



Version: 04 (Covid-19)

APPLICATION FORM

Review Date: Apr 2021

This is a confidential controlled document and is the property of ICare Resource Limited

PERSONAL DETAILS

POST APPLIED FOR:							
Title:							
Surname:			First Name(s):				
Address:							
Date moved into this address? If not more than 5 years, please supply the rest on page 8							
Home Tel. No			Mobile Tel. No				
Email address:							
National Insurance Number:				Nationality			
Full UK driving license:				Business Insurance:	YES	NO	
Endorsements: Please give details				Access to car for work:	YES	NO	
What areas / distance are you willing to travel?							
Work permit Required:	YES	NO	Expiry Date of Visa:				
Can you work with male service users	YES	NO <input type="checkbox"/>	Do you know anyone in ICare?	YES	NO		
If yes, please give details; If no, who told you about the vacancy;							
Next of Kin's name and address:			Tel No:				
			Email:				
			Relationship:				

Availability	Morning	Lunch	Tea	Evening	How many hours are you looking to work per week?	
Monday					Is there anything else we should know about your availability?	
Tuesday						
Wednesday					Are there any other restrictions or activities that will limit your availability?	
Thursday						
Friday					Do you have any holidays pre-booked?	
Saturday						
Sunday						

Have you ever been a subject to disciplinary process by your previous employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES, please give details and outcome:				



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EDUCATION/QUALIFICATIONS/TRAINING

Please give details about qualifications gained - continue on a separate sheet where necessary:

Present & Previous Education/ Training: Starting from Secondary School:

EDUCATION / QUALIFICATIONS		
Schools Attended	Date	Qualification and Grade

TRAINING (If you have completed any relevant training to this post please give details)		
Training Body and Course details	Date	Qualification achieved

EMPLOYMENT BACKGROUND (please continue on a separate sheet if necessary)

CURRENT / MOST RECENT JOB			
Employer's name and address			
Job Title		Notice required	
Reason for leaving			
Brief Description of Duties	Dates (month & year)		
	From	To	



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PREVIOUS EMPLOYMENT (PAID AND VOLUNTARY)

Please detail the most recent first. Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. *Continue on a separate sheet if necessary*

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	
		From	To
			If Yes, give reason

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	
		From	To
			If Yes, give reason

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	
		From	To
			If Yes, give reason

Employer's name and address		Reason for leaving	FOR OFFICE USE ONLY
Job Title			Gap in Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties :		Dates (month & year)	
		From	To
			If Yes, give reason



LANGUAGES

DO YOU SPEAK ANY OTHER LANGUAGES BESIDE ENGLISH? IF YES, PLEASE STATE:

- | | | |
|----|--|----|
| 1. | | 2. |
| 3. | | 4. |

SKILLS

Please list your skills; _____

Hobbies & Interests; _____

Why do you think you are suitable for the post? _____

REFERENCES:

Please provide us with details of two or three references, one of which **must** be your present or most recent employer. The other referee will ideally be your most recent previous employer.

If you cannot provide us details of your previous employer, you may substitute it from the person of professional standing (e.g. a lawyer, accountant, doctor, teacher, recognised religious leader) who knows you, either professionally or personally. If this is your first employment, please provide three references from people who have known you for more than 5 years and it must not be a relative.

You must not give the names of friends or relatives or colleagues that were not senior to you as referees. All referees will be verified.

Name:			FOR OFFICE USE ONLY Date refs sent: Date refs received: Verified by: Date refs verified:
Position:			
Organisation:			
Address:			
Tel Number:		Email:	
Capacity in which they know you and how long have they known you:			
May we contact this reference prior to interview?			



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Name:				FOR OFFICE USE ONLY Date refs sent: Date refs received: Verified by: Date refs verified:
Position:				
Organisation:				
Address:				
Tel Number:		Email:		
Capacity in which they know you and how long have they known you:				
May we contact this reference prior to interview?				

Name:				FOR OFFICE USE ONLY Date refs sent: Date refs received: Verified by: Date refs verified:
Position:				
Organisation:				
Address:				
Tel Number:		Email:		
Capacity in which they know you and how long have they known you:				
May we contact this reference prior to interview?				



