

# Avidor Healthcare Ltd Job Application Form

## SECTION 1: PERSONAL DETAILS

|               |                               |                                 |  |
|---------------|-------------------------------|---------------------------------|--|
| First Name(s) |                               |                                 |  |
| Surname       |                               |                                 |  |
| Date of Birth |                               |                                 |  |
| Gender        | <input type="checkbox"/> Male | <input type="checkbox"/> Female |  |
| NI Number     |                               |                                 |  |

## CONTACT DETAILS

|                         |  |          |  |
|-------------------------|--|----------|--|
| Mobile Number*          |  | Landline |  |
| Other Contact Number(s) |  |          |  |
| Email*                  |  |          |  |
| Position Applied for*   |  |          |  |

## Physical Address

|                |  |  |
|----------------|--|--|
| Address Line 1 |  |  |
| Address Line 2 |  |  |
| City/Town      |  |  |
| County         |  |  |
| Post Code      |  |  |

## Next of Kin

|                |                     |
|----------------|---------------------|
| <b>Name</b>    | <b>Relationship</b> |
| <b>Phone</b>   | <b>Email</b>        |
| <b>Address</b> |                     |
|                |                     |

**How did you hear about this job?**

|                        |                          |                     |                          |                        |                          |
|------------------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|
| Google                 | <input type="checkbox"/> | Other search engine | <input type="checkbox"/> | Company website        | <input type="checkbox"/> |
| www.recruit-zone.com   | <input type="checkbox"/> | www.indeed.co.uk    | <input type="checkbox"/> | Other website          | <input type="checkbox"/> |
| Leaflet                | <input type="checkbox"/> | Newspaper advert    | <input type="checkbox"/> | Jobcentre              | <input type="checkbox"/> |
| Refer a Friend         | <input type="checkbox"/> | Word of mouth       | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
| Other (Please specify) |                          |                     |                          |                        |                          |

**SECTION 2: YOUR AVAILABILITY**

It is really important to us that we know when you are available for work so, please do your best to ensure that the information you provide in this section is correct.

|  |                   |                          |    |                          |  |
|--|-------------------|--------------------------|----|--------------------------|--|
| <b>What is the earliest date you could start work with us?</b> | ...../...../..... |                          |    |                          |  |
| <b>Do you have the use of your own vehicle for work?</b>       | Yes               | <input type="checkbox"/> | No | <input type="checkbox"/> |  |

**SECTION 3: YOUR SKILLS & QUALIFICATIONS**

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| <b>Healthcare Professional Qualifications</b>   |     |                          |    |                          |
| <b>Do you have an NVQ/QCF level 2 (or above) in Health &amp; Social Care?</b>   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>Have you completed the Care Certificate (England only)?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <i>If you answered 'yes' to either of the above, you need to provide a certificate or other evidence of completion.</i>                 |     |                          |    |                          |
| <b>Please tell us about any other relevant formal qualifications you have achieved (including any Maths or English qualifications):</b> |     |                          |    |                          |
| .....   |     |                          |    |                          |
| .....   |     |                          |    |                          |
| .....   |     |                          |    |                          |
| .....   |     |                          |    |                          |

**Relevant Skills and Experience**

Have you completed any training, and hold a certificate for any of the following subjects? (If you do not have a certificate to validate your training, please do not tick yes).

| <b>Course</b>   | <b>Tick Box</b>          | <b>Training Provider</b> | <b>Date Trained</b> |
|---|--------------------------|--------------------------|---------------------|
| Food Hygiene/Food Safety.                             | <input type="checkbox"/> |                          |                     |
| Manual Handling or/and Moving and Handling of People. | <input type="checkbox"/> |                          |                     |
| Safeguarding Vulnerable Adults.                       | <input type="checkbox"/> |                          |                     |
| Safeguarding Children                                 | <input type="checkbox"/> |                          |                     |
| Infection Prevention and Control                      | <input type="checkbox"/> |                          |                     |
| Emergency First Aid at Work                           | <input type="checkbox"/> |                          |                     |
| Health and safety awareness                           | <input type="checkbox"/> |                          |                     |
| Fire safety   | <input type="checkbox"/> |                          |                     |
| Equality Diversity & Human rights                     | <input type="checkbox"/> |                          |                     |
| Learning disability                                   | <input type="checkbox"/> |                          |                     |
| Autism awareness                                      | <input type="checkbox"/> |                          |                     |

## SECTION 4: YOUR WORK HISTORY

We are required by law to make sure we know about the work you have done in the past, as well as the periods you may have spent out of employment. Therefore, please list your **full** employment history here, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please **start with your current or most recent employment and work backwards.**

| From (month and year) | To (month and year) | Employer and location (or educational establishment) | Your job role (or, if studying, your course) |
|-----------------------|---------------------|--|--|
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |
|                       |                     |  |  |

## SECTION 5: YOUR REFERENCES

Please provide the details of **four** people that we can write to for a reference. The first of these people **must** be your current or most recent employer. The other referees will ideally also be your most recent previous employers.

If you cannot provide the details of four previous employers, you may substitute one or more of these with a referee who was a former tutor or teacher when you were in formal education.

If you cannot provide details of a teacher or tutor, we may accept a personal reference from a person of professional standing (e.g. a doctor, lawyer, accountant, recognised religious leader or teacher) who knows you, either professionally or personally.

