



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 N<sup>o</sup>:

National Insurance N<sup>o</sup>: 

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N<sup>o</sup>:

Mobile Telephone N<sup>o</sup>:

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:**

**Address:**

**Postcode**

<b>From</b>	<b>To</b>
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**Post Title:**

**Date of Appointment:**

**Salary:**

**Department / Section:**

**Brief description of duties:**

Continue 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:**

**Address:**

Postcode

From  To

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

**Name of Employer:**

**Address:**

Postcode

From  To

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

**Name of Employer:**

**Address:**

Postcode

From  To

**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
School	Subjects	Qualifications and grades obtained

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	<input type="checkbox"/>	Bed making/ changing a bed	<input type="checkbox"/>	Applying a coveen	<input type="checkbox"/>
Bed bath	<input type="checkbox"/>	Collecting benefits	<input type="checkbox"/>	Attaching a night bag	<input type="checkbox"/>
Care of eyes	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Bed Pans / Commodes	<input type="checkbox"/>
Care of feet (exc. Toenails)	<input type="checkbox"/>	Light house work	<input type="checkbox"/>	Changing a catheter bag	<input type="checkbox"/>
Care of fingernails	<input type="checkbox"/>	Recording of blood pressure	<input type="checkbox"/>	Continence care	<input type="checkbox"/>
Care of hair	<input type="checkbox"/>	Recording of respiration	<input type="checkbox"/>	Emptying a caterer bag	<input type="checkbox"/>
Dressing / Undressing	<input type="checkbox"/>	Recording of respiration	<input type="checkbox"/>	Stoma care	<input type="checkbox"/>
Mouth Care (inc, dentures)	<input type="checkbox"/>	Shopping	<input type="checkbox"/>		
Shaving	<input type="checkbox"/>	Washing personal laundry	<input type="checkbox"/>		
Use of bath aids	<input type="checkbox"/>		<input type="checkbox"/>		
Administrative abilities		Mobility		Previous experience in :	
Confidentiality	<input type="checkbox"/>	Moving & Handling clients	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Observing/recording	<input type="checkbox"/>	Moving & handling course	<input type="checkbox"/>	Nursing/residential home	<input type="checkbox"/>
Changing in clients conditions	<input type="checkbox"/>	Use of hoists (main./elec.)	<input type="checkbox"/>	Private house	<input type="checkbox"/>
Recording instructions from GP/Distance nurse	<input type="checkbox"/>	Use of walking aids	<input type="checkbox"/>		
Care Duties		Nutrition			
Assisting with medication	<input type="checkbox"/>	Feeding	<input type="checkbox"/>		
Pressure area care	<input type="checkbox"/>	Food Handling	<input type="checkbox"/>		
Cather care	<input type="checkbox"/>	Preparing meals	<input type="checkbox"/>		
End of life care	<input type="checkbox"/>		<input type="checkbox"/>		

**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

## WHAT AREAS OF NURSING DO YOU HAVE EXPERIENCE

Area		NHS / Private/ Local Authority	Month /Years	Level of Proficiency		
				I	II	III
Nursing Home	Frail elderly			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EMI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Nursing Home	Frail elderly			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EMI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care	Clients own Home			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital (Specify area of work)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community (Specify area of work)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (Specify area of work)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities (Specify area of work)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health / Industrial (Specify area of work)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Level of Practice</b>		<b>Data Achieved</b>				
NVQ 1						
NVQ 2						
NVQ 3						
Please State						
<b>Training Received</b>			<b>Date</b>	<b>Certified Supplied</b>		
Manual Handling						
Infection Control						
Fire Safety						
Frist Aid						
Essential Food Hygiene						
SOVA						
Medication training						
NVQ Level 2						
NVQ Level 3						
NVQ Level 5						

## 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 DBS will remain strictly confidential.

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

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

## 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	
Name:	<input type="text"/>
Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Reference 2	
Name:	<input type="text"/>
Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

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, 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

**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

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**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 Pringles 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  
4<sup>th</sup> Floor  
North Circular  
NW10 7PN

**By E-Mail:**  
[care@pringlescareservices.co.uk](mailto:care@pringlescareservices.co.uk)  
**Enquiries:**  
Telephone: 020 88327340