APPLICATION FORM
Domiciliary Care Agency

Please complete all sections using black pen and block capitals

Position: _____ **Available to Start:** _____

Availability: Full Time ☐ Part Time ☐ Night Shift ☐

Personal Details

Title: Mr ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐

Forename(s)				
Surname (s)				
Address				
Post Code		**Email Address**		
Mobile Number			**Telephone Number**	
Nationality			**NI Number**	

Are you eligible top work in the uk **Yes** ☐ **No** ☐
Please indictae your eligibility : **UK Citizen** ☐ **Visa** ☐ **Work Permit** ☐

***Please attach a copy of your work permit and/or visa to your application form**

Full driving licence **Yes** ☐ **No** ☐ **Access to own transport?** **Yes** ☐ **No** ☐
Do you have any endorsements? **Yes*** ☐ **No** ☐

***If YES please provide details including dates:**

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Education

Secondary Education (continue on a separate sheet if necessary)

Name of School	Subjects	Level	Date from	Date to
			/	/
			/	/
			/	/

Further Education (continue on separate sheet if necessary)

Name of College/University	Qualification	Level	Date from	Date to
			/	/
			/	/
			/	/

Details of other qualifications and training attended that would support your application

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Career Details

Please provide details of your employment during the past 5 years (starting with the most recent)

Present/Previous Employer

From: Month ☐☐ Year ☐☐☐☐ To: Month ☐☐ Year ☐☐☐☐ Notice Period _____

Type of Business

Job Title

£ Salary

Address

Post code

Reason for leaving

Post code

Present/Previous Employer

From: Month ☐☐ Year ☐☐☐☐ To: Month ☐☐ Year ☐☐☐☐ Notice Period _____

Type of Business

Job Title

£ Salary

Address

Reason for leaving

Present/Previous Employer

From: Month ☐☐ Year ☐☐☐☐ To: Month ☐☐ Year ☐☐☐☐ Notice Period _____

Type of Business

Job Title

£ Salary

Address

Post code

Reason for leaving

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Supporting Statement

Attach additional sheets if needed

Please be sure to include:

- The reason why you are applying for this post.
- What skills and experiences if any you have gained in this sector
- Details of what you can bring to this company

Hobbies and Interests

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References

Please provide details of two references**, one of whom should be you most recent or current employer.**

Referee 1

Full Name	
Address	
Relationship	
Contact No.	
Email	

Referee 2

Full Name	
Address	
Relationship	
Contact No.	
Email	

If you are shortlisted, references may be sought before interview. If you do not wish us to contact your referee's before your interview please tick this box. ☐

DBS CHECK

Have you ever been convicted for criminal offences? Yes ☐ No ☐

Have you ever been placed on the protection of vulnerable adults register? Yes ☐ No ☐

Are you aware of any police enquiries following allegation made against you, which may have a bearing on your suitability for this position? Yes ☐ No ☐

If answered Yes to any of the above questions please provide details on a separate sheet.

You will Required as part of the application process to be checked by the criminal Records Bureau. The provisions relating to non- disclosure convictions do not apply. The position you are applying for is exempt from the provisions of Section 4(2) of the rehabilitation of offenders act.

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WORKING TIME DIRECTIVE

WTD 1998 says that you the temporary worker do not have to work on an assignment with the client in excess of the 48 hour working week unless you agree in writing that this limit should not apply.

Yes I Consent to opting out of the maximum Hours ☐ **No I do not want to work more than 48 hours** ☐

If offered this position, do you intend to continue working in the any other capacity? Yes ☐ **No** ☐
If answered Yes, Please provide details on a separate sheet.

Disabilities

Do you consider yourself to have disability? **Yes** ☐ **No** ☐

If answered Yes, Please provide details on a separate sheet and where appropriate state:

- Any reasonable adjustments which you feel should be made to assist you in your application.
- Any reasonable adjustments which you feel should be made to the job environment itself which would enable you to carry out your duties.
- What steps, if required are you able to take to minimise any effect on your duties.

Data Protection

Data Protection Act requires that personal information is obtained and processed fairly and lawfully; is only disclosed in appropriate circumstances; is accurate, relevant and not held for longer than necessary; and kept secure.
For the purpose of processing this application, the information you have provided on this form will be entered onto a computer but under terms and conditions of the Data Protection Act 1998 will be treated in a secure and confidential manner.

Declaration

I confirm that the information I have given on this form is correct to the best of my knowledge. I understand that the giving of false information or misleading statements or deliberately withholding material information will disqualify me from employment or result in disciplinary action, including dismissal or cancelling any agreements made. I undertake to notify the company immediately of any changes to the above information provided.

Name: ……

Signed: ……..

Date: ……..

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Personal Health Questionnaire

Title:

Forename(s)

Surname(s)

Do you or have you suffered from: (please tick sections applicable to you)

Serious illness		Frequent Colds/Sore throats	
Serious injury		Pneumonia/Bronchitis	
Surgical operations		Stomach ulcer	
Allergies and other skin sensitivities		Severe or infrequent indigestion	
Eye problems		Kidney or Bladder Problems	
Colour blindness		Bowel trouble	
Ear problems		Backache, slipped disc etc.	
Recurring headaches		Diabetes	
Hay Fever		Hepatitis or Jaundice	
Heart Problems		Physical handicap	
High blood pressure		Arthritis	
Varicose veins		Mental Illness	
Chest pains		Depression or other nervous illness	
Shortness of breath		Epilepsy/Fits/Fainting	
Asthma		Hernia / Rapture	

Have you got any disability affecting: (please tick sections applicable to you)

Walking	
Standing	
Sitting	
Lifting	
Using Hands	
Work at heights (ladders/staging)	
Ability to drive a motor vehicle	

Do you have or have you ever suffered or been exposed to:

	Yes	No
MRSA		
Typhoid Fever		
Paratyphoid		
Ebola		

In the last 2 years have you been off work due to illness or injury?
If yes, what was the period you were you absent?
Are you presently having any treatment or medication?
(If yes please provide details)

Name: …….
Signed…….. Date: ……

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Equal Opportunities

Icare Coventry Ltd fully supports the concept of equal opportunity at work. Thus our policy aims to certify that all applicants are given an equal opportunity of employment and progression within Icare Coventry Ltd regardless of their sex, race, colour, sexual orientation, disability, marital status, religion, or ethnic origin.
In order to implement this policy fully and fairly, we kindly ask all applicants to provide us with information below. This will further help us to conduct regular reviews to ensure that all our applicants are selected and employed without prejudice.

Please tick the one that is applicable to you.

Ethnic Origin

White	
Black Caribbean	
Black African	
Indian	
Pakistani	
Bangladeshi	
Asian	
Other	

Age

18-20	
21-25	
26-30	
31-35	
36-40	
41-45	
46-50	
50-55	
55-60	
60+	

Gender

Female	
Male	

Declaration

I confirm that the information I have given on this application form is correct to the best of my knowledge. I understand that the giving of false information or misleading statements or deliberately withholding material information will disqualify me from employment or result in disciplinary action, including dismissal or cancelling any agreements made. I undertake to notify the company immediately of any changes to the above information provided.
Given the Nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my DBS check.

Name: ……

Signed: ……..

Date: ……..

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