

**APPLICATION FORM****Libertycare (Home Care Service) Ltd**

Langton House, Lindum Business Park, Station Rd.
North Hykeham, Lincoln LN6 3FE
(Tel: 01522 500 070 Fax: 01522 500 088)

SECTION 1 — PERSONAL DETAILS

Title:-	Surname:-		
Forenames (in full):-			
Previous surnames (if any):-			
Address:-			
			Date moved to current address:-
			Telephone No:-
Postcode:-		National Insurance No:-	

In the event of your application being successful, the information given above will be used by us to initiate an Enhanced Disclosure Check with the CRB on your behalf. See Section 6 overleaf for further details.

Do you hold a FULL UK or EU driving licence? YES/NO Do you have a car available? YES/NO

SECTION 2 — EMPLOYMENT DETAILS (please account for any gaps in employment and continue on a separate sheet if necessary)

From	To	Organisation (name & address)	Position held and nature of work

SECTION 3 — REFERENCES

*Please give the names of 2 people (one MUST be your present or most recent employer) who we may approach **after interview** for a professional reference. These referees should not be friends or relatives, partners or family members.*

1ST REFERENCE	Name:-	Position:-	
Address:-			
Postcode:-		Telephone No:-	Known for _____ yrs
2ND REFERENCE	Name:-	Position:-	
Address:-			
Postcode:-		Telephone No:-	Known for _____ yrs

SECTION 4 — PREFERENCE REGARDING WORKPlease indicate your preferred work patterns: Full Time Part Time**SECTION 5 — EDUCATION DETAILS (continue on a separate sheet if necessary)**

From	To	School or Establishment	Exams passed/Qualifications gained

SECTION 6 — REHABILITATION OF OFFENDERS ACT 1974

Section 4.2 of the Rehabilitation of Offenders Act 1974 refers to “spent” convictions and generally gives protection from declaration on job application forms.

However, by virtue of the Rehabilitation of Offenders (Exemptions)(Amendments) Order 1986 those provisions do not apply to any employment which is connected with the provision of health care services and which is of a kind that would give the holder access to persons in receipt of such services.

Your answers to question 1 below should therefore include any “spent” convictions. Answering “yes” will not automatically disqualify you from employment, but you should be aware that it is an offence to provide false or inaccurate information in order to gain employment.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Have you ever been convicted of a criminal offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are you currently under investigation in relation to any criminal offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are you currently awaiting trial for any criminal offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes, please give details on a separate sheet.

Successful applicants for employment in the care industry are required to apply for an “Enhanced Disclosure” from the Criminal Records Bureau, and are not allowed to commence employment until such a Disclosure has been issued by the CRB. Libertycare (Home Care Service) Ltd uses an approved umbrella body to process applications on its behalf. Further information about the Disclosure Scheme can be found at www.disclosure.gov.uk

SECTION 7 — DECLARATION

The information which I have given in this application form is, to the best of my knowledge and belief, complete and accurate in all respects. I understand that if I have knowingly given false information I will be disqualified from employment with Libertycare (Home Care Service) Ltd.

Signed:-

Dated:-

Data Protection & Confidentiality.

Libertycare (Home Care Service) Ltd is a registered data controller for the purposes of the Data Protection Act 1998 and therefore complies with, and expects its staff to comply with, the requirements for confidentiality. As a domiciliary care service regulated by the Commission for Social Care Inspection (CSCI) our service is regularly monitored, which includes the inspection of files including staff records. By signing this application form you agree to any personal information held for you being made available to those bodies with a duty to undertake such monitoring.

Equal Opportunities Policy

Libertycare (Home Care Service) Ltd is an equal opportunities employer



Libertycare (Home Care Service) Ltd

HEALTH QUESTIONNAIRE

Registered Office
The Website, School Lane, Broadholme, Lincoln LN1 2LZ

NAME

DATE OF BIRTH

PLEASE ANSWER ALL THE QUESTIONS	YES	NO	ADDITIONAL INFORMATION TO "YES" RESPONSE
Have you ever suffered from any of the following:- Tuberculosis, Asthma, Bronchitis, German Measles, Typhoid, Dysentery, Poliomyelitis, Rheumatic Fever, Jaundice, Hepatitis, Chickenpox?			
Chest pain, heart condition, or raised blood pressure?			
Epilepsy, fits, attacks of giddiness, migraine?			
Depression, mental illness, nervous breakdown?			
Diabetes, thyroid or other gland trouble?			
Dermatitis, skin allergies, psoriasis or eczema?			
Back injury, back problems or back pain?			
Gastric problems, ulcers, irritable bowel syndrome?			
Varicose veins, circulatory problems?			
Poor eyesight, do you wear glasses/contact lenses?			
Hearing problems, ear infections?			
Have you any reason to believe you may be infected by any communicable disease?			
Have you ever had salmonella or food poisoning?			
Have you ever suffered from, or come into contact with, Hepatitis B?			
Have you recently been resident outside the UK?			
Are you currently receiving any treatment or medication?			
Have you ever had any major operations or illnesses?			
Approximately how many days sickness have you had in the last 12 months			
Are you, or have you been, in receipt of a disability pension?			
Are you registered under the Disabled Persons Act?			
Have you ever been deemed medically unfit for any reason?			
Do you smoke?			
How many units of alcohol do you drink per week 1 unit = 1/2 pint beer/1 glass wine/1 small whisky	Number of units		
What is your height and weight?	Height	Weight	

Continued overleaf

Have you ever been vaccinated, immunised or tested for/against any of the following?

TYPE OF IMMUNISATION	YES	NO	DATE AND RESULTS
Tetanus			
Diphtheria Schick Test			
Rubella (German Measles)			
Poliomyelitis			
Hepatitis B			
Antibodies Date of Result			
Tuberculosis BCG			
Chest x-ray			

GP DETAILS AND AUTHORITY TO CONSULT

NOTE: You are not required to complete this declaration at the application stage. We may ask you to complete this section if we have any concerns after interview.

I, give my permission for Libertycare (Home Care Service) Ltd to contact my GP for clarification or further information on the status of my health if required.

Name of GP

Address

Telephone

DECLARATION

The information which I have given in this application form is, to the best of my knowledge and belief, complete and accurate in all respects. I understand that if I have knowingly given false information I will be disqualified from employment with Libertycare (Home Care Service) Ltd.

Signed:-

Dated:-

FOR OFFICE USE ONLY

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EQUAL OPPORTUNITIES POLICY

Libertycare (Home Care Service) Ltd is an equal opportunities employer and is committed to pursuing equality of opportunity within the principle of appointment based on merit and also operates a total non-discrimination policy. Monitoring recruitment and selection procedures is one way of helping to ensure that there is no discrimination in the way people are appointed. You are requested to provide the information on this page for monitoring purposes only and for no other reason.

The information on this form is confidential and does not form part of your application. This page will be detached from your application upon receipt and will not be taken into account when making an appointment.

1. Name:- _____

2. Post applied for:- _____

3. Gender (delete as applicable):- Male/Female

4. Race or ethnic origin (Please indicate your ethnic origin in your own words in the space below or tick the box which most accurately describes you):-

White

Chinese

Indian

Pakistani

Bangladeshi

Black — Caribbean

Black — African

Black — Other

please describe _____

Other

please specify _____

5. Disability. Disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Are you a disabled person? Yes/No