CARE EXPERIENCE (Please tick as appropriate)

Do you have the following experiences and skills? Please tick the level of competence/ experience you have:

EXPERIENCE	GOOD	FAIR	POOR	NONE	DON'T KNOW
EXPERIENCE					
Befriending					
Brain Injury					
Care of Person with Substance Abuse					
Children					
Children and Family					
Domiciliary Care					
Ethnic Minority					
Live-in Care					
Mental Health Care					
Older Adults Care					
Palliative Care					
Pressure Care					
Reablement Care					
Care of Person with Sensory Impairment					
Physical disability					
SPECIALIST CARE/ TRAINING					
Catheter Care					
Challenging Behaviour					
Changing a Colostomy Bag					
Dementia & Parkinson's disease					
End of life care					
HIV/AIDS					
Learning Disability					
Palliative Care					
PEG feeding					
Tracheostomy care					
USE OF EQUIPMENT / MANUAL HANDLING TASKS					
Standing Hoist					
Transferring Service Users					
Use of Commodes/Bed Pans					
Use of Hoists and Bath Lifts					
Use of Sliding sheets					
Wheelchair					
PERSONAL CARE					
Dressing and Undressing Patients					
Giving Bed Baths/Strip Wash					
Mouth Care (Including Dentures)					
Use of Bath Aids					
DAILY TASKS					
Light Domestic					
Feeding Service Users					
Food Preparation					
Shopping / Paying Bills					
OTHER TRAINING/ EXPERIENCE					



MEDICAL QUESTIONNAIRE:

Please place a tick in the appropriate column.

If your answer is yes, please provide details in the space provided or continue on a separate sheet, if necessary.

	YES	NO	Details with dates
Do you consider yourself to be in good health?			
Have you ever been retired on medical grounds or had to give up work due to ill health or injury?			
Do you consider yourself to be disabled? (The Disability Discrimination Act 1995 defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.)			
Have you had more than two week's sick leave continuously over the past two years? (Please state reason for absence and duration of absence)			
Are you currently suffering from a medical or surgical condition for which you are receiving treatment and/or awaiting a medical/surgical appointment? (Treatment includes physiotherapy, psychotherapy, counselling, etc.) If on prescribed medication, please give details.			
Over the last 5 years have you had any medical/surgical conditions (excluding maternity leave) which have required treatment for longer than 1 month?			
Do you currently have a medical condition for which you have not sought help of a health professional?			

Have you ever contacted COVID-19 or have the symptoms recently e.g. (coughing, dysentery, fever, body pains, chest pains)			
Have you ever suffered from anxiety, depression or other psychiatric disorder, such as nervous breakdown?			
Have you ever had a drug or alcohol problem?			
Do you have any speech, hearing or visual difficulties?			
Do you intend to work night duties on a regular basis?			
Do you smoke? If yes please give daily amount.			
Are you pregnant? This question is asked to ensure that any health needs of pregnancy are addressed, and to avoid any hazard or risk to a developing baby.			

If you have ever suffered specifically from the following ailments/illnesses please give details of the dates, duration and outcomes in the space provided.

Asthma, bronchitis or chest complaints			
Chest pain, heart condition or raised blood pressure			
Blackouts, epilepsy, fits or attacks of giddiness			
Rheumatism or arthritis			
Back or neck problems			
Typhoid, paratyphoid or dysentery			
Digestive or bowel disorder			
Diabetes, thyroid or other gland problems			
Bladder or kidney problems			
Dermatitis or other skin problems (such as psoriasis)			
Varicose veins or DVT			



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GENERAL PRACTITIONER

Name & Address of General Practitioner (GP):	
Contact No:	
How many working days have you been sick in the past 2 years?	
Types of sickness in each of the last 2 years?	
Can we contact your GP if we have any queries?	

ADDRESSES

PLEASE LIST YOUR ADDRESSES IN THE PAST 5 YEARS.