### 1<sup>st</sup> Reference

|                                     |      |                 |      |
|-------------------------------------|------|-----------------|------|
| <b>Referee's name</b>               |      | <b>Position</b> |      |
| <b>Name of organisation</b>         |      |                 |      |
| <b>Address and post code</b>        |      |                 |      |
| <b>Phone</b>                        |      | <b>Email</b>    |      |
| <b>Dates of employment or study</b> |      | to              |      |
| month                               | year | month           | year |

### 2<sup>nd</sup> Reference

|                                     |      |                 |      |
|-------------------------------------|------|-----------------|------|
| <b>Referee's name</b>               |      | <b>Position</b> |      |
| <b>Name of organisation</b>         |      |                 |      |
| <b>Address and post code</b>        |      |                 |      |
| <b>Phone</b>                        |      | <b>Email</b>    |      |
| <b>Dates of employment or study</b> |      | to              |      |
| month                               | year | month           | year |

## SECTION 6: CRIMINAL RECORD

Healthcare workers work with vulnerable people, and we take our responsibility to protect them very seriously. Your appointment will depend on the satisfactory completion of a criminal records disclosure (see policy statement below), but at this stage, we need you to answer the following questions truthfully and honestly:

**Have you received any convictions, cautions, reprimands, or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 210 1198)?**

Yes  No

**To your knowledge, are you currently the subject of any criminal proceedings (for example, charged or summoned but not yet dealt with) or any police investigation?**

Yes  No

If you answered 'yes' to either of the two previous questions, **please provide details:**

.....

|   |
|---|
|   |
|   |
| <b>Do you consent to our applying for an enhanced criminal records disclosure on you and to our retaining a copy of your disclosure certificate during the period of your employment or until a new disclosure is completed (whichever occurs first)?</b> |
| Yes <input type="checkbox"/>  |

**Note that** if, once a criminal records disclosure has been completed, it is discovered that you have failed to accurately disclose the information requested above, the company reserves the right to terminate your employment without notice. Please be aware, however, that your having a criminal record will **not** necessarily mean we cannot employ you – if you would like to know more about our policy on the recruitment of ex-offenders, please ask.

### **Criminal records disclosures – our policy**

As an organisation assessing applicants' suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal record checks processed through the Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all applicants for positions fairly. We will not discriminate unfairly against any subject of a criminal record check on the basis of a conviction or other information revealed.

We can only ask an individual to provide details of convictions and cautions that we are legally entitled to know about.

Where a DBS certificate at either standard or enhanced level can legally be requested (where the position is one that is included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended) and where appropriate Police Act Regulations (as amended), we can only ask an individual about convictions and cautions that are not protected.

## **SECTION 7: SUITABILITY FOR THE JOB**

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Please read the care worker job description and answer the following questions.   |                          |                          |                          |
| <b>Have you read and understood the care worker job description?</b>  | Yes                      | <input type="checkbox"/> |                          |
| <p>The position for which you are applying requires physical effort (including sitting, standing, carrying, walking, moving, and handling people), mental effort (including dealing with emergencies and short-notice changes to work in a fast-paced environment) and possible emotional/psychological effort (including dealing with bereavement and challenging behaviour in a potentially stressful environment)</p> <p><b>Do you have any health conditions that would prevent you from meeting these intrinsic requirements for which the company might need to make reasonable adjustments?</b> (If yes, please be aware that we may need to discuss these with you at your interview)</p> |                          |                          |                          |
| Yes   | <input type="checkbox"/> | No                       | <input type="checkbox"/> |
| <b>If you answered 'yes', please provide brief details:</b>   |                          |                          |                          |
|   |                          |                          |                          |
|   |                          |                          |                          |
|   |                          |                          |                          |
|   |                          |                          |                          |
|   |                          |                          |                          |

## SECTION 8: DECLARATIONS

Please read the following statements carefully. If there is anything you do not understand, **please ask before you sign at the bottom of the page.**

I, the job applicant named on the front of this form, confirm that the information I have given in this application is accurate and true to the best of my knowledge. I also understand and agree that:

- The company may make checks to verify the information I have provided.
- Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal.
- The personal information I have provided in this form (and any other personal information that I or my referees may provide) is confidential and will be handled in line with the Data Protection Act 1998.
- The company will use the personal information I have provided to decide if I am suitable for the job, I have applied for.
- Until I am employed, the company will not use my personal information for any purpose other than monitoring its own recruitment processes and that if the company does use my personal information for statistical analysis, it will be anonymised.
- If my application is unsuccessful, the company will keep only basic information about me and destroy the rest.
- If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, which I will sign before I start work, will include further detail on how my information may be used).
- The company may process my personal information for the purposes described above or as otherwise permitted or required by law in line with its registration with the Information Commissioner.
- Any offer of employment will depend on the receipt of satisfactory employment references and the satisfactory completion of a criminal records disclosure (see part six above).
- I will be liable for the cost of my initial criminal records disclosure but that the company will bear the cost of any future disclosures that need to be made.
- I will be required to complete a pre-employment induction training programme prior to my starting work with the company.
- My attendance on the induction training programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment and that the time I spend on the induction programme will therefore not count as working time for the purposes of calculating the company's compliance with National Minimum Wage regulations.
- I will be liable for the cost of my induction training (£85) and any uniform given to me (£15) if I leave the company's employment within six months and that this sum may be deducted from my wages.

**Signed**

**Dated**

...../...../.....

## This page is for office use only

Application form  
assessed by:

Positions:

Based on the completed application form, is the applicant suitable to progress to a selection interview?

Yes

No

If 'no', please explain why:

.....

.....

.....

.....

.....

Additional Notes