Post Applied for:

Pringles Care Services Job Application Form

Closing Date: **Interview Date:**

Failure to complete ALL sections on this application form will result in your application being disregarded

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Title: **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐

Last Name: **First Name:**

Gender: Male ☐ Female ☐

Address: **Postcode**

D.O.B

Home Telephone Nº: **National Insurance Nº:** Letters Numbers Letter

Daytime Telephone Nº:

Mobile Telephone Nº:

E-mail address:

Are you eligible to work in the UK? **Yes** ☐ **No** ☐

Do you own a car? **Yes** ☐ **No** ☐

Driver's Licence N.o.

Position: Full-time ☐ **Part-time** ☐

Next of Kin:

Contact Number:

Address:

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:		
Date of employment	**From**	**To**

Address:

Postcode:

Post title:

Date of Appointment: **Salary:**

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice: **Last day of service** (if no longer employed)**:**

Reason for leaving (if no longer employed)**:**

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:

Date of employment | **From** | **To**

Address

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Date of employment | **From** | **To**

Address

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Date of employment | **From** | **To**

Address

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University			Course	Qualifications and grades obtained
From	To	Name of Col/University		
		School	**Subjects**	**Qualifications and grades obtained**
From	To	Name of school		

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give relevant details of any training or courses you have attended (e.g. First Aid, NVQ etc);

Practical Experience (FOR THOSE APPLYING FOR CARE / SUPPORT WORK ONLY)					
To assist us in finding suitable work for you, please tick all the care tasks in which you are experienced:					
Personal hygiene		**Practical tasks**		**Toileting**	
Bath/Shower/Strip wash	☐	Bed making/ changing a bed	☐	Applying a coveen	☐
Bed bath	☐	Collecting benefits	☐	Attaching a night bag	☐
Care of eyes	☐	Cooking	☐	Bed Pans / Commodes	☐
Care of feet (exc. Toenails)	☐	Light house work	☐	Changing a catheter bag	☐
Care of fingernails	☐	Recording of blood pressure	☐	Continence care	☐
Care of hair	☐	Recording of respiration	☐	Empting a caterer bag	☐
Dressing / Undressing	☐	Recording of respiration	☐	Stoma care	☐
Mouth Care (inc, dentures)	☐	Shopping	☐		
Shaving	☐	Washing personal laundry	☐		
Use of bath aids	☐		☐		
Administrative abilities	☐	**Mobility**	☐	**Previous experience in :**	
Confidentiality	☐	Moving & Handling clients	☐	Hospital	☐
Observing/recording	☐	Moving & handling course	☐	Nursing/residential home	☐
Changing in clients conditions	☐	Use of hoists (main. /elec.)	☐	Private house	☐
Recording instructions from GP/Distance nurse	☐	Use of walking aids	☐		
Care Duties		**Nutrition**			
Assisting with medication	☐	Feeding	☐		
Pressure area acre	☐	Food Handling	☐		
Simple dressing procedures	☐	Preparing meals	☐		
Terminal Care	☐		☐		
Please explain briefly how you gained this experience:					

Cares experience Checklist For those APPLYING FOR CARE/ SUPPORT WORK ONLY

Please indicate your level of proficiency according to the scale below

I- No experience II- Previously performed but not proficient III- Competent to perform independently

PLEASE INDICATE WHAT AREAS OF CARE EXPERIENCE YOU HAVE DONE:

Area		NHS / Private/ Local Authority	Month /Years	Level of Proficiency		
				I	II	III
Nursing Home	Frail elderly			☐	☐	☐
	EMI			☐	☐	☐
	Other			☐	☐	☐
Residential Nursing Home	Frail elderly			☐	☐	☐
	EMI			☐	☐	☐
	Other			☐	☐	☐
Home Care	Clients own Home			☐	☐	☐
Hospital (Specify area of work)				☐	☐	☐
Community (Specify area of work)				☐	☐	☐
Mental Health (Specify area of work)				☐	☐	☐
Learning Disabilities (Specify area of work)				☐	☐	☐
Occupational Health / Industrial (Specify area of work)				☐	☐	☐

Level of Practice	Data Achieved
NVQ 1	
NVQ 2	
NVQ 3	
Please State	

Training Received	Date	Certified Supplied
Manual Handling		
Infection Control		
Fire Safety		
Fire Aid		
Essential Food Hygiene		
Lone Worker		
Management of aggressive / violent behavior		
Other, please specify:		

Section 6 Personal Statement

Abilities, skills, knowledge and experience.
Please use this section to explain in detail why you have applied for this position.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974? **Yes** ☐ **No** ☐

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

Due to the nature of our business, you are required to submit a Criminal Records Bureau check. Any enhanced disclosures made by the CRB will remain strictly confidential.

Do you agree for the CRB check to be made? (see enclosed CRB form) **Yes** ☐ **No** ☐

Do you agree for a POVA check to be made **Yes** ☐ **No** ☐

Section 9 Disability Discrimination Act

Do you suffer from a disability? **Yes** ☐ **No** ☐ Will you require any adjustment to be made to premises, the duties outlines in the job description, working hours or any other arrangements connected with this post in order to maximise your performance? **Yes** ☐ **No** ☐
If Yes we may be able to consider any reasonable steps so long as they are effective, practical and affordable.
Please state what adjustment may need to be made:
Are you mentally and physically able to carry out the duties required? Yes ☐ No ☐ If **No** please State reason why

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? **Yes** ☐ **No** ☐

If yes, please give details:

Section 10 - Declaration of Health

Immunisations

BDG	Yes ☐	Date __/__/____	No ☐	Hepatitis B Date of injection: __/__/____
Skin Test for TB	Yes ☐	Date __/__/____	No ☐	Booster 1st☐ 2nd☐ 3rd☐
Tetanus	Yes ☐	Date __/__/____	No ☐	Date of Blood Test __/__/____
Chickenpox/Vz. Abs.	Yes ☐	Date __/__/____	No ☐	Results:
Poliomyelitis	Yes ☐	Date __/__/____	No ☐	______________________________
Rubella__________________________ ______________________ Other, Please specify	Yes	Date-/-/-	No	IUL:

MEDICAL QUESTION

Are you at present taking any medication or receiving any treatment? Yes ☐ No ☐		
If yes please give details:		
GP Name:		**GP Address**:	
May we contact your GP regarding any health concerns? Yes ☐ No ☐		

Section 10 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years: ☐

Please state number of occasions in the last 2 years: ☐

HAVE YOU EVER HAD PROBLEMS WITH:			PLEASE GIVE DETAILS	RECOVERY COMPLETED	
	Yes	No		Yes	No
Raised blood pressure	☐	☐		☐	☐
Heart of circulatory problems	☐	☐		☐	☐
Chest pain	☐	☐		☐	☐
Blood disorders	☐	☐		☐	☐
Chest complaints e.g. Asthma, Bronchitis, pleurisy, Tuberculosis	☐	☐		☐	☐
Chronic indigestion	☐	☐		☐	☐
Bowel complaints	☐	☐		☐	☐
Persistent abdominal pains	☐	☐		☐	☐
Liver disease or jaundice	☐	☐		☐	☐
Diabetes, problems with thyroid or other glands	☐	☐		☐	☐
Kidney or bladder problem	☐	☐		☐	☐
Epilepsy, blackouts or dizziness	☐	☐		☐	☐
Have you ever been made ill by your work	☐	☐		☐	☐
Been refused a drivers license because of ill health	☐	☐		☐	☐
Have you ever been refused or dismissed from employment for Health reasons	☐	☐		☐	☐
Persistence or recurrent backache or injury	☐	☐		☐	☐
Neck injury / problems with neck	☐	☐		☐	☐
Eczema, Dermatitis or other skin disease	☐	☐		☐	☐
Ear, nose o throat problems	☐	☐		☐	☐
Rheumatism, Arthritis or other joint problems	☐	☐		☐	☐
Vision problems or eye disease	☐	☐		☐	☐
Heart, Lung, stomach, skin disease	☐	☐		☐	☐
Need glasses to read	☐	☐		☐	☐
Hay fever or allergies	☐	☐		☐	☐
Any other serious illness	☐	☐		☐	☐
Are you registered Disabled?	☐	☐		☐	☐

Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:		**Name:**	
Position (job title):		**Position (job title):**	
Work Relationship:		**Work Relationship:**	
Organisation:		**Organisation:**	
Address:		**Address:**	
	Postcode		Postcode
Telephone Nº:		**Telephone Nº:**	
E-mail:		**E-mail:**	

Are you willing for this referee to be approached prior to the interview? **Yes** ☐ **No** ☐

Are you willing for this referee to be approached prior to the interview? **Yes** ☐ **No** ☐

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of: ☐

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

What is your Ethnic Group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

- White UK ☐
- Irish ☐
- White non-UK ☐
- Any other White background (please give details): ☐

B. Mixed

- White & Black Caribbean ☐
- White & Black African ☐
- White & Asian ☐
- Any other Mixed background (please give details): ☐

C. Asian or Asian British

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Any other Asian background (please give details): ☐

D. Black or Black British

- Black Caribbean ☐
- Black African ☐
- Any other Black background (please give details): ☐

E. Chinese or other ethnic group

- Chinese ☐
- Vietnamese ☐
- Any other ethnic background (please give details): ☐

F. I do not wish to provide this information ☐

Section 12 Recruitment Monitoring Form continued

Gender

Male ☐ Female ☐

Disability

Disability is defined as "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".

Do you consider yourself disabled? **Yes** ☐ **No** ☐

If yes, please give details:

Age Group

16-25	☐	26-35	☐	36-45	☐
46-55	☐	56-65	☐	66-70	☐
Over 70	☐				

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:

1. Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that Pringle's Care Services can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed: ______________________ **Date:** ______________

Candidates selected for interview will normally be notified within four weeks of the closing date.

If you return this form by email, you will be asked to sign your application at interview.

2. Submitting your application

By Hand or Post:
PRINGLES CARE SERVICES OFFICE
Crown House
Park Royal
NW10 7PN

By E-Mail:
care@pringlescareservices.co.uk

Telephone: 02037437355