

HARTY HOMECARE SERVICES LTD

CANDIDATE NAME:

POSITION BEING APPLIED FOR:

**APPLICATION & REGISTRATION DOCUMENT CHECKLIST**

Please ensure you provide the following documents for completion of your registration and application with Harty Homecare Services

Passport/Birth Certificate/Driver’s Licence \*

Proof of Address (e.g. rent receipt, utility bill)

Original certificates/diplomas/NVQ Qualification

Certificates of training received in Domiciliary Care

2 passport photographs

Bank/Building Society details

CRB Enhanced Disclosure check

National Insurance card/P45/P60

Current Curriculum Vitae (CV)

\* Only one of these items will be required for the purpose of identification.

Please also bear in mind the following when completing your application form and submitting the

items required:

* Passport Photos

Please ensure that you write your name at the back of your passport photos.

* Employment History

Your employment history must be continuous, starting with your current or most recent

employers; this must date back to the last five years. Any gaps in your employment history

must be explained; you can note the explanation in the ‘Duties and Responsibilities Section.

If you need to continue your employment history on a separate sheet, please request an

Employment History Continuation Sheet

* References

You must provide two Professional Referees from your current or most recent employers.

These Referees must have worked with you in a senior capacity and they should also be

able to attach their company stamp or logo on the reference letter as well as be able to be

contacted in order to verify that they completed the reference letter

**PERSONAL DETAILS**

PLEASE COMPLETE IN BLOCK CAPITALS ONLY

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| --- | --- | --- | --- | --- | --- | --- |
| SURNAME: | | TITLE: | | | FORENAME: | |
| PREFFERED NAME: | | | | | | |
| OTHER NAMES BY WHICH YOU ARE KNOWN: | | | | | | |
| ADDRESS: | | | | | | POSTCODE: |
| TELEPHONE (HOME): | | | | MOBILE: | | |
| EMAIL ADDRESS: | | | | DATE OF BIRTH: | | |
| NATIONALITY: | | | | NATIONAL INSURANCE NUMBER: | | |
| ARE YOU ELIGIBLE TO WORK IN THE UK: YES NO | | | | | | |
| IF YES, STATE VISA STATUS: | | | DATE OF ENTRY INTO THE UK: | | | |
| **NEXT OF KIN DETAILS** | | | | | | |
| NAME: | | | RELATIONSHIP: | | | |
| ADDRESS: | MOBILE: | | | | | |
| CONTACT #: | | | | | |

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| **OTHER LANGUAGE(S) SPOKEN:** | |
| **POSITION BEING APPLIED FOR:** | |
| **AVAILABILITY: Full Time Part Time** | |
| Mon. From To | Fri. From To |
| Tue. From To | Sat. From To |
| Wed. From To | Sun. From To |
| Thur. From To | DO YOU DRIVE YOUR OWN CAR? YES NO |
| Are you interested and available to do any of the following: LIVE-IN SIT-IN WAKE-IN SLEEP-IN | |

**EXPERIENCE**

Please indicate your areas of experience

NO EXPERIENCE/NEW TO HEALTH CARE MANAGING LIFTING AND HANDLING

INCONTINENCE MANAGEMENT EQUIPMENT

MANAGING PEOPLE WITH TERMINAL MANAGING PEOPLE WITH CHALLENGING

ILLNESS AND ANTI-SOCIAL BEHAVIOUR

MANAGEMENT OF AGGRESSION MANAGING PEOPLE WITH PHYSICAL

MANAGING PEOPLE WITH HIV/AIDS DISABILITIES

MANAGING PEOPLE WITH LEARNING MANAGING PEOPLE WITH DEPRESSION

DIFFICULTIES MANAGING PEOPLE WITH MENTAL

MANAGING PEOPLE WITH SENSORY LOSS HEALTH PROBLEMS INCLUDING

AND SENSORY IMPAIRMENT DEMENTIA

MANAGING PEOPLE WITH MENTAL MANAGING PEOPLE WITH ALCOHOL

DISABILITIES AND DRUG MISUSE

**EDUCATION AND TRAINING**

Please give details of relevant training courses and/or qualifications that you have completed, starting with the most recent

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| --- | --- | --- | --- | --- |
| ORGANISING BODY | COURSE TAKEN | FROM  (mm/yyyy) | TO  (mm/yyyy) | ATTAINMENT |
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**EMPLOYMENT HISTORY**

Please give details of all your previous employment (at least 5 years), starting with the most recent. You must give reasons for any gaps such as unemployment, voluntary work, and leave to raise family etc.

