



Care & Support Worker Application Form

Please attach the completed form to your CV

Section 1- Personal Details	
Title: Mr /Mrs / Ms/Others	Name:
Previous Names (if any):	
Date of Birth:	
Address:	
Nationality:	National Insurance Number:
Email:	Telephone Number:
Marital Status: Single/Married/Divorced/Widowed/Separated/Co-habiting/Other. Please tick as appropriate	

Section 2: Passport and Work Permit Details		
Work Permits:	Yes No	Expiry Date:
Passport Nationality:	Place of Issue:	
Passport Number:	Date of Issue:	Expiry Date:

Section 3 - Next of Kin Details

Title: Mr/Mrs/Ms Names:

Address:

Relationship:

Contact Telephone Number

Section 4 – General Information

Do you hold a UK driving Licence? Yes No

How did you first hear about City Support Limited?

Section 5 - Training**Personal Hygiene**Bath/Shower/Strip wash
Bed Bath
Use of Bath aids
General personal care**Toileting**Continence care
Bed pans/commode etc
Changing catheter bag
Attaching night bag
Applying a convener
Emptying a catheter bag
Stoma care**Mobility**Moving & handling courses.
Use of hoists (manual/elec)
Use of walking aids.
Moving & Handling clients**Care Duties**Pressure area care
Simple dressing procedures
Assisting with medication
Terminal care**Practical Tasks**Bedmaking/changing bed
Recording blood pressure
Recording temperature
Measure respiration**Administrative Abilities**Confidentiality
Report writing
Recording instructions
Observing/recording changes.
In client's condition**Other Skills.**Person centred approach
Recovery model
POVA procedures**Previous Experience**Private hospital.
Nursing/residential home
Hospital

Section 6 – Work Experience

Please print details of all your employment history for a period of at least 2 years, in reverse date order, starting with your present or last position.

Name and address of employer	Position(s) held, duties,	Date From	Date Left	Reasons for leaving

Vocational Qualification/Courses Attended

Institution	Dates	Qualification

Section 7 - References

Please give the names of two people, including your present or most recent employer, whom we may approach for a reference. (Not relative or friends)

Name: _____ Position: _____

Address: _____

Post Code: _____ Tel Nos: _____ Email: _____

Name: _____ Position: _____

Address: _____

Post Code _____ Tel Nos: _____ Email: _____

Section 8 – Work Preferences

Please specify which type of work you would prefer. You should tick all appropriate boxes. The service we provide depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions: Part Time: Yes/No _____ Full-time Yes/no _____

Type of work:

NHS Private Hospitals: Yes/No _____ Nursing Home Residential: Yes/No _____

Clients in their own home: Yes/No _____ Live-In: Yes/No _____ Days: Yes/No _____ Nights: Yes/No _____

Do you have any other work commitments: Yes/No?

Others, please specify _____

When will you be available to start work?

Length of time available?

Section 9 – Health Declaration		
Height:	Weight	
Have you attended hospital as either an inpatient or outpatient during the past five years: Yes/No		
If yes, please give details		
Please tick then answer to the following questions		
Do you have any physical disability, which will affect your working ability?	Yes	No
Are you currently taking any medication for mental or physical reasons?	Yes	No
Have you been refused employment due to mental or physical reasons?	Yes	No
Do you smoke? (optional) Yes/No	No. of cigarettes per day (optional)	
Do you drink alcohol (optional) Yes/No	No. of units per day (optional)	

Have you ever had, or currently have, problems associated with following areas/conditions?

Allergies	Yes	No	Gall Bladder/Jaundice	Yes	No
Anaemia	Yes	No	Headaches/Migraines	Yes	No
Anxiety	Yes	No	Heart disease	Yes	No
Arthritis	Yes	No	Hepatitis A B C	Yes	No
Asthma/Bronchitis	Yes	No	Hernia	Yes	No
Back pain/operation	Yes	No	Insomnia	Yes	No
High blood pressure	Yes	No	Kidney/Urine	Yes	No
Cancer/Tumour	Yes	No	Neck pain	Yes	No
Chest pain	Yes	No	Polio	Yes	No
Convulsion/Epilepsy	Yes	No	Pregnancy	Yes	No
Diabetes	Yes	No	Psychiatric treatment	Yes	No
Dermatitis/skin problems	Yes	No	Rheumatic fever	Yes	No
Dental	Yes	No	Rheumatism	Yes	No
Ears	Yes	No	Salmonella/Food poisoning	Yes	No
Eyes	Yes	No	Stomach/Intestine disease	Yes	No
Fainting spells	Yes	No	Tuberculosis (TB)	Yes	No
Glands	Yes	No	Weight loss/gain	Yes	No

Have you been inoculated/vaccinated against the following?

German measles (Rubella)	Yes	No	Tuberculosis	Yes	No
Hepatitis B	Yes	No	Tetanus	Yes	No
COVID-19 Vaccination	Yes	No			
Polio	Yes	No	Other	Yes	No
Have you ever undergone a test for HIV: Yes/No			Result		

Section 10 – Pay.

We pay our staff by BACS (automatic transfer), directly into their bank account. You will receive a full detailed pay advice, and by using BACS, your money will be available in your bank account sooner.

Name on account:

Bank Sort Code:

Bank/Building Society Name:

Account Number:

Bank/Building Society address:

Equal opportunities

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic and national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, age, or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted, and treated based on their relevant merits and abilities.

All our employees are given equal opportunities and are encouraged to progress within the organisation. We are committed to an ongoing programme of action to make this policy fully effective.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reasons, would you provide the following information. Please tick the category.

White: English/Scottish/Welsh/Irish

Any other white background:

Mixed:

White and Black Caribbean/White and Black African/White and Asian

Asian:

Indian/Pakistani/Bangladesh

Any other Asian background:

Black:

African/Caribbean

Any other black background:

Section 11: Confidential Declaration

Registration implies acceptance of codes of confidentiality.
In the course of your duties, you may have access to confidential information about your client. On no account must the information relating to identifiable clients be divulged to anyone other than your branch manager or his/her assistant.
You should not disclose any information to your family, friend, neighbours. etc.
If you are worried by any information, you have obtained and consider that you should talk about it to someone else, please make an appointment to speak in private to your manager.
Failure to observe these rules will be regarded as serious misconduct which will result in removal from agency register.

I have read and understood the above and I agree to abide by the contents therein.

Signed

Date:

ENHANCED CRIMINAL RECORDS DISCLOSURE INFORMATION SHEET

Under the rehabilitation of Offenders Act you are required to reveal ALL convictions. This must include ALL spent convictions as defined under the act. We actively promote equality of opportunity for all, as stated in our Equal Opportunities policy, which can be found in your handbook or at your local office. If you are in doubt whatsoever about a declaration, you must discuss with your local manager. A conviction does not automatically prevent you from registering, however failure to declare will lead to immediate action. You are required to inform us if you are convicted of criminal offence, cautioned, or have a hearing pending the future.

What is an enhanced disclosure?

An enhanced disclosure is for positions involving greater contact with children or vulnerable adults. In addition to the information provided on standard disclosure, the enhanced disclosure involves an additional check with Police, who will check if any information is held on file that may be relevant. The Police decide what (if any) additional information will be added to the disclosure. In rare circumstances, the Police may write to the employer separately giving confidential information about ongoing criminal investigation into the applicant.

The information may not be released to the applicant. Examples that may not be released:

- All spent convictions from childhood
- Investigations that have not led to a criminal conviction.
- Any action taken against you by the local authority.
- Driving offences received through court.
- Details of ongoing criminal investigation

If an offence is highlighted (when we receive your enhanced disclosure) that you have not declared your application may be withdrawn from the recruitment process.

For more information on DBS enhanced disclosure please call 03000 200 190 or visit website www.gov.uk/government/organisations/disclosure-and-barring-service

DECLARATION

The information supplied on this form will be processed and stored in manual and computerised records for recruitment, employment, and management process. You have the right to access this data. All information will be treated in the strictest confidence. Unsuccessful applicants will be retained for three months.

I declare that the information contained on this form is true and complete. I understand that if it is later discovered that any statement is false or misleading, it may be sufficient for cancelling any agreements made or I may be dismissed from employment by the company.

I consent to Accelerated Care UK Limited processing this information and give permission for reference checking in connection with my application. I understand too that an **Enhanced Criminal RecordBureau Disclosure** will be sought.

Signed: _____

Date: _____