



Affix Photo
Here

Staff Application Form Care Staff
25 St James Street, Mangotsfield, Bristol BS16 9HD

PERSONAL DETAILS

Mr / Mrs / Miss/ Ms Forename: _____

Please provide 10 years address history

Current Address: _____

Dates at address: From: _____ To: _____

Telephone Numbers: Home: _____ Mobile: _____

Previous Address: _____

Dates at address: From: _____ To: _____

Previous address: _____

Dates at address: From: _____ To: _____

Previous address: _____

Dates at address: From: _____ To: _____

PERSONAL DETAILS

Email address: _____

Date of birth: _____ Age: _____

Place of birth: _____

Next of Kin: _____ NOK Relationship: _____

NOK Address: _____ NOK Telephone No: _____

ADDITIONAL INFORMATION

Where did you hear about AliMo Care?

Are you currently employed with another agency? Yes / No If yes, who?

Do you hold a current Driving Licence Yes / No Do you have use of a car? Yes / No

APPLICANTS FROM OVERSEAS

Do you hold a: WORK PERMIT / VISA *(Circle as appropriate)*

Place of Issue:

Date of Issue:

Type of Permit / Visa:

Any Restrictions:

Permit / Visa No:

Expiry Date:

Length of Time in the U.K:

AVAILABILITY

Please state how many hours a week you would prefer to work: _____

Please confirm that you are willing / able to work a minimum of one weekend in two: _____

EMPLOYMENT HISTORY

Please provide a FULL continuous employment history. Where the previous employment is NOT Continuous and there are gaps in employment, please provide a full explanation in the section provided below.

(Current / Most Recent Employer First)

POSITION	EMPLOYER	FROM	TO	REASON FOR LEAVING
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please provide dates and reasons for any gaps in employment:

REFERENCES

Please provide details of three professional referees we can contact, one of which must be your current / most recent employer. At least one reference must be from a similar background to the job that you are applying for. Please note, we will **NOT** accept reference from family members or friends.

Reference 1 - Current / Most Recent Employer

Referee Name:	Position:	Employer:
_____	_____	_____
Address:		

County:	Post Code:	
_____	_____	
Contact No:	E-Mail:	
_____	_____	

Reference 2

Referee Name:	Position:	Employer:
_____	_____	_____
Address:		

County:	Post Code:	
_____	_____	
Contact No:	E-Mail:	
_____	_____	

Reference 3

Referee Name:	Position:	Employer:
_____	_____	_____
Address:		

County:	Post Code:	
_____	_____	
Contact No:	E-Mail:	
_____	_____	

COMPETENCY / EXPERIENCE

Please tick all the areas in which you have gained knowledge and experience;

Nursing & Residential Homes	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Oral Care
Domiciliary Care:	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Strokes	<input type="checkbox"/>	Pressure Sore Care	<input type="checkbox"/>	Catheter Care
Palliative Care	<input type="checkbox"/>	Care of Adults	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>	Use of commodes	<input type="checkbox"/>	Urostomy
Care of the Elderly	<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Care of Young Children	<input type="checkbox"/>	Muscular Dystrophy
Care of feet / hair / nails	<input type="checkbox"/>	Peg Feed	<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Care of Urinary Sheath	<input type="checkbox"/>	Slide Sheets
Colostomy Care	<input type="checkbox"/>	Walking Aids	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Stoma Care	<input type="checkbox"/>	Depression
Use of Overhead Hoist	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Drug & Alcohol Misuse	<input type="checkbox"/>	Downs Syndrome
Multiple Sclerosis	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Asperger	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	Challenging Behaviour

Please provide written details of the areas in which you have gained experience and competency in

TRAINING & DEVELOPMENT

SCHOOL OR COLLEGE	COURSE NAME	FROM	TO	QUALIFIATION GAINED

Please tick all training that has been carried out within the last 12 months.

- | | | | | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|----------------------------------|--------------------------|----------------|--------------------------|
| Care Certificate | <input type="checkbox"/> | Safeguarding Vulnerable Adults | <input type="checkbox"/> | Health & Safety | <input type="checkbox"/> | Fire Awareness | <input type="checkbox"/> |
| Infection Control | <input type="checkbox"/> | Food Hygiene | <input type="checkbox"/> | Medication | <input type="checkbox"/> | First Aid | <input type="checkbox"/> |
| Palliative Care | <input type="checkbox"/> | Basic Life Support | <input type="checkbox"/> | Dementia Awareness | <input type="checkbox"/> | | |
| QCF Health & Social Care Level 2 | <input type="checkbox"/> | QCF Health & Social Care Level 3 | <input type="checkbox"/> | QCF Health & Social Care Level 4 | <input type="checkbox"/> | | |

