

NEW GENERATION CARE LTD EMPLOYMENT APPLICATION FORM

Location

Position Applied For	
Your Full Name	
Prefer to be known as	
Marital Status	
Date Of Birth	
National Insurance Number	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this application kept on file for future vacancies) the application forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the home to protect, and keep secure, all personal data collected. All personal data is processed for the purpose of recruitment, and in the case of successful applicants, for the satisfactory administration of their employment at the home, and for no other purpose.

CONTACT DETAILS

Address	No	Street	Town / City	County	Post Code
Telephone	Home		Mobile		Other
e-mail	@				
May we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate				

FORMAL EDUCATION AND QUALIFICATIONS

Schools Attended	Dates From / To	Qualifications attained including grades
Colleges / Universities attended	Dates From / To	Subjects Taken and Qualifications attained

Other Training/Membership of Professional Bodies/Apprenticeships/Special Courses Etc. Include dates:

DISABILITY

We are an equal Opportunities Employer. If you have a disability it would help if you would state what type of Adjustments to working arrangements (including arrangements for an interview, if selected) would assist you in overcoming any difficulty that your disability might otherwise cause at work.

Do you have a Disability? **Yes** **No** Please as appropriate

If yes, what adjustments, if any, would be necessary?

EMPLOYMENT HISTORY

It is Important that any gaps in your employment history are explained, with supporting evidence if possible.

Name & Address of Employer & Contact Name	Dates to - From	Position Held & brief description of Duties / Responsibilities	Reason for Leaving	Salary at leaving

Notice Period required in current post:

OTHER INFORMATION

DRIVING

Do you Drive? **Yes** **No** Please as appropriate.

If Yes, what type of Licence do you hold? Full Provisional Please as appropriate

State what Country your licence was granted:

HOBBIES

Please list any hobbies / interests / pastimes etc including any positions of responsibility you may have.

LANGUAGE SKILLS

Which Languages do you speak and / or write

	Speak	Write		Speak	Write
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTENDANCE & RELIABILITY

Please give details of your Lateness and Absence Record over the past 12 months.

REFERENCES

Please give the names addresses, telephone numbers and relationship you have with two people who we will be able to acquire written references from. One reference must relate from your last employer.

1.
Name:
Address:

Telephone No:

Relationship:

Type of Reference: Work / Character (circle)

May we contact this person prior to interview
Yes **No**

2.
Name:
Address:

Telephone No:

Relationship:

Type of Reference: Work / Character (circle)

May we contact this person prior to interview
Yes **No**

ADDITIONAL INFORMATION

Give details of any supporting information which you would like to include in support of your application. Such information, for example, may include skills, achievements or details of unpaid/charitable work which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Attach additional material if you wish or continue on a separate sheet.

REHABILITATION OF OFFENDERS ACT 1974

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) Any employment or other work which is concerned with the provision of Health Services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) Any employment or other work which is concerned with the provision of Care Services to Vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of health services in the course of his normal duties

One or both of the above apply to work at the home, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "Spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment will be rejected.*

Records will be checked via the Criminal Records Bureau procedures.

I have No Convictions **I have Convictions** Please as appropriate

(To protect the confidentiality of this information, **please detail convictions on a separate sheet of paper, with your name clearly visible, and headed "Private & Confidential – Criminal Convictions"**. Place it in a sealed envelope and attach this to your completed Application Form).

CRIMINAL RECORDS – DISCLOSURE CERTIFICATE

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (Standard or Enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "Spent", as well as details of cautions, reprimands or Final Warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

ASYLUM AND IMMIGRATION ACT 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed.

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened. Applicants will be asked to furnish one original document from a list which will be supplied.

Are you eligible to work in the UK? **Yes** **No** Please as appropriate.

PERSONAL DECLARATION

I declare that to the best of my knowledge the above information, and that, that is submitted in any accompanying documents, is correct, and

- I give my permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of personal data contained in this form for employment purposes.
- I understand that any false or misleading information could result in my dismissal.

Signed: _____

Date: _____

FOR OFFICE USE ONLY

INFORMATION		SIGNATURE
Date Application was Received in the Home		
Date Application Acknowledged		
Initial Decision		
Date Applicant Informed		
Date (s) of Interview		

DECISION

UNSUCCESSFUL	Skills	Knowledge	Experience	Physical	References	CRB	Other
SUCCESSFUL	Notes						

Strictly Confidential

NEW GENERATION CARE LTD PRE-EMPLOYMENT FITNESS ASSESSMENT QUESTIONNAIRE

The purpose of the questionnaire is to satisfy the obligation we share with you, which is to ensure that the work you are applying for will not be detrimental to your health and that you in turn, are not likely to be a health risk to service users and colleagues. This obligation is further defined in the Care Homes Regulations 2001 Section 19 (5) (c)

The questionnaire seeks certain personal sensitive data regarding your physical/mental health. This information will not be used in order to select individuals for employment, but may be used in order to verify the safety of proceeding with either an application or a job offer.

