





Why do you want to work in Domiciliary Care?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

What skills/attributes can you bring to the role?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Any additional information which may support your application

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



## EMPLOYMENT HISTORY

Where there are **any** gaps in employment, please give enough detail in your explanation of the circumstances to enable us to make checks if we need to. Please be sure to highlight any experience you consider to be relevant to the present application including any previous work involving caring for people, whether paid or not. Include the name and address of any present employer and the names and addresses of any previous employers together with details of any business.

**If any of your previous duties involved working with children or vulnerable adults, you should give the full reasons for leaving and explain how this could be verified.**

Occupation including job title	From	To	Name, address and telephone number of employer	Reason for leaving

Continue on separate sheet as necessary



**Professional or Technical Qualifications**

<b>Qualifications Gained</b>	<b>Awarding Body</b>	<b>Date of Award</b>

Continue on separate sheet if necessary

**Details of membership or registration with professional - or other relevant organisations or bodies.**

<b>Organisation or professional body</b>	<b>Date admitted/registered and expiry date</b>	<b>Type or level of Membership/Registration</b>

Continue on separate sheet if necessary.



## REFEREES

Please supply the names and addresses of three individuals from whom we may take up references.

You must give the name of your current or most recent employer as the first reference. Neither of these referees may be a relative. These referees must be able to provide comment on your professional skills and competence relevant to this agency.

At least one of these referees must have employed you for at least 3 months (if it is impracticable to obtain such a reference, please explain why).

	<b>Name</b>	<b>Address</b>	<b>Tel. Number</b>
1 .			
2 .			
3 .			



**Rehabilitation of Offenders Act 1974**

Because of the nature of the work for which you are applying, this work is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to the application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

You are invited below to declare any past criminal convictions and cautions regardless of how long ago they occurred. If you do not have any past convictions please state **NIL**.

**Declaration** I certify that the information given in this application is to the best of my knowledge and belief complete and correct. I agree to comply with the requirements specified. I am aware that if it is discovered that I have withheld, omitted or misrepresented any facts in this application, any Application granted would be liable to cancellation and I may be liable to prosecution.

I agree to comply with the Regulations which apply and the relevant National Minimum Standards.

**Signed** ..... **Date** .....

## **Medical History**

Do you now, or have you ever, suffered from or received treatment for the following? If your answer to any of these questions is YES please give details in the space overleaf, attach additional paper if required.

1. Respiratory symptoms, disorders, or diseases? (Including asthma, tuberculosis, bronchitis, allergies)  
No / Yes
2. Skin symptoms, disorders or diseases? (including eczema, dermatitis, allergies)  
No / Yes
3. Psychological/psychiatric symptoms, disorders or diseases? (including anxiety, depression, stress, alcohol / drugs / substance misuse or dependence anxiety, episodes of disorientation, agitation, episodes of self-harm, violence, aggression)  
No / Yes
4. Back or neck symptoms, disorders or diseases?  
No / Yes
5. Impairment or disability of the upper or lower limbs?  
No / Yes
6. Uncorrected vision problems? (including recurring eye infections, tunnel vision)  
No / Yes
7. Hearing problems? (including recurring ear infections, hearing deficits)  
No / Yes
8. Neurological symptoms, disorders or diseases? (including epilepsy, dizzy spells, blackouts) No / Yes
9. Cardiovascular symptoms, disorders, or diseases? (including high blood pressure, angina, blood disorders or diseases)  
No / Yes
10. Gastrointestinal symptoms, disorders, or diseases? (including diarrhea, vomiting, Crohns, Irritable Bowel Syndrome, Diverticulitis, food borne diseases)  
No / Yes
11. Endocrine disorders or diseases? (including diabetes)  
No / Yes

12. Have you ever had any health problems related to your work?  
No / Yes
13. Have you ever claimed a disability pension, industrial injury benefit or been refused life insurance or employment on health grounds?  
No / Yes
14. Are you currently pregnant, breastfeeding or have you given birth in the last 6 months?  
No / Yes
15. Are you presently receiving, or awaiting treatment for a physical or mental health problem?  
No / Yes
16. Are you currently taking any prescribed or over the counter medications?  
No / Yes
17. Have you lived outside UK for a period of longer than 6 months?  
No / Yes
18. How many days sickness absence have you had during the last 2 years?  
(please give details below)

Please give additional details here – continue on a separate sheet if required.