

Application Form

All applicants will be given fair and equal consideration regardless of sex, ethnic origin, marital status, gender reassignment, religion, colour, race, sexual orientation, social background, pregnancy, age or disability. The information supplied in this document will be treated in the strictest of confidence. Please complete this form in block capitals using black ink.

PLEASE COMPLETE THIS FORM USING BLACK INK AND ENSURE THAT EVERY SECTION HAS BEEN COMPLETED. FAILURE TO COMPLETE EVERY SECTION MAY RESULT IN YOUR APPLICATION BEING REJECTED

Personal Details

Title:	Preferred Name:
Forenames:	Home Number:
Surname:	Mobile Number:
Address:	Have you ever been known by any other names? (if yes, please give details of each name and the dates from and to the name was used)
Postcode:	
Date moved to current address:	Place of Birth:
Email Address:	
National Insurance number:	
Position Applied For:	
Date available to start working for Kavod Kare Services:	

Are you looking to work:

Weekdays		Weekday Evenings		Weekends		Weekend Evenings	
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Next of Kin

Name:	Relationship to you:
Home Number:	Mobile Number:
Address:	
Email Address:	

Further Details

	<u>Yes</u>	<u>No</u>	If you have answered yes to any of the questions, please provide further details.
Do you require a Visa or Work Permit to work in the UK?			Type of Visa: Issue Date: Expiry Date:

Do you hold a full UK driving license?			Issue Date:
			Expiry Date:
Do you hold a driving license issued in any other country?			Country Issued:
			Issue Date:
			Expiry Date:
Do you have any points or endorsements on your driving license?			Please give details:
Do you have use of your own vehicle?			
Are you able to drive automatic and manual cars?			

Relevant Skills and Experience

Have you completed training, and hold a certificate for any of the following subjects? (If you do not have a certificate to validate your training, please do not tick yes)				
<u>Subject</u>	<u>Yes</u>	<u>No</u>	<u>Date Course Attended</u>	<u>Company Name</u>
Catheter Care				
Challenging Behaviour				
Communication				
Confidentiality				
Dementia				
Elderly Care				
Equality, Diversity and Human Rights				
Fire Safety				
First Aid				
Food Hygiene				
Health & Safety				
Infection Control				
Learning Difficulties				
Medication Administration				
Moving & Handling				
Multiple Sclerosis				
Palliative Care				
Parkinson's Disease				
Personal Care				
Safeguarding Vulnerable Adults				
Sensory Impairment				

Stoma/Colostomy Care				
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Do you have experience/knowledge in any of the following areas? How would you rate your level of competency? (Please Tick)

<u>Subject</u>	<u>Poor</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
Catheter Care				
Challenging Behaviour				
Dementia				
Elderly Care				
Fire Safety				
First Aid				
Food Hygiene				
Health & Safety				
Infection Control				
Learning Difficulties				
Medication Administration				
Moving & Handling				
Multiple Sclerosis				
Palliative Care				
Parkinson's Disease				
Personal Care				
Safeguarding Vulnerable Adults				
Sensory Impairment				
Stoma/Colostomy Care				

How many months/years social care experience do you have in total? :

How many months/years working in the following areas?

Live-in Care:

Domiciliary/Homecare:

Nursing/Residential Home:

Hospital/NHS:

Other: (please specify)

How would you rate your skills in the following areas?	<u>Poor</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
Ability to communicate clearly				
Ability to use your initiative				
Ability to work unsupervised				
Ability to work with others				
Ability to act in a calm and professional manner during a difficult/emergency situation				
Cleaning				

Cooking				
General running of a household				

What is your First Language?	
Do you speak any other Languages? (If yes, please specify)	
Do you have a notice period to serve with your current employer? (If yes, please specify)	
Do you have any holidays arranged for the current year? (If yes, please specify dates)	
How far would you be prepared to travel to a client's house?	
What qualities do you possess that you believe will make you a good carer and companion?	
What are your hobbies and interests?	

