

JOB ENQUIRY FORM

Name: _____

Address: _____ Post Code: _____

Mobile: _____

Email: _____

Are you happy for us to hold your information for your employment purposes in accordance with the General Data Protection Regulations?

Yes / No

Current Skills and Experience?

Please state any relevant qualification and experience you currently have in any type of industry:

How did you hear of us?

Advert	Online	Word of mouth	Recommendation
Website	Job search	Social Media	Other

Area's willing to work:

Any Other Information?

APPLICATION FORM

Please complete this form in black ink and complete all sections

Applicant's Name:	
Position Applied for:	

Data Protection & GDPR Statement

The personal information (data) collected on this form, and on any other documents associated with this form (which includes the collection of sensitive personal data) is required for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose. Please request a copy of our Privacy Policy for further details.

Equal Opportunity Statement

The Company's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, sex, ethnic origin, nationality, colour, religious persuasion or belief, cultural or linguistic background, marital status, sexual orientation, disability, or offending background.

Please Note:

This document may be backed up with a Curriculum Vitae (CV) but **must be completed** without exception, as a CV on its own does not constitute an application for employment.

Applicants Details:					
Full Name Miss/ Mrs/ Mr				Date of birth:	
Address:	No:	Street:	Town/City:	County:	Postcode:
Telephone:	Home:		Work:		Mobile :
Email :					
National Insurance Number (NINO) :					
From what date would you be available to start work?			How did you hear of Zi Mat Ltd ?		
May we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick as appropriate</i>				
Formal Education & Qualifications:					
<u>Secondary Education</u> Name of School/College and full address: <i>(Include education in other countries if appropriate):</i>		List subjects studied at GCE/GCSE, the result obtained and the date . Where applicable, indicate the grade obtained against each subject.			
<u>Further/Higher Education</u> Name of School, College/University and full address <i>(Include education in other</i>		Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc.		Year qualification (s) obtained:	

Next of Kin:	
Name:	Tel:
Address:	Mobile:
Relationship to you:	Email:
General Health:	
Are you in good health? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick as appropriate</i> If No, please give brief details.	Have you ever had any serious illness or injury? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick as appropriate</i> If Yes, please give brief details.

Employment History - from Full-Time Education:

(Attach extra sheets if necessary)

If there are "gaps" in the employment history, please complete the sheet entitled "Gaps in Employment History"

Name, Address and Phone Number of each Employer	Dates of Employment:		Position held and brief summary of duties and responsibilities:	Reason for leaving: Last salary or wage:
	From:	To:		
	Month/Year	Month/Year		
<p>Current Employer First – <i>If not currently employed, leave this line blank</i></p> <p>Company Name:</p> <p>Address:</p> <p>Phone Number:</p>				
<p>Previous Employer No. 1</p> <p>Company Name</p> <p>Address:</p> <p>Phone Number:</p>				
<p>Previous Employer No. 2</p> <p>Company Name</p> <p>Address:</p> <p>Phone Number:</p>				

References:

References are normally taken up for candidates selected after interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, last employer. Character references will be pursued if work related appropriate.

Name, Address and Phone Number of Your Current Employer (or your last employer if currently unemployed or self-employed):		Name, Address and Phone Number of Your Previous Employer:	
Company Name:		Company Name:	
Company address including postcode:		Company address including postcode:	
Telephone Number:		Telephone Number:	
Person in Company to Contact:	Name: Position:	Person in Company to Contact:	Name: Position:

May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick as appropriate</i>	May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick as appropriate</i>
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Driver's Licence:

Do you hold a valid and current British Driver's Licence?

Yes No *Please tick as appropriate*

If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements?

Yes No *Please tick as appropriate*

If Yes, please give details below

Additional Information:

Give details of any additional information which you would like to include in support of your application. Such information should include for example, skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for.

Please provide details of any relatives employed by the Company and their relationship to you.

Do you have to give notice to any present Employer?

Yes No *Please tick as appropriate*

If Yes, how much notice do you have to give?

Rehabilitation of Offenders Act:

As a general rule, no-one needs to answer questions about spent convictions. However, this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to your possible work with us and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Disclosure & Barring Service procedure

Please tick as appropriate

I have no convictions I have convictions (see Note below)

Note:

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form)

Criminal Records – Disclosure Certificate:

The Disclosure and Barring Service (DBS) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands or final warnings. The certificate requested is for an ‘Enhanced Certificate’ you are being asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

Immigration, Asylum & Nationality Act 2006:

Under the Act a person commits an offence if he employs another (“the employee”) knowing that the employee is an adult subject to immigration control and that: —

- (a) he has not been granted leave to enter or remain in the United Kingdom, or
- (b) his leave to enter or remain in the United Kingdom: —
 - (i) is invalid,
 - (ii) has ceased to have effect (whether by reason of curtailment, revocation, cancellation, passage of time or otherwise), or
 - (iii) is subject to a condition preventing him from accepting the employment.

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Act is not being contravened.

Please circle as appropriate

Are you eligible to work in the UK? Yes No

Statement of Confidentiality:

I _____, give **Zi Mat LTD**, my solemn undertaking that, from the date my employment with the company commences, I shall not disclose to any unauthorised person or use any confidential information relating to the business affairs or trade secrets of the company. This includes but is not limited to: -

- o The Companies Policies and procedures
- o Any company documentation
- o Official records
- o Product Literature
- o All details relating to information on the company’s database, including details of staff
- o All information concerning the Company’s Clients actual, potential or past
- o Any Other information, for example, sales in progress, financial performance

This undertaking shall continue without limit in point of time.

I further undertake that as from the said date I will not deal with or attempt to solicit business from any client for the company with whom I had business dealings during the period of one year prior to the termination of my employment; nor will I attempt to interfere with the existing business relations between any client and the company.

The above undertakings are given without prejudice to the rights of the company accrued at the date of termination.

Personal Declaration:

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for enquiries to be made to confirm such matters as qualifications, experience and dates of employment, and I give permission for the release by other people or organisations of such information as may be necessary for that purpose;
- I give permission for the processing of personal data contained in this form for employment purposes;
- I understand that any false or misleading information could result in my dismissal.

Signed: _____ **Date:** __/__/____

For Office Use Only:

Date Application received:		
Date Application acknowledged:		
Date Applicant informed:		
Date of Interview:		
Outcome:		

Employment History
Extra Sheet:

Employment History (from full time education)				
<i>(Attach extra sheets if necessary)</i>				
<i>If there are "gaps" in the employment history, please complete the sheet entitled "Gaps in Employment History"</i>				
Name of Employer and location:	Dates of Employment:		Position held and brief summary of duties and responsibilities:	Reason for leaving: Last salary or wage:
	From:	To:		
	Month/Year:	Month/Year:		
Previous Employer No. 3 Company Name Address:				
Previous Employer No. 4 Company Name Address:				
Previous Employer No. 5 Company Name Address:				
Previous Employer No. 6 Company Name Address:				
Phone Number:				

Gaps in Employment History
Extra Sheet:

Employment History: (from Full Time Education)			
Gap		Reason for Gap in employment:	What were you doing?
From: Month/Year	To: Month/Year		

**Residential Address History:
(Last 5 years - DBS)**

From: Month/Year	To: Month/Year	Address, including postcode:

AVAILABILITY SHEET

Name: _____

Method of transport: Car / Motorcycle / Bicycle / Walking
How many days per week would you prefer to work?
How many hours per week would you like to work?
Would you prefer a regular day off? Yes / No
If you need a specific day off, which one(s)?
Are you available to work on alternate weekends? Yes / No
Are you available to work on at least 2 evenings (Mon – Fri)? Yes / No
Are you interested in doing overnight sleep-ins Yes / No
Please list any pre-booked leave (holiday etc.):
How much notice would you need to give before starting work?

Please use the table below to show any specific times when you are available to work

	Morning	Afternoon	Evening	Night	
	06:00 – 12:00	12:00 – 18:00	18:00 – 22:00	22:00 – 06:00	Comments
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					

Your Signature: _____ **Date:** _____

Any amendment to your availability must be discussed with your Co-ordinator, and is subject to minimum one month's notice.

PRE-EMPLOYMENT FITNESS ASSESSMENT

The purpose of this questionnaire is to satisfy the obligation we share with you, which is to try to ensure that the work you are applying for will not be detrimental to your health and that you, in turn, are not likely to be a health risk to clients, service users or colleagues.

This questionnaire seeks certain personal and sensitive data regarding your physical/mental health. This information will not be used in order to select individuals for employment, but may be used in order to verify the safety of proceeding with either an application or a job offer.

You are therefore requested to complete this form, and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act.

Name:	Title:	Initials:	First Name:	Last Name:	Position Applied For:

Previous Employment (minimum last 3 positions)		
Position	Name Of Employer	Length Of Employment

Have you worked in countries other than those in Europe, North America or Australasia? If yes, please state where and when.	Yes	No
Where:		
When:		
Where:		
When:		

General Health:	If "NO" please tick	If "YES", please give details:
Have you ever registered as disabled?		
Have you ever claimed industrial injury/disease compensation or benefits?		
Have you ever left, or had to modify a position, due to illness or injury?		
How much time have you taken as absence from work or school in the last 2 years due to illness or injury?		

Infectious Diseases: Do you have, or have you ever had any of the following?	If "NO" please tick	If "YES", please give details & dates:
Chicken Pox:		
Tuberculosis (TB):		
Hepatitis B or C:		
Human Immunodeficiency Virus (HIV):		
<i>N.B. Care & Support staff & Health Care Assistants who are infected with HIV must remain under regular medical and occupational health supervision (Ref: Department of Health 1994)</i>		

Immunisations: Have you had any of the following immunisations?	If "NO" please tick	If "YES", please give dates if known.
TB (BCG):		
TB Skin test (Heaf/Mantoux):		
Rubella (German Measles):		
Rubella blood test:		Result:
Tetanus:		
Polio:		
Hepatitis B: Dates of vaccination: Primary Course: – Dose 1 Dose 2 Dose 3 Boosters -		
Date and result of last Hepatitis immune level blood test:		

N.B. Applicants for positions involving 'Exposure Prone Procedures' must supply satisfactory evidence of immunity or freedom from infection with respect to Hepatitis B in the form of a copy of a laboratory blood test result, or letter from your doctor (GP or previous Occupational Health Service), confirming immunity or freedom from infection. Failure to do so will cause a delay in processing the application process.

Medical conditions:
Have you had any of the following? If so, please give full details including any ongoing effects on your day-to-day activities. Please continue on a separate sheet if necessary.

Conditions:	If "NO" please tick	If "YES", please give details:
Fits, blackouts, epilepsy, fainting attacks, severe head injuries, frequent or severe migraine headaches.		
Chest problems including asthma, bronchitis, emphysema, pleurisy, persistent cough or breathlessness.		
Heart or circulation problems e.g. raised blood pressure, angina, stroke, chest pains.		
Eye disease or severe vision defects.		
Defective colour vision.		
Ear conditions e.g. recurring discharge or hearing loss.		
Mental health conditions e.g. schizophrenia, depression, anxiety states, phobias, eating disorders or self-harm (including overdoses).		
Addiction to alcohol or any other substance.		
Neck, back or other joint problems including arthritis, slipped disc, sciatica, recurrent backache.		
Skin conditions e.g. eczema, psoriasis, dermatitis.		
Gastro-intestinal conditions, including ulcers, irritable bowel syndrome, typhoid or persistent diarrhoea.		
Diabetes, thyroid disease or any other glandular condition.		
Liver/kidney or bladder disease.		
Hernia or rupture.		
Operations (other than minor operations).		
Allergies to any substances.		

Any other medical condition or disability, which you feel, may require adjustment to your work or working environment.		
Are you taking any regular medications? (please list)		
What is your height?		
What is your weight?		
Do you smoke? Yes/No. If yes give details of how many cigarettes per day or oz of tobacco per week.		
Average alcohol consumption per week in units (1 unit = 1/2 pints beer/lager or 1 glass of wine or 1 measure of spirits).		

If there is anything you wish to add please use this space:

Declaration

1. *I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct.*
2. *I understand that any false or misleading information given on this form may result in my termination.*
3. *I consent to a medical interview and assessment if considered necessary.*

Signed: _____

Date: ___/___/___

MONITORING ETHNICITY

The following sets out categories for monitoring ethnicity. We ask you to respond to this information request positively as it will help us ensure that our policies and practices do not inadvertently discriminate against you because of your ethnicity.

Monitoring questions:

How would you describe yourself?

Choose ONE section from A to E, and then tick the appropriate box

- A
- Asian or Asian British
 - Bangladeshi
 - Indian
 - Pakistani
 - Any other Asian background:

-
- B
- Black or Black British
 - African
 - Caribbean
 - Any other Black background:

-
- C
- Chinese or other ethnic group
 - Chinese
 - Any other:

-
- D
- Mixed Heritage
 - White and Asian
 - White and Black African
 - White and Black Caribbean
 - Any other mixed background:

-
- E
- White
 - British
 - English
 - Irish
 - Scottish
 - Welsh
 - Any other White background

DISABILITY MONITORING

To make positive changes, we want to address the different barriers faced by disabled people. Many people who do not consider themselves to be disabled may be covered by the Equality Act 2010 because they have a health condition that has an impact on their lives.

What do we mean when we say disability?

- Do you have a physical or mental impairment?
- Is it long term?
- Does this make it difficult for you to do the things that most people do on a fairly regular and frequent basis?

If so, you may have rights under the Equality Act 2010. This includes people who are receiving treatment or using equipment (except glasses or contact lenses) that alleviates the effects of an impairment or a condition, people with an impairment or condition that is likely to recur, people who have conditions that will get worse over time and people with severe disfigurements.

Employees with a disability or health condition are entitled in law to 'reasonable adjustments' to address their needs for support in the workplace, therefore we are interested in any disability or health condition that may require a reasonable adjustment to overcome any such barriers.

Monitoring questions:

Do you consider yourself to have a disability or a long-term health condition?

Yes No

What is the effect or impact of your disability or health condition?

Prefer not to say

If you would like to discuss your response, or are unsure of the types of reasonable adjustment that might be possible, please contact your manager who is trained to help and support you.

We are committed to creating an environment where barriers are removed for disabled people and they can give of their best to succeed in our Company.

RELIGION AND BELIEF

Whether or not you have a religion and what you do or don't believe in is likely to make difference to you and how you perceive the world. These perceptions are carried across into our workplaces. It is said by some that what you do or don't believe is a private matter that should have no effect on your job. It is indeed a private matter but it would be disingenuous to say that it had no effect on your employment. For example, if the Company runs training events or promotion panels during periods of religious fasting for some colleagues this may well place them at a disadvantage in these instances. We are committed to ensuring fairness and equal access to all employees whatever their faith or beliefs. Below is a list of religions that are the most commonly found in the United Kingdom: They are listed in alphabetical order and not intended to signify rank in terms of importance, furthermore we acknowledge that the list is not exhaustive and if your religion is not specifically listed then we ask you not to take offence as none was intended.

Monitoring question:

Please tick the box that best describes you:

- Buddhist
- Catholic
- Christian
- Hindu
- Jew
- Muslim
- Sikh
- Other Religion or Belief (please state):

-
- No Religion
 - Prefer not to say

We assure you that any information you provide here will only be used to monitor the effectiveness of our policies and we will take steps to ensure this information remains confidential to a limited number of staff, within our Company.

JOB DESCRIPTION

Healthcare Assistant

Accountable to: Manager/Care Co-Ordinator

DUTIES AND RESPONSIBILITIES

To provide a service of care to clients to enable them to lead an independent lifestyle as possible. The care service will involve a programme of personal care and house hold management, which is personalised for each client's needs according to their care plan. Care duties will therefore include assisting with the following activities, and at all times will observe and respect the client's dignity, privacy and independence.

Responsibility:

- Getting service user in and out of bed.
- Washing/bathing/showering/bed bath/shaving/brushing teeth/grooming.
- Hair care/washing/brushing/styling.
- Dressing/undressing/preparing for day centre/day out/hospital.
- Nail care (cleaning).
- Care of pressure sores.
- Toileting/incontinence management/person hygiene.
- Assisting with the use of aids for daily living/rehabilitation.
- Day/evening/night sitting service as required.

Health Care:

In relation to medication in accordance with client's care plan.

Duties care:

- Prepare meals/snacks according to client's care plan.
- Assist with feeding as required.

Domestic/household care:

- General duties include dusting/cleaning/vacuuming/polishing.
- Laundry/ironing/light needle work/folding and putting away clothes.
- Bed making/changing sheets.
- Shopping and preparing shopping lists and assisting with budgeting.
- Fuel management.
- Clearing rubbish/putting bins out for collections.

Personal services:

To conform to all the policies and procedures laid down by Zi Mat Ltd in respect of carrying out these care duties.

- Assistance with personnel finances.
- Democratic rights/voting cards.

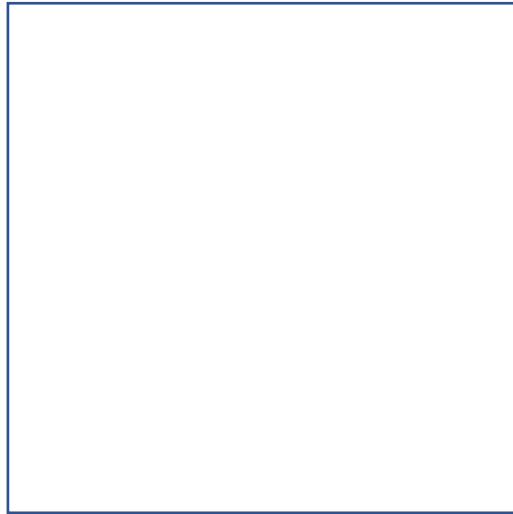
Personnel planning/birthdays/anniversaries/appointments.

Name: _____

Signature: _____

Date: _____

PROFILE PICTURE



Please upload/attach a passport size photo of yourself

NAME:

SIGNATURE:
