



Holistic Quality Care
Address: 64b Roseville Road Leeds LS8 5DR
Phone: + Mobile: 07913635564 Email: info@holisticqualitycare.com

CARE WORKER APPLICATION FORM

Before completing this application form, please read guidance notes attached at the end of the form. The notes should help you to complete the application form as effectively as possible.

PERSONAL DETAILS

Mr/Mrs/Miss/Ms Surname..... First Name.....

Maiden Name..... Nationality.....

Country of Birth..... Address.....

.....

.....Postcode.....

Landline No. Mobile No.

Other Contact No

National Insurance No...../...../...../...../.....

PLEASE COMPLETE THIS SECTION IF YOU ARE NOT A BRITISH CITIZEN

Do you have a UK Residence Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any UK immigration control restrictions limiting your length of stay, conditions of stay or freedom to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you responded yes to the last question, Please explain	
.....	
.....	

* Do you have a full Driving Licence that allows you to drive in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Do you have access to a car that you can use for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Have you ever been banned from driving, or do you have any current endorsements on your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Does your car insurance include Class 1 business insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Does you take public transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What types of work do you prefer? Underline as applicable	Learning Disability <input type="checkbox"/> Nursing Homes <input type="checkbox"/> Residential Homes <input type="checkbox"/> Hospitals <input type="checkbox"/> Mental Health <input type="checkbox"/>
What hours are you looking for ?	Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekends <input type="checkbox"/> Nights* <input type="checkbox"/> Sleepovers <input type="checkbox"/>
Date available to start ?
Will The Holistic Quality Care Ltd. be your ONLY / MAIN / SECOND* employment?	Only <input type="checkbox"/> Main <input type="checkbox"/> Second <input type="checkbox"/>

Skills and Abilities/ Knowledge & Experience/ Qualities

This is an important part of the application. Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

Please continue on a separate sheet if necessary

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

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

PREVIOUS JOBS (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		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

Employer's name		Reason for leaving	
Job Title			
Brief Description of Duties :		Dates (month & year)	
		From	To

EMERGENCY CONTACT	
Next of Kin..... Relationship.....	
Address.....	
.....	
Daytime phone No. Night time phone No.....	

Previous Application:	
If you have previously applied to us for work,	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the vacancy?	
Were you interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was the outcome?	

REHABILITATION OF OFFENDERS ACT 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bindovers or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bind-overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.

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

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.

Name: _____ Signature: _____

Date: _____

DATA PROTECTION

The Data Protection Act 1998 requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, We adopt a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

DECLARATION

I confirm that I am eligible to work in the UK. I fully accept that I am applying for Employment within Holistic Quality Care Ltd. in the full knowledge and understanding that should they offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through Holistic Quality Care Ltd, are provided as a self-employed person. As a self-employed person, I accept that Holistic Quality Care Ltd.'s duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that neither they nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.

I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Holistic Quality Care Ltd.'s register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print Name:

Signed:

Date:

PLEASE RETURN THE APPLICATION FORM TO: Holistic Quality Care Ltd. 64c Roseville road, Leeds, LS8 5DR

GUIDANCE NOTES FOR APPLICANTS

Please complete the application form and return as soon as possible. It is therefore important to address the Person Specification by relating it to your experience, knowledge, skills and abilities, which are relevant to the job.

The following advice should help you to complete the application form as effectively as possible.

The Job Description

- The job description details what sort of duties you would be expected to carry out

- Ask yourself why you are interested in the job
- Would it be a good career move – perhaps to broaden your general work experience or to support the sort of work you might want to undertake as a career

The Person Specification

- The person specification will list the skills, knowledge, qualifications and experience required. You should provide evidence that you have these on your application form
- Explaining your present and previous jobs to someone else may help to uncover “hidden” skills, that you take for granted
- Consider any relevant experience you have acquired outside work such as community / voluntary / leisure interests/care for family

Your Employment History

- Write out your career history: do not go into too much detail but make sure that you explain the main responsibilities of the most relevant jobs that you have had
- Check that the dates are correct and in the right order and make sure there are no gaps.
- Please use an extra page if there is not enough room

Do a rough draft first

- Write out the form in rough to avoid mistakes and repetitions
- This also gives you the opportunity to ensure that your form is well organised and relevant

Other Information Section

- This is where you make your case for the job
- You should refer to the person specification and try to provide evidence of how you meet each requirement
- Your form should be written in a concise, well-organised and positive way
- Specify your own responsibilities rather than those of your organisation or Company

Complete the Form

- Type it or use back ball-point
- Ensure it is clearly presented to create a good impression

Sign the Form

- This can sometimes be overlooked, please make sure you sign the form

Send the Form Back

- Send your completed form to the address as specified on the application form and/letter
- If there is a date/time by which you must return the form, please make sure you send it so that it is received on time

Always keep a copy for your own records