Other (Please State)

STUDENT DELCARATION

I confirm that I am:

- | | | | |
|--------------------|--------------------------|--|--------------------------|
| A) UK Student | <input type="checkbox"/> | And have no restrictions on my working hours or times | <input type="checkbox"/> |
| B) *EEA Student | <input type="checkbox"/> | And am eligible to work in the UK with no restrictions | <input type="checkbox"/> |
| C) Non-EEA Student | <input type="checkbox"/> | And am eligible to work in the UK with no restrictions | <input type="checkbox"/> |

* European Economic Area (EEA)

Please delete as appropriate

D) I am a UK / EEA / Non EEA Student , with the following restrictions:

I am currently studying: _____ **At:** _____

Signature: _____ **Name:** _____ **Date:** _____

WORKING TIME (AMMENDMENTS) REGULATIONS 2002

For the purpose of the Working Time (Amendment) regulations 2002, **I DO / DO NOT** (delete as appropriate) agree that I may work in excess of an average of 48 hours per week. Should I choose to withdraw my consent, I understand that I must do so in writing, giving not less than 3 months' notice.

Signature: _____ **Name:** _____ **Date:** _____

Please read each statement below in full, before signing:

- I understand that I will not be offered work until I have completed the necessary training as indicated during my induction.
- I understand that it is my responsibility to ensure that any method of transportation I choose to use during the course of my work activities must be roadworthy and legal for use.
- I am able to confirm that the information I have given on this form relation to my experience, competency, length of experience, areas of clinical expertise and training undertaken for the specific areas selected within an NHS or similar hospital setting is correct and complete, and any misleading statements or information may be sufficient in cancelling any agreements made. I am also aware that where I do not feel competent or feel that I require further training in a specific area, that I will declare this before accepting any placements in an NHS or similar hospital type setting.
- I confirm that I know not of any impairment of my fitness to work, including misconduct, past or pending disciplinary actions, lack of competence or ill health.

Signature:

Date:

REABILITATION OF OFFENDERS

AliMo Care aims to promote equality of opportunity for all applicants with the right mix of talent, skills & potential. Having an 'unspent' conviction will not necessarily bar you from employment, this will depend on the circumstances and background to your offence(s).

As AliMo Care meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to an Enhanced Disclosure Check via the Criminal Records Bureau / Disclosure Scotland before appointment is confirmed. This includes details of cautions, reprimands or final warnings, as well as convictions.

Have you ever been convicted by the courts, cautioned, reprimanded, or given a final warning by the police?

Yes No *If yes, please provide a separate statement giving details of offences, penalties, and dates*

Are you aware of any police enquiries undertaken following allegations made against you, which may have bearing on your suitability for this post?

Yes No *If yes, please provide a separate statement giving details*

Signature:

Date:

DATA PROTECTION / GDPR

All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of [insert lawful basis] to process the information provided by you in this form.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

For more information on how we use the information you have provided, please see our privacy notice for job applicants which is available on our website.

Signature:

Date:

DECLARATION

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).

Signature:

Date:

EQUAL OPPORTUNITIES MONITORING

AliMo Care aims to recruit and select suitably and appropriately qualified applicants solely on the grounds of merit, respective of age, gender, sexual orientation, marital status, disability, religious belief, nationality or ethnic origin. The information that we request from you on this form will be held in the strictest of confidence and used for monitoring purposes only. It will not be considered during the recruitment and selection process.

Please complete by selecting the most appropriate answer.

GENDER:

Male Female Other Prefer not to Say

AGE:

16 – 19 20 – 29 30 – 39 40 – 49 50-59 60 +

ETHNIC ORIGIN:

WHITE

British
Irish
Other

BLACK OR BLACK BRITISH

Caribbean
African
Other

CHINESE OR OTHER

Chinese
Other

ARAB OR MIDDLE EASTERN DESCENT

Arab
North African
Iraqi
Kurdish
Other
Prefer not to say

MIXED

White & Black Caribbean
White & Black African
White & Asian
Other

ASIAN OR ASIAN BRITISH

Indian
Pakistani
Bangladeshi
Other

RELIGION OR BELIEFS

Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>
None <input type="checkbox"/>	Hindu <input type="checkbox"/>
Prefer Not to Say <input type="checkbox"/>	Sikh <input type="checkbox"/>

DISABILITIES:

The Equality Act 2010 defines disability as “a) if a person has a physical or mental impairment, and b) the impairment has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.”

Do you consider yourself to have a disability? Yes No

If yes, please state the nature of your disability
