



# Healthcare Assist

69 Grange Avenue Luton LU4 9AS Tel: 01582 580 242

Fax: 01582 490 799

e-mail: [admin@healthcareassist.co.uk](mailto:admin@healthcareassist.co.uk)

[www.healthcareassist.co.uk](http://www.healthcareassist.co.uk)

## Application for Employment

HealthCare Assist works towards equality of opportunity. We recruit solely on merit and suitability. Applicants are welcome from people with the relevant skills and potential to do the work. Please complete the form below.

### PERSONAL DETAILS:

Position you are applying for:

Surname

Home Address

How did you hear about this employment opportunity?

Forenames

Title (Mr/Mrs/ etc)

Postal Address (If different)

Date of Birth

National Insurance Number

e-mail

Contact phone number

Mobile phone number

Evening Contact number

Do you have permission to work in the UK? Yes  No

Nationality

Do you hold a current driving License? Yes  No  Endorsements? If yes please state

### FOR REGISTERED NURSES ONLY

NMC PIN Number:

Expiry Date:

Current Grade:

Part of NMC Register:

Union Membership

### DETAILS OF NEXT-OF-KIN

Surname

Forenames

Title (Mr/Mrs etc)

Relationship

Home Address

Can they be contacted anytime?

Home contact number

Contact mobile number

### General health and medical condition

	Yes	No
Have you had any operations in the last 6 months?	<input type="radio"/>	<input type="radio"/>
Have you suffered from back pain, which has caused any disability?	<input type="radio"/>	<input type="radio"/>
Have you had any serious illness?	<input type="radio"/>	<input type="radio"/>
Have you had any serious injuries?	<input type="radio"/>	<input type="radio"/>
Are you taking any medication?	<input type="radio"/>	<input type="radio"/>
Do you have any physical defects or disabilities?	<input type="radio"/>	<input type="radio"/>
Are you a smoker?	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

If you've answered yes to any of the above, please specify below:

How many days sick-leave you had in the last 12 months?

### Which of the following training have you undertaken?

	Yes	No
Moving & Handling	<input type="radio"/>	<input type="radio"/>
Food Hygiene Awareness	<input type="radio"/>	<input type="radio"/>
First Aid with CPR	<input type="radio"/>	<input type="radio"/>
Safeguarding Vulnerable Adults (SOVA)	<input type="radio"/>	<input type="radio"/>
Skills for Care Common Induction	<input type="radio"/>	<input type="radio"/>
Epilepsy Awareness	<input type="radio"/>	<input type="radio"/>
Breakaway Techniques	<input type="radio"/>	<input type="radio"/>
Medication Awareness	<input type="radio"/>	<input type="radio"/>
Fire Safety Awareness	<input type="radio"/>	<input type="radio"/>
Administer Medication Level 2	<input type="radio"/>	<input type="radio"/>

### Rehabilitation of Offenders Act 1974

Please note – by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Orders 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" convictions

	Yes	No
Have you ever been convicted of a criminal offence?	<input type="radio"/>	<input type="radio"/>
Have you been subject to any Disciplinary action in the last three years?	<input type="radio"/>	<input type="radio"/>
Have you any impending actions of any kind that you have not mentioned at this interview?	<input type="radio"/>	<input type="radio"/>

Do you have an Enhanced CRB disclosure from the U.K.? (Criminal Records Bureau).

If not, this will be applied for through Health care Assist. Police checks from other countries are no longer valid in the U.K.

## Employment history

Please provide at least three years experience, starting with the most recent, attaching additional pages if necessary. Please include details of voluntary, unpaid work and any periods of unemployment as may apply.

Current/Last Employer	Employer location	Job title/position	Period of Employment

Type of business	reason for leaving	final salary

Duties and responsibilities

Previous Employer	Employer location	Job title/position	Period of Employment

Type of business	reason for leaving	final salary

Duties and responsibilities

Previous Employer	Employer location	Job title/position	Period of Employment

Type of business	reason for leaving	final salary

Duties and responsibilities

Responsibilities held outside work/position e.g. local club or society

--

**Qualifications**

Starting with the most recent. Educational or professional

NB: Please do not worry if no academic qualification available, training will be given, just fill in N/A or None

Subject and Level	Awarding body	Grade achieved	Year of qualification

**Work based training courses and other skills acquired. E.g. NVQ Apprenticeship or Health care courses etc**

Subject and Level	Awarding body	Grade achieved	Year of qualification

**Membership of professional bodies**

Organisation	Type/level of membership	Year attained

## References

Please provide details of at least two references one of which must be your previous employer. Personal references should be someone who has known you for a minimum of two years but not a relative, bank manager or Doctor. Students or college leavers, please supply the name of your lecturer or Head of department. References will only be sought if the offer of employment has been accepted.

(1) Name

Occupation

Address

Contact number

Fax

E-mail

(2) Name

Occupation

Address

Contact number

fax

e-mail

## Equality and Opportunities monitoring Questionnaires

Our company believes in employing the very best people, whose skills most closely match requirements for the work we do. We are strongly committed to no discrimination or less favorable treatment of employees in respect of race, color, ethnic origin, sex, marital status, age, and disability, religious or political beliefs,

In order to help us achieve the effectiveness of Equal opportunities policy and procedure, you are required to tick the appropriate boxes below. Where you have ticked (other) please specify in detail.

The information below will not be used to form any part of selection process.

Please give details of any factors affecting you which should be taken into account when allocating work, or in planning your hours of work.

## Ethnicity

Healthcare assist is committed to building a workforce which broadly reflects the diversity of the community and we encourage applications from people of different ethnic backgrounds. We are committed to ensuring that there will be no discrimination against any employee, worker or job applicant, either directly or indirectly on grounds of ethnicity, in access to employment, training, working conditions, treatment at work, promotion or dismissal.

- |   |   |  |
|---|---|--|
| <input type="radio"/> White British                   | <input type="radio"/> White Irish                   | <input type="radio"/> Other White background |
| <input type="radio"/> Mixed White and Black Caribbean | <input type="radio"/> Mixed White and Black African | <input type="radio"/> Mixed White and Asian  |
| <input type="radio"/> Other Mixed background          | <input type="radio"/> Mixed Ethnicity               | <input type="radio"/> Asian Indian           |
| <input type="radio"/> Asian Pakistani                 | <input type="radio"/> Asian Bangladeshi             | <input type="radio"/> Other Asian background |
| <input type="radio"/> Black Caribbean                 | <input type="radio"/> Black African                 | <input type="radio"/> Other Black background |
| <input type="radio"/> Chinese                         | <input type="radio"/> Other Ethnic group            |  |

Do you suffer any disability?                      Yes     No

If yes, please specify details of disability

**Declaration**

I declare that the information that I have given on this questionnaire is true, complete and accurate to the best of my knowledge.

Name

Signature

**Working Time Regulations 1998 – Opt-Out Clause**

You agree with the company that the limit on your working time of not more than an average of 48hours per week over a 17 week period imposed by Regulation 4 of the Working Time Regulations 1998, shall not apply during your employment, subject to your right to terminate the agreement provided for in this paragraph on three months written notice given at any time.

Signature

Date