

ALLANDER HOMECARE LIMITED

Campbell House 126 Drymen Road Bearsden G61 3RB.

0141 942 1001 contact@allanderhomecare.co.uk

www.allanderhomecare.co.uk

APPLICATION FORM

Surname		First and	
Date of Birth		other names	

Address- House Name or Street No:	
Area	
Town/city	
County	
Postcode	

Home Tel No.		E-Mail Address – Can we use to send you work related mail? – Yes or No?
Mobile Tel No:		

National Insurance No:		Valid Drivers Licence	Yes or No	Car Owner	Yes or No
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Next of kin		Relationship	
Tel: Home			
Work			
Mobile			

If application is successful when will you be able to start work?	
How much notice will you be required to give your current employer if applying for permanent hours?	

EMPLOYMENT HISTORY

(Please leave no gaps in time, if at home please state at home.)

PRESENT OR MOST RECENT EMPLOYER AND ADDRESS. (INCLUDE VOLUNTARY WORK)	POSITION HELD	FROM MTH/YEAR	TO MTH/YEAR	REASON FOR LEAVING
<i>[Most recent / Current Employer]</i>				
PREVIOUS EMPLOYER (S) AND ADDRESSES (S)(INCLUDE VOLUNTARY WORK)	POSITION HELD	FROM [Month + Year]	TO [Month + Year]	REASON YOU LEFT?

Please continue on separate sheet if necessary – and please number the sheet to match the sheet number on this one.

EDUCATION – SCHOOL AND COLLEGE - UNIVERSITY

[Please continue on separate sheet if required – please number the extra sheets]

NAME AND ADDRESS OF SCHOOL/COLLEGE/OTHER	COURSES/SUBJECTS TAKEN & QUALIFICATIONS ATTAINED	FROM [Month + Year]	TO [Month + Year]

TRAINING COURSE ATTENDED

[Please continue on a separate sheet if required – please number the extra sheets]

NAME + ADDRESS OF TRAINING ORGANISATION	COURSES/SUBJECTS TAKEN AND QUALIFICATIONS ATTAINED	FROM [Month + Year]	TO [Month + Year]

REFERENCES

Please provide details of two references (one of whom should be your present or most recent employer and an appropriate referee who has known you professionally or personally for two years or more)

1. Name _____
Company Name _____
Position _____ Contact Tel No: _____
Address _____

Post Code _____
2. Name _____
Relationship _____ Contact Tel No: _____
Address _____

Post Code _____

REFERENCE CHECKS

Please note:

For Domiciliary Care Agencies - Regulations require as from July 26 2004:

- Details of any criminal offence: of which the person has been convicted. Including details of any spent; or in respect of which he has been cautioned by a constable and which, at the time of the caution was given admitted.
- Two written references, including, where applicable, a reference relating to the person's last period of employment of not less than three month's duration which involved work with children or vulnerable adults.
- Where a person has previously worked in a position which involved contact with children or vulnerable adults, written verification (so far as reasonably practicable) of the reason why he ceased to work in that position.
- Documentary evidence of any relevant qualifications and training
- A full employment history, together with satisfactory explanation of any gaps in employment.
- A statement by the person as to his physical and mental health.
- Details and evidence of registration with, or membership of, any professional body.

EVIDENCE OF IDENTITY

Evidence of identity (to be brought to office if invited for interview)

Three documents must be seen. One from Group 1 and any two from Groups 1 or 2. If no documents from Group 1, five documents need to be seen from Group 2

GROUP 1:

Passport; UK Birth Certificate, (if copy, less than three months old); UK issued driving licence; EU Photo ID card; HM Forces ID Card;

GROUP 2:

Marriage Certificate; Financial Statement**; Birth Certificate; Vehicle Registration Document; P45/P60**; Bank/Building Society Statement*; Utility Bill*; Examination Certificate; TV Licence**; National Insurance Card; Store Card Statement*; UK NHS Card; Mortgage Statement**; Benefit Book; Insurance Certificate**; Council Tax Statement**; Work Permit / Visa**

* Documentation should be less than three months old

** Issued within the last 12 months

CHECK LIST FOR DOCUMENTS

Please list below the documents you are bringing to the office - we will require to make a photocopy of the ones you bring.

1. _____

2. _____

3. _____

4. _____

5. _____

Criminal conviction form

Please give details of any cautions or convictions you may have received. You will be given the opportunity to discuss any convictions with the interviewer, as they may not necessarily exclude you from employment.

Under the rehabilitation of Offenders Act 1974 applicants for some posts, with some employers, are allowed to ignore certain past offences. if you are in any doubt about your need to declare past offences please take advice because the post of home carer involves police clearance checks via criminal record bureau being carried out as stated in the National minimum care standards

Failure to disclose convictions will exclude you from employment.

As from 1st October 2003 new domiciliary staff may not take up their post until enhanced disclosures are complete.

Date of offence	Details of offence	sentence

If none please state 'none' do not leave blank.

I declare that all the information given is true and I understand that any false or misleading information may result in my dismissal. I agree to the information I have provided, with regard to any conviction, being checked with the Criminal record bureau.

Signed Print Name Date

ALLANDER HOMECARE LIMITED

Campbell House, 126 Drymen Road, Bearsden, Glasgow, G61 3RB.

THIS IS YOUR

'APPLICATION HEALTH and EXPERIENCE QUESTIONNAIRE'

WHICH IS KEPT CONFIDENTIAL

Please ensure to sign at the bottom of the experience section to complete the two sections

Experience Check List for Care Assistants

Mobility

Moving and Transferring

Relevant Experience

Nursing Homes

Moving and Handling Course

M.S.

Use of Walking Aids

Homecare

Use of Hoists

Dementia

Personal Hygiene

Undressing/Dressing Clients

First Aid Certificates

Showering/Bathing

N.V.Q. Certificates

Use of Bath Board

Dealing with Aggression

Use of Bath Seat

Administration

Strip Wash

Observing Confidentiality

Bed Bath

Writing of Simple Reports

Shaving

Observation of Clients Condition

Cleaning of Mouth/Dentures

Reporting Accidents/Incidents

Care of Feet

Administration of Medication

Care of Hair

Toileting

Nutrition

Food Hygiene Course

Changing of Incontinence Garments

Preparation of Meals

Toileting

Serving of Meals

Use of Commodes

Feeding Disabled Clients

Use of Bedpans and Urinals

Care of Urinary Sheaths

Emptying of Catheter Bags

General Client Care

Washing of Personal Laundry

Changing of Colostomy Bag

Bed Making

Recording Fluids Taken

Light Housework/Home help

Shopping

Signed _____

Dated _____