Direct Independent Care Limited

APPLICATION FORM

- **PERSONAL DETAILS** **Position applied for:**……

Full time:.....**Part time:**…….

Surname ……. Maiden Name …….

Forenames ……..

Present Address ……

……

Post Code ……... Telephone No ……

Work No …….. Mobile No ……

Date of Birth ……... Email Address: ……..

Place of Birth ……..

Nationality ……... Male/Female ……..

National Insurance No …….. Marital Status …….

Do you have your own transport? ……. Drivers License Y/N ……..Nearest Train Station …….....

Next of Kin ……... Relationship to you ……

Their Address ……

Post Code ……... Their telephone No ……

- **PREVIOUS EMPLOYERS**

Employer & Address	Job Title	Brief Description	From	To

Employer & Address	**Job Title**	**Brief Description**	**From**	**To**

Please give details of any qualifications, qualities or any other information that is relevant to your application, to work as a carer for Direct Independent Care:

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- **MEDICAL HISTORY**

Please complete Medical questionnaire.

Have you ever had, suffered from or do you currently have any of the following:

	YES	NO		YES	NO
Back problems or back pain	☐	☐	Back Surgery	☐	☐
Stress of depression	☐	☐	Psychosis or Schizophrenia	☐	☐
Respiratory problems	☐	☐	Asthma or emphysema	☐	☐
Bowel Problem	☐	☐	Stroke or Brain haemorrhage	☐	☐
Typhoid or paratyphoid	☐	☐	Heart problems or Angina	☐	☐
Eczema or skin problems	☐	☐	Epilepsy	☐	☐
Degenerative disease	☐	☐	Diabetes	☐	☐

If you have ticked any of the boxes above or if you have any other condition please give us further information in the box below. Please continue on a blank piece of paper if needed.

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

Tell us about your sickness absence from work in the past two years

Reason for Sickness:	Days off work:

- **AVAILABILITY DECLARATION**

I understand that the work with Direct Independent Care Ltd involves what is considered unsociable hours. The requirements of the job mean I will be working a number of evenings, weekends & bank holidays.

Signed: _____

Date: _____

- **TRAVEL**

Do you have a driving licence?	Yes ☐	No ☐
Availability of car for work	Yes ☐	No ☐
Do you have any endorsements	Yes ☐	No ☐

If 'YES' please give details:

- **ABILITY CHECK LIST**

Please tick to indicate your experience:

Personal hygiene

☐ bath / shower / strip wash

☐ bed bath

☐ use of bath aids

☐ shaving

☐ mouth care

☐ dressing / undressing

Toileting

☐ continence care

☐ bedpans / commodes etc

☐ emptying a catheter bag

☐ stoma care

Mobility

☐ lifting & handling

☐ use of hoist

☐ use of walking aids

☐ moving & handling of clients

Practical tasks

☐ light housework

☐ washing personal laundry

☐ shopping

☐ bed making / changing a bed

Administration

☐ report writing

☐ recording instructions from GP / nurse

☐ recording changes in client's condition

Previous experience

☐ private client care

☐ nursing or residential home

☐ hospital

☐ domiciliary

Client group experience

☐ older people

☐ terminal illness

Nutrition

☐ preparing meals

☐ feeding

☐ food handling

☐ physical disabled

☐ supported living

☐ mental health

☐ learning disabilities

Any further information you may wish to provider:

- **WORKING TIMES REGULATIONS DECLARATION**

If you do wish to work more than 48 hours per week, it is necessary to sign below to show that you are available.

I (name) _____ confirm that i want to be able to work more than 48 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.

Signed: _____

Date: _____

- **EQUAL OPPORTUNITIES (OUR COMMITMENT)**

Direct Independent Care is committed to Equal Opportunities ensuring that candidates from all ethnic backgrounds and those with disabilities can compete equally with all other applicants.

ETHNIC ORIGIN:

WHITE:

British ☐

Irish ☐

Any other white background ☐

please specify: ……

BLACK OR BLACK BRITISH:

Caribbean ☐

African ☐

Any other Black background ☐

please specify: ……

MIXED

CHINESE OR OTHER ETHNIC GROUP

White and Black Caribbean ☐ Chinese ☐

White and Black African ☐ Any other ☐

Any other mixed background ☐ *please specify:……*

please specify: ……

ASIAN OR ASIAN BRITISH

Indian ☐

Pakistani ☐

Bangladeshi ☐

Any other Asian background ☐

please specify: ……

- **REHABILITATION OF OFFENDERS ACT 1974**

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of their normal duties. Your answer to the following questions should include any "spent"/"pending" convictions.

Have you ever been convicted of a criminal offence?

YES ☐ **NO** ☐

If you answered yes please attach details including dates:…….
……
……
……
……
……

As part of the application process we contact the **Criminal Record Bureau** as required by law. By signing the declaration below you are giving us permission to do so.

- **DECLARATION**

I am eligible for employment in the UK. I declare that I have answered the above questions honestly and fully and I am not aware of any physical or mental disability which will, or may affect my working capacity. I realise that any false or incomplete statement of my part will render me liable to disciplinary action or dismissal.

SIGNED:……. DATE:……..

- **REFERENCE**

Must be Head/Deputy of department, Sister or Manager of your most recent employment.	
Name:…….	Name:……
Address:…….	Address:……
…….	……
…….	……
…….	……
Tel No.:……...	Tel No.:…….
Fax No.:……..	Fax No.:……
For office use only:	
Date sent…….....	*Date sent*……..
Date Received……	*Date Received*……..

- **YOUR BANK DETAILS**

Bank name:	Bank address:
Account no:	Sort code:

PLEASE RETURN THIS FORM TO:

Direct Independent Care Ltd
26 Green Street
Sunbury –on – Thames,
Surrey,
TW16 6RN