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| **HEALTH DETAILS.**  If the answer is “yes” to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever had?** | | | | | | | | | | | | | | | | | | | | | | | | **\*delete as applicable** | | | | **Additional information to “Yes” response** | | | | |
| Tuberculosis | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Chest pain, heart condition or raised blood pressure | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Blackouts, fits or attacks of giddiness | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Depression, mental illness or nervous breakdown | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Rheumatism or arthritis | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Back trouble | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Typhoid, paratyphoid | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Digestive or bowel disease | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Diabetes, thyroid or other gland trouble | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Bladder or kidney trouble | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Dermatitis or skin trouble | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Varicose veins | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Any other accident, operation or illness | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Have you any reason to believe you may be infected with any communicable disease | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Any illness or medical condition that prevented you from attending work, normal duties or activities for more than one week during the past year | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Any other current or recent medical condition or treatment which might affect your attendance or performance at work | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Any physical impairment including defect of sight or hearing. If “yes” please specify any special needs in relation to your disability | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Do you intend seeking medical advice within the next 3 months | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Do you intend to work night duties on a regular basis | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| Do you smoke | | | | | | | | | | | | | | | | | | | | | | | | \*Yes/No | | | |  | | | | |
| How many units of alcohol do you drink per week | | | | | | | | | | | | | | | | | | | | | | | | ................(one unit = ½ pint beer or 1 glass wine or 1 single whisky) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DECLARATION (please read carefully before signing this application)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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 contract offered. 2. Should Lycette Care Ltd require further information and wish to contact my doctor with a view to obtaining a medical report, the law requires them to inform me of their intentions and must obtain my permission prior to contacting my doctor. I agree that Lycette Care Ltd reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during my employment and for up to six years thereafter and I understand that information will be processed in accordance with the Data Protection Act, 3. I agree that should I be successful in this application, Lycette Care Ltd will apply to the Disclosure and Barring Service for an enhanced disclosure. I also agree that the company may apply to my previous employers for references. I understand that should the disclosure or references be unsatisfactory, any offer of employment may be withdrawn.   Signed: ..............................................................................................................  Date: .............................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LYCETTE CARE LTD ~ APPLICATION FOR EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Please return completed application form to:*  **PRIVATE AND CONFIDENTIAL**  **Lycette Care**  **The Warren Care Home**  **Cluden Road, Northam,**  **BIDEFORD**  **EX39 3QF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Please attach a recent photograph here** | | | | |
| **POSITION APPLIED FOR:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Title:** | | | | | | | | | | | | | | | | | | | | | | | | | **Schools attended** | | | | | **Qualifications gained** | | | |
| **Surname:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
| **Forename(s):** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth:** DD/MM/YYYY | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | | | | | | | | | | | | | | | | | | | | | **College/University attended** | | | | | **Qualifications gained** | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
| **Tel. Nos. (please include code)**  **(Home)**  **(Work)**  **(Mobile)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NI No.** | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | | | | |  | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | **Other training** | | | | | **Qualifications gained** | | | |
| **Current Driving Licence?**  **Groups:**  **Details of endorsements**  **(if applicable)** | | | | | | | | **Yes/No**  **A,B,BE,B1 etc** | | | | | | | | | | | | | | | | |  | | | | |  | | | |
| **Are there any restrictions on you taking up work in the UK?**  **Yes/No (if yes please provide details)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reg./PIN (Nursing)** | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | | |  | | | | |  | | | |
| **Expiry Date:** DD/MM/YYYY | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
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| **OTHER EMPLOYMENT.** Please note any other employment you would continue with if you were to be successful in obtaining this position. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LEISURE.** Please note here your leisure interests, sports and hobbies, or other pastimes, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT HISTORY** (Please complete in full using a separate sheet if necessary, starting with your most recent employment, giving reasons for any gaps) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From – To** | | **Name & address of employer** | | | | | | | | | | | | | | | | | | | | | **Job Title & Duties** | | | | | | | | **Salary upon leaving** | **Reason for leaving** | |
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| **REFERENCES** Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (***referees for qualified nurses must be professionals***). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to vulnerable adults, the company reserves the right to approach any past employer for a reference. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Name | | | | | | | | | | | | | | | | | | | | | | | | | 2 | Name | | | | | | |
|  | Position | | | | | | | | | | | | | | | | | | | | | | | | |  | Position | | | | | | |
|  | Organisation | | | | | | | | | | | | | | | | | | | | | | | | |  | Organisation | | | | | | |
|  | Address | | | | | | | | | | | | | | | | | | | | | | | | |  | Address | | | | | | |
|  | Postcode | | | | | | | | | | | | | | | | | | | | | | | | |  | Postcode | | | | | | |
|  | Tel. No. | | | | | | | | | | | | | | | | | | | | | | | | |  | Tel. No. | | | | | | |
|  | May the company approach the above prior to interview? **Yes/No** (*delete as required*) | | | | | | | | | | | | | | | | | | | | | | | | |  | May the company approach the above prior to interview? **Yes/No** (*delete as required*) | | | | | | |

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| **GENERAL COMMENTS.** Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. |
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| **CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**. Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.  In addition you are required to submit to a Disclosure and Barring Service check. Any disclosure made by the DBS will remain strictly confidential.  Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? **YES/NO** (*delete as required*)  If **YES**, please give details... |
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| **SPECIAL REQUIREMENTS (CARE SECTOR).** Because this position involves the care of vulnerable adults, employment is dependent on the following:   1. Your written consent to obtain an enhanced disclosure certificate from the Disclosure and Barring Service or an approved umbrella body. 2. Such disclosure being acceptable to the company. 3. Proof of identity – e.g. *birth/marriage certificate, Passport, UK Driving Licence, Bank/Building Society/Credit Card Statement, Utility Bill, etc*. 4. Two satisfactory written references (*references from family members/friends are not acceptable*). 5. A recent photograph of yourself for our retention. 6. Evidence of physical or mental suitability for the work. |