Education

Secondary Education

School Name and Address	Subjects studied and exam results achieved

Further Education and Training

	<u>Ye</u> <u>s</u>	<u>No</u>	Date Achieved	Level of Award
Have you completed a QCF or NVQ in Health and Social Care?	<input type="checkbox"/>	<input type="checkbox"/>		

Other Further Education and Qualifications

University/ College	Subject	Qualification Achieved

Employment History

We require a full employment history since you left full-time education in order to comply with current regulations. You must account for any gaps in employment and explain your reason for leaving each employment. Please **begin with your most recent employer** and continue on an additional sheet if necessary. By completing this section you agree to Kavod Kare are Services obtaining references and release Kavod Kare Services and all referees from any liability caused by giving or receiving information in relation to your suitability for the position you are applying for.

Name of Employer	
Full Address of Employer	
Name of Line Manager	
Contact Number	
Email	
Dates of Employment	From: _____ To: _____
Job Title	
Brief description of role and responsibilities	
Final Salary	
Reason for Leaving	

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Brief description of role and responsibilities	
Final Salary	
Reason for Leaving	

Employment History Continued

Please provide an explanation for any gaps or breaks in employment in the box below:

From:	To:	Reason:

References

We pride ourselves on the quality and suitability of our Carers for their role. We will contact previous employers for references but in some cases require further character references. **Please provide contact details for two people that are not members of your family.**

<p>Name of Referee:</p> <p>Address:</p> <p>Postcode:</p> <p>Contact Number:</p> <p>Email Address:</p> <p>Relationship to you:</p>	<p>Name of Referee:</p> <p>Address:</p> <p>Postcode:</p> <p>Contact Number:</p> <p>Email Address:</p> <p>Relationship to you:</p>
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Statement of Fitness for Work

The Health and Social Care Act 2008 (Regulated Activities 2010) requires that the worker is "physically and mentally fit for that work".

I declare that I am physically and mentally fit for the role of a Carer as detailed in the Carer Role Profile:

Signed: _____

Date: _____

In accordance with The Health and Social Care Act 2008 (Regulated Activities 2010) Schedule 3, Regulation 21, you are required to declare any information about physical or mental conditions which may affect your ability to carry out your role. Please give a detailed explanation of any such condition below:

DBS DECLARATION

All applications for employment with Kavod Kare Services (Limited) are subject to an Enhanced DBS.

I can confirm that, to the best of my knowledge, the information give above is true and correct. I am aware that my application is subject to an Enhanced DBS check. Should this disclosure reveal any adverse information not previously divulged I fully understand that my application for employment could be rejected.

Print Name:..... Signed:.....

Date:.....

EUROPEAN WORKING TIMES DIRECTIVE

The European union has laid down guidelines for all workers, governing the length of hours worked in a week. You are under no obligation to accept work offered and will not be compelled to work more than 48 hours a week but you may choose to do so.

Please confirm that you have read and understood the above by indicating your preference by deleting the relevant below.

I **DO /DO NOT** WISH TO WORK MORE THAN 48 HOURS A WEEK

Print Name:..... Signed:.....

Date:.....

Thank you for taking the time to complete this form. We appreciate the extensive length and detail of this application form; however, this will help us to deal with your application more efficiently.

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

In implementing the legislation, Kavod Kare services adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Kavod Kare Services.

Please tick to show your agreement to this.

Equal Opportunities Monitoring

This information will not be used during our selection process.

Position applied for:

Sex: Male Female

Surname:

Forenames:

Title:

Marital Status:

Date of Birth:

Nationality:

What is your ethnic group?

White:

British Irish European Other White background

Mixed:

White & Black Caribbean White & Black African White & Asian Other Mixed background

Black or Black British:

Caribbean African Other Black background

Asian or Asian British:

Indian Pakistani Bangladeshi Other Asian background

Chinese or other Ethnic Group:

Chinese Any other

Do you consider yourself to have a disability? Yes No

If yes, please specify disability any requirements that would assist you in applying for or carrying out this role: