.

I (name) _____ confirm that I want to be able to work more than 35 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.			
Signed		Date	

If you do not wish to work more than 35 hours per week, it is necessary to sign the form below to show that you are not available

I (name) _____ confirm that I do not want to work more than 35 hours a week. I will, however, inform you should my circumstances change and I am able to do over 48 hours of work per week.			
Signed		Date	

## GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role.

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## APPLICATION FORM DECLARATION

I declare that the information I have provided on this application form is true. I understand that all personal information about me relating to my employment with Chislehurst Healthcare is confidential. I hereby give my permission for the information I have supplied to be made available, on a need to know basis, the Care and Quality Commission and those responsible in Social Services.

I agree to a medical examination or report, or to respond to a request for further information, if I am offered employment by Chislehurst Healthcare. If necessary I authorise Chislehurst Healthcare to contact my own doctor, consultant or specialist to whom I have been referred. I accept that any information submitted by Chislehurst Healthcare as a result may be used to determine any modifications, if any, to be made in the interest in allowing me to perform my duties in a safely manner.

I certify that I have answered all questions truly and fully.

I am not aware of any health reason that would or may affect my working capability.

**I am fit and healthy mentally and physically to carry out my duties safely.**

Yes  No

I hereby agree that I shall not disclose any confidential information to any third parties, unless I have written consent from Chislehurst Healthcare.

I understand that, should I disclose any confidential information, it may lead to disciplinary action being taken. If any aspect of this declaration is false I may be dismissed.

Print Name	Signed	Dated