	FULL ADDRESS	DATES	
		FROM	TO
1			
2			
3			

REHABILITATION OF OFFENDERS ACT 1974

As an organisation assessing applicants' suitability for the roles that are included in Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal records checks processed through the Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all the applicants for positions fairly.

The position that you have applied for involves working with vulnerable people and we take the responsibility to protect them very seriously. Any details provided will be treated with confidentiality and will not automatically exclude you from being considered for the vacancy.

Have you ever been convicted of a criminal offence or received a Police conditional discharge, bind-over, caution, warning or reprimand?	Yes		No	
Have you ever been issued with a Penalty Notice for Disorder?	Yes		No	
If so, what was the offence?	Date:			

You must write a statement on a separate sheet with full explanation of any offence(s).

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Print Name:	
Signature:	
Date:	



DIVERSITY MONITORING

Our aim is to be equal opportunity employer. We welcome all applications, regardless of race, colour, nationality, ethnic or national origins, sex, disability, sexual orientation, age, or religion or belief. All applications will be considered solely on merit.

It is to assist the monitoring of this policy and **for that purpose only** that we are asking you to provide details of your gender, age, disability and ethnic origin in this form. All the monitoring information collected is **treated in absolute confidence** in line with the 2018 Data Protection Act (GDPR).

PLEASE TICK	WHAT IS YOUR ETHNIC GROUP: PLEASE ONLY TICK ONE OF THE FOUR GROUPS BELOW <input checked="" type="checkbox"/>		
<p>YOUR GENDER:</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>YOUR AGE BAND:</p> <p><input type="checkbox"/> 16 - 24 <input type="checkbox"/> 25 - 34</p> <p><input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54</p> <p><input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 - 74</p> <p>DISABILITY:</p> <p>Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995? e.g. A physical and/or mental impairment, which has a substantial and long-term adverse effect on your ability to undertake day to day activities.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do you need any help during the interview?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any reasonable adjustments that would assist in you attending an interview?.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth. The groups listed below reflect the largest ethnic groups in ICare Resource Limited. You are asked to choose the ethnic group that is closest to how you see yourself and write in a more specific group if you wish.</p> <table border="1"> <tr> <td data-bbox="612 757 1050 1639"> <p>1) White:</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p>Any other White background – please specify.....</p> <p>2) Asian or Asian British</p> <p><input type="checkbox"/> Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p>Any other Asian background – Please specify.....</p> </td> <td data-bbox="1050 757 1503 1639"> <p>3) Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p>Any other Mixed background – please specify.....</p> <p>4) Black or Black British</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p>Any other Black background – please specify.....</p> <p>5) Religion</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p>Any other Religion – please specify.....</p> </td> </tr> </table>	<p>1) White:</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p>Any other White background – please specify.....</p> <p>2) Asian or Asian British</p> <p><input type="checkbox"/> Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p>Any other Asian background – Please specify.....</p>	<p>3) Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p>Any other Mixed background – please specify.....</p> <p>4) Black or Black British</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p>Any other Black background – please specify.....</p> <p>5) Religion</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p>Any other Religion – please specify.....</p>
<p>1) White:</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p>Any other White background – please specify.....</p> <p>2) Asian or Asian British</p> <p><input type="checkbox"/> Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p>Any other Asian background – Please specify.....</p>	<p>3) Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p>Any other Mixed background – please specify.....</p> <p>4) Black or Black British</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p>Any other Black background – please specify.....</p> <p>5) Religion</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p>Any other Religion – please specify.....</p>		
	<p>NATIONALITY AT BIRTH:</p> <p>TOWN OF BIRTH:</p>		
	<p>WHEN DID YOU MOVE TO THE UK?</p>		



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ASYLUM & IMMIGRATION ACT 1996

It is now a requirement that, before any offer of employment can be made, all candidates provide the company with confirmation of their eligibility to work in the United Kingdom by providing **one of the original documents** details below (Please tick the box if applicable):

1. A **birth certificate** issued in the **United Kingdom or in the Republic of Ireland** or a **Certificate of Registration or Naturalisation** as a British citizen.
2. A **Passport** which described the holder **as a British Citizen** or as having a right abode in the United Kingdom or a passport or other travel document endorsed to show that the holder has indefinite leave to remain in the United Kingdom and is not precluded from taking the employment in question.
3. A **Passport or an identity Card** issued by a state which is a party of the **European Economic Area** agreement and which describes the holder as a national of a state which is a party to that agreement.
4. A **Letter issued by the Home Office** or the department of education and employment indicating that the person named in the letter has permission to take the employment in question.