(continue on a separate sheet if necessary)

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| --- | --- |
| EMPLOYER NAME AND ADDRESS: | DUTIES AND RESPONSIBILITIES: |
| POSITION HELD: |
| DURATION OF EMPLOYMENT  From (mm/yyyy) To (mm/yyyy) |
| REASON FOR LEAVING: | |

**EMPLOYMENT HISTORY CONTINUED**

|  |  |
| --- | --- |
| EMPLOYER NAME AND ADDRESS: | DUTIES AND RESPONSIBILITIES: |
| POSITION HELD: |
| DURATION OF EMPLOYMENT  From (mm/yyyy) To (mm/yyyy) |
| REASON FOR LEAVING: | |

|  |  |
| --- | --- |
| EMPLOYER NAME AND ADDRESS: | DUTIES AND RESPONSIBILITIES: |
| POSITION HELD: |
| DURATION OF EMPLOYMENT  From (mm/yyyy) To (mm/yyyy) |
| REASON FOR LEAVING: | |

|  |  |
| --- | --- |
| EMPLOYER NAME AND ADDRESS: | DUTIES AND RESPONSIBILITIES: |
| POSITION HELD: |
| DURATION OF EMPLOYMENT  From (mm/yyyy) To (mm/yyyy) |
| REASON FOR LEAVING: | |

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| **REFERENCES**  Please detail **TWO PROFESSIONAL** referees from your currentormost recentemployment | |
| Reference 1  NAME: | Reference 2  NAME: |
| POSITION: | POSITION: |
| ORGANISATION: | ORGANISATION: |
| ADDRESS: | ADDRESS: |
| CONTACT NUMBER: | CONTACT NUMBER: |
| EMAIL ADDRESS: | EMAIL ADDRESS: |

**BANK OR BUILDING SOCIETY DETAILS**

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| **FULL NAME:** |
| **BANK ACCOUNT DETAILS:** |
| NAME OF BANK: |
| BRANCH: |
| SORT CODE: |
| ACCOUNT NUMBER: |
| **BUILDING SOCIETY DETAILS** |
| NAME OF BUILDING SOCIETY |
| BRANCH |
| SORT CODE: |
| ACCOUNT NUMBER: |
| BUILDING SOCIETY ROLL NUMBER: |

**CONFIDENTIAL HEALTH QUESTIONAIRE**

Please answer all the following questions by ticking the appropriate box. If your answer to any question is yes, please give further details.

All the information given in this form will be treated as confidential and will not be divulged to a third party without your consent.

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| SECTION A Have you ever had any of the following? | |
| 1. Eczema, dermatitis or other skin condition | Yes No |
| 1. Discharge or infection of the ears or defects of hearing | Yes No |
| 1. Eye conditions or injuries or defects of sight | Yes No |
| 1. Asthma, hay fever or any other allergic conditions, including sensitivity   to antibiotics | Yes No |
| 1. Recurrent sore throats or sinusitis | Yes No |
| 1. Tuberculosis, bronchitis or pneumonia | Yes No |
| 1. Episodes of severe chest pain or breathlessness | Yes No |
| 1. Heart disease or high blood pressure | Yes No |
| 1. Severe headaches | Yes No |
| 1. Fits, blackouts or epilepsy | Yes No |
| 1. Gastric or duodenal ulcers or frequent or prolonged indigestion | Yes No |
| 1. Hepititis or jaundice | Yes No |
| 1. Prolonged back pain or disc problems | Yes No |
| 1. Arthritis or rheumatism | Yes No |
| 1. Difficulties in lifting or bending | Yes No |
| 1. Kidney or bladder infections | Yes No |
| 1. Diabetes | Yes No |
| 1. Varicose veins | Yes No |
| 1. Depression, mental illness or nervous breakdowns | Yes No |
| 1. Operations | Yes No |
| 1. Accidents (at work or elsewhere) requiring admission to hospital | Yes No |
| 1. Any other conditions requiring hospital treatment or investigation as an   in-patient or out-patient | Yes No |
| 1. Absences from work or school due to ill health during the past year | Yes No |

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| **CONFIDENTIAL HEALTH QUESTIONAIRE CONTINUED**  SECTION B |  |
| 1. Are you currently taking or receiving any form of medication? | Yes No |
| 1. Do you smoke? | Yes No |
| 1. Do you drink alcohol? | Yes No |
| 1. Are registered disabled or in receipt of a disability allowance? | Yes No |
| 1. Do you normally wear glasses or contact lenses? | Yes No |
| 1. Have you lost any days through sickness in the last year? | Yes No |

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| If you have answered YES to any of the questions above, please use the space below to provide further details |
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| NAME AND ADDRESS OF YOUR GP: |
| TELEPHONE NUMBER: |

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| **COVID VACCINATION**  Please answer by ticking the appropriate box | |
| 1st dose of vaccine | Yes No |
| 2nd dose of vaccine | Yes No |
| Booster | Yes No |

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| **HEALTH DECLARATION**  I know of no health reason that will affect my ability to undertake the duties required of me in the  position for which I am applying. All the answers given on this form are true and correct to the best of  my knowledge | | |
| Signature: | Print name: | Date: |

**EQUAL OPPORTUNITIES POLICY**

Harty Homecare Services Limited is committed to promoting Equal Opportunities. Our policy is to ensure that job applicants and employees receive equal treatment irrespective of their race, colour, gender, age or

disablement. By completing all sections of this form, you will help us to monitor the effectiveness of our

Equal Opportunities policy. All information will be held in strict confidence.

