CARE ASSISTANT

Return to:

INTER-COUNTY NURSING & CARE SERVICES LTD

PO BOX 5353, MILTON KEYNES MK7 7JZ TELEPHONE: 01908 379148
FAX: 01908 371179

APPLICATION FORM

PERSONAL DETAILS Please complete in black ballpoint and in block capitals

Title: MR / MRS / MISS / MS (delete as applicable)

Surname: ..... Maiden name: .....

Forenames (in full) .....

Home Address: .....

..... Postcode: .....

Home Tel. No: ..... Work Tel. No: .....Mobile Tel. No: .....

Email Address: ..... Work Permit Number: ..... (if Applicable)

Nationality: ..... Expiry Date: .....

Have you recently been resident outside the UK? Yes ..... No .....

National Insurance Number : ...../...../...../.....

Do you hold a current UK driving licence? Yes ..... No .....

Do you have use of a car? Yes ..... No .....

Person to contact in an emergency: ..... Relationship: .....

Address: .....

..... Postcode: .....

Home Tel. No: ..... Work Tel. No: .....Mobile Tel. No: .....

FOR BRANCH OFFICE USE ONLY

Member's Name: ..... Reference Number: .....

Interview Date: ..... Details sent to Head Office: .....

Commencement Date: ..... Termination Date: .....

References:

1. Sent: ..... 2. Sent: .....

Received: ..... Received: .....

WORK RECORD

Please give details of full employment history, starting with the most current.
(Please include any gaps in employment)

Date		Place of Employment	Position Held	If working with children or vulnerable adults, please state reason for leaving
From	To			

TRAINING

Please give details of courses attended with dates plus any other relevant work experience

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Please list details and supply evidence of any qualifications obtained

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Have you ever been a Qualified Nurse? Yes ☐ No ☐

Have you completed an approved Manual Handling Course? Yes ☐ No ☐

If Yes, please give date .....

REFERENCES

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Please give the names of two recent nursing professional referees (not a relative) and state their qualifications. One referee must be your previous employer.

REFERENCE 1

Title: ..... Name: .....

Job Title of Referee: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

May we approach this referee prior to interview Yes ☐ No ☐

REFERENCE 2

Title: ..... Name: .....

Job Title of Referee: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

May we approach this referee prior to interview Yes ☐ No ☐

EQUAL OPPORTUNITIES

EQUAL OPPORTUNITIES – MONITORING INFORMATION

Inter-County Nursing & Care Services Ltd does not unfairly discriminate on the basis of age, race, colour, nationality, sex, disability, gender, marital status, ethnic or national origin, sexual orientation, religion or community background.

In order to ensure that discrimination does not occur, please complete the details below. The information that you provide will be treated in the strictest confidence.

Ethnic origin

The groups listed below, have been recommended by the Commission for Racial Equality. Please indicate your ethnic origin in your own words, or by ticking one of the boxes below:

☐ Bangladeshi ☐ Black-African

☐ Chinese ☐ White

☐ Indian ☐ Black-Caribbean

☐ Pakistani ☐ Other: .....

Disability

Are you disabled within the meaning of the Disability Discrimination Act?

☐ Yes ☐ No

Gender

☐ Male ☐ Female

Marital Status

☐ Married ☐ Single ☐ Other

REHABILITATION OF OFFENDERS ACT 1974

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The position for which you are applying is one which is exempted under the above order. Therefore it is necessary for you to disclose any criminal convictions, even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as "spent".

Have you ever been convicted of any criminal offence? YES/NO

Do you have criminal charges pending? YES/NO

If yes to either of the above, please give details: .....

.....

Disclosure
Under the Care Standards Act (2000), we are required to ensure that an "Enhanced Disclosure" check with the Criminal Records Bureau is carried out on any members whose work assignments may give them access to children and vulnerable adults.

Do you agree that such checks may be made concerning you? YES/NO

N.B. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, if you are appointed, failure to disclose any criminal conviction could lead to termination of your employment or service

Signed: .....

WORKING TIME AGREEMENT

HOURS
This is to confirm that *I am willing / not willing to work in excess of an average of 48 hours per week.
(*please delete as applicable)

I understand that I may change this decision by giving 4 weeks written notice.

Signature: ..... Date: .....

NIGHT WORK
This is to confirm that *I am willing / not willing to undertake night work, the definition of which has been explained to me
(*please delete as applicable)

I understand that I may change this decision by giving 4 weeks written notice.

Signature: ..... Date: .....

DECLARATION

1 I confirm that the information set out in this form is true and correct, is not misleading and that no material information has been ommited. I understand and agree that if I submit any false or misleading information, any offer of registration with the Agency will be withdrawn, or, if already accepted by the agency will result in my dismissal.
2 I hereby authorise Inter-County Nursing & Care Services Ltd to secure all information it may require in connection with my application for registration, subject to any specific direction I have made related to contacting my referees.
3 I confirm that I have read and understand the Conditions of Engagement offered by Inter-County Nursing & Care Services Ltd and agree to be bound by and comply with the same.
4. I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
5 I understand that my application is subject to the receipt of satisfactory references, police clearance and any spot checks (where appropriate)
6 I agree to inform Inter-County Nursing & Care Services Ltd of any changes or additions to the information I have supplied.
7 I accept, in the event of my being engaged with Inter-County Nursing & Care Services Ltd and it subsequently being shown that medical information has not been disclosed by me or has been misleading or false, that I will become liable to discipliary proceedings.
8 I agree to keep confidential all information given to me regarding clients I may be assigned to.
9. **I CONFIRM THAT I HAVE NOT BEEN INVOLVED IN ANY ALLEGATION, SUSPICION OR CONVICTION OF ABUSE TOWARDS VULNERABLE ADULTS AT ANY TIME.**
10 I consent to my personal data being made available to authorised third parties in order to comply with current regulations and for the purposes of auditing.

Signature: ..... Date: .....

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HEALTH QUESTIONNAIRE

1.	Number of days off sick in the last 12 months				Additional information to 'Yes' responses
2.	Any serious illness or operations?	Yes ☐		No ☐	.....
3.	Any history of back problems?	Yes ☐		No ☐	.....
4.	Any allergies?	Yes ☐		No ☐	.....
5.	Any history of diabetes, epilepsy or jaundice?	Yes ☐		No ☐	.....
6.	Any defects of vision or hearing?	Yes ☐		No ☐	.....
7.	Have you receivied vaccination for any of the following				
	a. Polio				
	b. Tetanus				
	c. Diphtheria				
	d. Hep B.				
	e. Tuberculosis B.C.G.				
8.	Please give date of last chest X-ray:				
	Was this clear?	Yes ☐		No ☐	
9.	Have you ever suffered from Stress/Anxiety/Depression?	Yes ☐		No ☐	.....
10.	Do you have any history of Heart Disease/Angina?	Yes ☐		No ☐	.....
11.	Do you have a history of high or low blood pressure?	Yes ☐		No ☐	.....
12.	Do you smoke?	Yes ☐		No ☐	.....