All candidates must note that unless one of the above original documents has been produced no offer of employment will be made.

CONFIDENTIALITY

- In the course of your assignment terminating with ICare Resource Limited, you may have access to confidential, technical, commercial or financial information about individuals. You should not use or discuss such information to an unauthorised person inside or outside the establishment. You are expected to safeguard all individual property and documents at all times. You should not risk the loss of confidential papers, e.g. By leaving them unattended.
- If you leave the establishment, all property must be returned to the manager. The restrictions on discussing any information will continue to apply. You must respect the privacy and confidentiality of all the clients. Disclosure of this information: in the course of your employment, you may have access to information about individuals. Disclosure of this information other than in the course of duty or to police officers engaged in the investigation of criminal activities may itself be a criminal offence.
- If you are in any doubt the disclosure of client's information to another party, you should ask a manager for advice. I have read, understood and agree to abide by the above whilst employed as a staff with ICare Resource Limited.

Please tick the box to agree with the confidentiality statement.

I confirm that I have read and understood all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate **all references**.

Please read the following statements carefully and tick as you have read them. If you don't understand anything, please ask the team before signing this form.

I understand and agree that:

- All the information given is true and I understand that any false or misleading information may result in my removal from ICare's register of applicants;
- I confirm that I am eligible to work in the UK;
- The company may make checks to verify the information I have provided;
- The information I have provided in this application form is confidential and will be handled in line with the Data Protection Act 2018 (GDPR);
- I consent to processing of sensitive personal data in accordance with Data Protection Act 2018 (GDPR);
- The company will use the personal information I have provided to decide if I am suitable for the vacancy I have applied for;
- Until I am employed, ICare Resource Limited will not use my personal information for any purpose other than monitoring its own recruitment processes
- Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal;



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- If my application is unsuccessful, the company will keep only basic information about me and destroy the rest;
- If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, which I will sign before I start work, will include further detail on how my information may be used);
- Any offer of employment will depend on the satisfactory completion of a Disclosure and Barring Service (DBS);
- I will be liable for the cost of my initial Disclosure and Barring Service (DBS) check but that the company will refund the cost to me after successful pass of my probation and the Company will bear the cost of any future disclosures that need to be made;
- I will be required to complete a pre-employment induction training programme prior to my starting work with the company;
- My attendance on the induction training programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment;
- I will be liable for the cost of my induction training if I leave the company's employment within six months and I will also be liable for the cost of uniform as well as any other company property, if it not returned in good condition. This sum may be deducted from my final wages;
- I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print Name:	
Signature:	
Date:	

OFFICE USE ONLY:

Application form assessed by:

Name:	
Position:	
Signature:	

Based on the completed application form, is the person successful to proceed with the interview?	Yes		No	
If 'No', please explain the reason why:				

Make sure a rejection letter is issued and sent to any unsuccessful applicant. Successful candidates should be invited to the interview and invitation letter needs to be sent out.	
Signed:	
Date:	
Notes:	



DOCUMENTS REQUIRED FOR APPLICATION

- **2 Passport Pictures**
- **Photographic Identification (Photo ID)** – national id card or national Passport
- **Proof of National Insurance Number** - letter / card
- **2 Proofs of address** - not more than 3 months old
- **2 References** – provide details on the application form:
 - a. 1 Professional
 - b. 1 Character
- **Application form** (Completed)
- **Proof of bank account:**
 - a. Account number
 - b. Sort code
- **Current driving license and valid insurance** – if you are driving for work
- **Current DBS Certificate** – only if online and provide certificate number
- **DBS Form** – complete form together with application form if no current DBS.
- **£62 for DBS application**
- **Current Certificates** - should be relevant for the role