



Alicelyn Healthcare Ltd Job Application Form

Post Applied for:

Section 1 Personal details

First Name:

Last Name:

Address:

Postcode:

Home Telephone N°:

Insurance Number

Daytime Telephone N°:

Mobile Telephone N°:

Date of Birth:

E-mail address:

Next of kin

First Name:

Last Name:

Address:

Postcode:

Home Telephone N°: Daytime

Telephone N°: Mobile

Telephone N°:

Date of Birth:

E-mail address:

Driving Licence

Do you hold a full, clean driving licence valid in the UK?

Yes

No



Section 2 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



Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 3 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary



Section 4 Present Employment

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

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer employed):



Section 5 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business.

Name of Employer:

Address:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Position Held:



Summary of duties:

Reason for leaving:

Section 6

Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

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 offenders' act 1974?

Yes No

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

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Disclosure and Barring Service

Enhanced Checks Only (refer to Job Application Pack)

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

Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?

Yes No

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 Health

Number of days sickness absence in the last 2 years:

This questionnaire asks for information of a personal nature. It is necessary to establish your health status as there are aspects of the work which requires us to make risk assessments in order to protect our employees and clients. All information given will be held in strict confidence.

GP Name:			
GP Address:		Post Code	
GP Telephone			
Please indicate whether you have suffered from any of the following by answering Yes or No:			
			Provide details where the answer is Yes
Epilepsy	Yes	No	
Fits, Fainting attacks or dizziness	Yes	No	
Stomach problems	Yes	No	
Frequent vomiting	Yes	No	
Chronic or recurrent cough	Yes	No	
Varicose veins	Yes	No	
Rupture /Hernia	Yes	No	
Serious Injury	Yes	No	
Rheumatism/Arthritis	Yes	No	
Skin problems (e.g. Dermatitis, Eczema, Psoriasis)	Yes	No	
Back problems	Yes	No	
Hearing problems/ ear problems	Yes	No	
Chest problems	Yes	No	
Diabetes	Yes	No	
Eye/ sight problem not corrected by glasses	Yes	No	
Kidney problems	Yes	No	
Mental illness	Yes	No	
Heart problems	Yes	No	
Abnormal blood pressure	Yes	No	
Persistent head aches	Yes	No	
Jaundice	Yes	No	
Dysentery or typhoid	Yes	No	
Blood borne virus (i.e. Hepatitis /HIV)	Yes	No	
Asthma, Bronchitis, or TB	Yes	No	

Have you been vaccinated against the following, Proof of all immunisations must be provided:

German Measles (Rubella)	Yes	Date	No	Tuberculosis	Yes	Date	No
Hepatitis B	Yes	Date	No	Tetanus	Yes	Date	No
Polio	Yes	Date	No	Varicella	Yes	Date	No
Mumps	Yes	Date	No	BCG Scar Seen	Yes		No

Consent to share information

I certify that the above information is correct and hereby give permission for Alicelyn Health Care to obtain a further report from my GP for clarification if required.

Do you have the physical and health capacity to work in the healthcare setting? Y/N

If NO please provide full details:.....

Do you require any reasonable adjustments to be made or special facilities to be provided to enable you to either attend interview or be provided for the role you seek? Y/N



If YES please provide full details:.....

Name (Print)

.....Sign.....Date:.....

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:	
Position (job title):	
Work Relationship:	
Organisation:	
Relationship:	
Address:	
	Postcode
Telephone N^o:	
E-mail:	

Reference 2	
Name:	
Position (job title):	
Work Relationship:	
Organisation:	
Relationship:	
Address:	
	Postcode
Telephone N^o:	
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**

BANK DETAILS

Name Of Bank	
Branch	
Names as they appear on your card	
Account Number	
Sort Code	



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

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



Bangladeshi

Any other Asian background
(please give details):

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:

Present Status

Internal Applicant

External Applicant

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70



Section 13 Declaration

B. 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 hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

- I also confirm that I am eligible to work in the UK. I fully accept that I am applying for Employment within Steady Care in the full knowledge and understanding that should Steady Care offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through Steady Care are provided as a self-employed person. As a self-employed person, I accept that Steady Care's duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that neither Steady Care nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.

- I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Steady Care's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Signed:

Date:

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Print Name:

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Thank you for your interest in this post.

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

Please ensure you provide the following documents for completion of your registration and application.

- ❖ Passport/UK Birth Certificate/Driver's Licence
- ❖ Proof of Right to work in UK
- ❖ Proof of Address (e.g. utility bill- within last three months)
- ❖ Original certificates/diplomas/QCF Qualification
- ❖ Certificates of training received in Domiciliary Care
- ❖ 2 passport photographs
- ❖ Bank/Building Society details
- ❖ DBS Certificate
- ❖ National Insurance card/P45/P60
- ❖ Current Curriculum Vitae (CV)

RETURNING THIS FORM

By Hand or Post:

Alicelyn Helthcare Ltd

1 Percy Street, Unit 2, Sheffield, England, S3 8BT

By E-Mail:

info@alicelynhealthcare.co.uk

Enquiries:

Telephone: 07859 792 002/ 07513 314 786