**EQUAL OPPORTUNITIES POLICY – MONITORING CHECKLIST**

For the purpose of monitoring our Equal Opportunities policy as stated above, please complete the

following:

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| **GENDER**  Male Female |

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| **NATIONAL/RACIAL ORIGIN** | | |
| Asian  Pakistani  Bangladeshi  Indian  Other | Black  African  Caribbean  Black British  European | White  British |
| If you have selected ‘Other’, please detail | | |

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| **DISABILITY**  Do you consider yourself as having a disability that could affect your day-to-day work?  Yes No |
| If YES, please give details |

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| **DISCIPLINARY ACTION**  Have you ever been subject to disciplinary action? YES NO |
| If YES, please give details (use additional sheets if necessary) |

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| **HOME OFFICE CIRCULAR HOC 102/88**  ALL APPLICANTS MUST ANSWER ALL QUESTIONS ON THIS FORM. FAILURE TO DO SO WILL  INVALIDATE YOUR APPLICATION  In accordance with the above circular, you are required to provide the following information which will be passed on to the police authorities to check the existence and content of any criminal record.  Because of the nature of the work for which you are required, jobs and assignments are exempt from the  provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986.  Applicants are, therefore, not entitled to withhold information about convictions, reprimands or final warnings which, for other purposes, are ‘spent’ under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in removal from Harty Homecare Services’ list of employees.  Please note that this information will only be provided to and checked with the police authorities after a  recruitment interview has taken place. | |
| Please answer the following questions using BLOCK CAPITALS ONLY: | |
| Have you ever been convicted of a criminal offence, cautioned, sentenced, reprimanded or given a  final warning by the police? YES NO | |
| If YES, please give details (use additional sheets if necessary) | |
| FULL NAME: | |
| CURRENT ADDRESS: | |
| I HAVE LIVED AT THIS ADDRESS SINCE: | |
| PREVIOUS ADDRESS (must cover previous 5 years) | |
| DATE OF BIRTH: | PLACE OF BIRTH: |
| YOUR MAIDEN NAME: | HEIGHT: COLOUR OF EYES: |
| ANY OTHER IDENTIFYING PARTICULARS: | |

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| **WORKING TIME REGULATIONS**  The European Union has laid down guidelines for all workers, governing maximum length of the  working week for which it is safe to work. The current limit is 48 hours per week. You are under no  obligation to accept work offered and you will never be compelled to work more than 48 hours per  week but you may choose to do so.  Please sign below to confirm that you have read and understood this information, indicating your  preference by ticking the appropriate option.  I have read this information regarding the Working Time Regulations, and I understand that I do not  have to work more than 48 hours per week  1. I DO NOT wish to work more than 48 hours per week  2. I DO wish to work more than 48 hours per week. I understand that I may withdraw this consent  at any time by giving seven days’ notice to Harty Homecare Services Ltd and signing a new form | | |
| Signature: | Print name: | Date: |

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| **RIGHT TO WORK ENQUIRY AGREEMENT**  I agree and give permission for Harty Homecare Services Ltd to take appropriate action and contact the  appropriate authorities as part of their efforts to validate my Right to Work in the UK. | | |
| Signature: | Print name: | Date: |

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| **CONFIDENTIALITY AGREEMENT**  I agree that during the time I am engaged by Harty Homecare Services Ltd to work in any capacity:  1. I will not disclose to any person, any information obtained whilst attending an assignment.  2. I will hold in trust and confidence for Harty Homecare Services Ltd, all such information, and never  use it other than for the benefit of Harty Homecare Services Ltd | | |
| Signature: | Print name: | Date: |

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| **HARTY HOMECARE LIMITED DECLARATION**  If you provide false or misleading information to support your application it will disqualify you from  being engaged as an employee by Harty Homecare Services Limited.  If it is found that you provided false or misleading information to support your application after or  during your employment, Harty Homecare holds the right to terminate your contract on this basis.  I hereby declare that I have understood and complied with the requirements laid down in the  application and I agree that the information given on this form may be used to obtain CRB check on  me from the policy authorities. | | |
| Signature: | Print name: | Date: |

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| ADDITIONAL NOTES  Please use this section to detail any further information that supports your application. | | |
| Signature: | Print name: | Date: |

**FOR OFFICE USE ONLY**