You are therefore requested to complete this form, and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act 1998.

Thank you for your co-operation.

YOUR NAME	TITLE	INITIALS	FIRST NAME	LAST NAME	POSITION APPLIED FOR

PREVIOUS EMPLOYMENT (UP TO LAST THREE JOBS)		
JOB TITLE	NAME OF EMPLOYER	LENGTH OF SERVICE (YEARS/MONTHS)

Have you worked in countries other than those in Europe, North America or Australasia? If yes, please state where and when.	YES	NO

GENERAL HEALTH	*Delete as appropriate	If YES, please give details:
Have you ever registered as disabled?	YES/NO*	
Have you ever claimed industrial injury/disease compensation or benefits?	YES/NO*	
Have you ever left or had to modify a job due to illness or injury?	YES/NO*	
How much time have you taken as absence from work or school in the last 2 years due to illness or injury?	YES/NO*	

Infectious Diseases. Do you have, or have you ever had any of the following?	*Delete as appropriate	If YES, please give details:
Chicken Pox	YES/NO*	
Tuberculosis (TB)	YES/NO*	
Hepatitis B or C	YES/NO*	
Human Immunodeficiency Virus (HIV)	YES/NO*	
N.B. Healthcare Workers who are infected with HIV must remain under regular medical and occupational health supervision (Ref: Dept of Health 1994).		

Immunisations. Have you had any of the following immunisations?	*Delete as appropriate	If YES, please give details:
TB (BCG)	YES/NO*	
TB Skin test (Heaf/Mantoux)	YES/NO*	
Rubella (German Measles)	YES/NO*	
Rubella blood test	YES/NO*	Result:
Tetanus	YES/NO*	
Polio	YES/NO*	
Hepatitis B Dates of vaccination: Primary Course – Dose 1 Dose 2 Dose 3 Boosters-	YES/NO*	
Date and result of last Hepatitis immune level blood test:		

N.B. Applicants for jobs involving Exposure Prone Procedures must supply satisfactory evidence of immunity or freedom from infection with respect to Hepatitis B. This may be in the form of a copy of a laboratory blood test result, or letter from your doctor (GP or previous Occupational Health Service), confirming immunity or freedom from infection. **FAILURE TO DO SO WILL CAUSE DELAYS.**

Medical conditions. Have you had/do you have any of the following? If so, please give full details including any ongoing effects on your day-to-day activities. Please continue on a separate sheet if necessary.

CONDITION	*Delete as appropriate	If YES, please give details:
Epilepsy, fainting attacks, frequent or severe migraine headaches.	YES/NO*	
Chest problems including asthma, bronchitis, emphysema, pleurisy, a persistent cough or breathlessness.	YES/NO*	
Heart or circulation problems e.g. raised blood pressure, angina, stroke, chest pain.	YES/NO*	
Eye disease or severe vision defects	YES/NO*	
Defective colour vision	YES/NO*	
Ear conditions e.g. recurring discharge or hearing loss.	YES/NO*	
Mental health conditions e.g. schizophrenia, depression, anxiety states, phobias, eating disorders or self-harm (including overdoses).	YES/NO*	
Addiction to alcohol or any other substance.	YES/NO*	
Neck, back or other joint problems including arthritis, slipped disc, sciatica or recurrent backache.	YES/NO*	
Skin conditions e.g. eczema, psoriasis, and dermatitis.	YES/NO*	
Gastro-intestinal conditions, including ulcers, irritable bowel syndrome, typhoid or persistent diarrhoea.	YES/NO*	
Diabetes, thyroid disease or any other glandular condition.	YES/NO*	
Liver/kidney or bladder disease.	YES/NO*	
Hernia or rupture.	YES/NO*	
Operations (other than minor operations)	YES/NO*	
Allergies to any substances.	YES/NO*	
Any other medical condition or disability, which you feel, may require adjustment to your work or working environment.	YES/NO*	
Are you taking any regular medications? (please list)	YES/NO*	
What is your height?		
What is your weight?		
Do you smoke?	YES/NO*	If yes give details of amount of cigarettes per day or oz of tobacco per week
Average alcohol consumption per week in units (1 unit = 1/2 pint beer/lager or 1 glass of wine or 1 measure of spirits)	YES/NO*	
Please give your GP name, address and telephone number:		

Declaration

1. I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct. I understand that any false or misleading information given on this form may result in my dismissal.
2. I consent to a medical interview, examination and assessment if considered necessary.

Signed:

Date: