

What skills/attributes can you bring to the role?

Any qualifications or additional information which may support your application

Training and Development

| Course | Date Completed | Update Due |
|---------------------|----------------|------------|
| Health and Safety | | |
| Safeguarding | | |
| Moving & Handling | | |
| Person Centred Care | | |
| Food Hygiene | | |
| Infection Control | | |

We require evidence of all training / qualifications – please supply certificates.

Professional References

Northants Community Care requires a reference from your present or most recent employer. By this we mean actual employers not colleagues.

Reference 1 (Present or most recent employer)

Name of referee:

Position:

Company Name:

Mailing Address:

Post Code:

Telephone Number:

Email Mobile Phone:

Reference 2 (Previous employer or character reference)

Name of referee:

Position:

Company Name:

Mailing Address:

Post Code:

Telephone Number:

Email Mobile Phone:

If you are unable to provide a second reference from previous employers, we accept character references from a professional person known to you but not family and friends.

| Declaration of Health | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Title: | Surname: | First Names: |
| Previous Names: | | Date of Birth: |
| Job Title: | | |
| Current Address: | | |
| Permanent Address (if different from above): | | |
| Home Telephone Number: | | Mobile Telephone Number: |
| Email Address: | | |
| <p>Information contained within this document is governed by the Data Protection Act 1998. The information is assessed to approve your fitness to practise. The information will be disclosed for the administration of your application and as part of the process in placing you in temporary or permanent work. Only authorised Northants Community Care employees will have access to this information until you have confirmed that you wish your details to be sent to a potential employer or third party in order to find you work. Please ensure the health statement is completed fully and return it to Northants Community Care as soon as possible.</p> | | |

| 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 diarrhoea, vomiting, Crohns, Irritable Bowel Syndrome, Diverticulitis, food borne diseases) | No / Yes |
| 11. genito-urinary / gynaecological symptoms, disorders or diseases? | No / Yes |
| 12. endocrine disorders or diseases? (including diabetes) | No / Yes |
| 13. immuno-deficiency symptoms, disorders or diseases? | No / Yes |
| 14. communication (speech) problems? | No / Yes |
| 15. any other health problems not mentioned above? | No / Yes |
| 16. Have you ever had any health problems related to your work? | No / Yes |
| 17. Have you ever claimed a disability pension, industrial injury benefit or been refused life insurance or employment on health grounds? | No / Yes |
| 18. Have you ever been an in-patient or out patient at any hospital, clinic, nursing home or accident or emergency department? | No / Yes |
| 19. Are you currently pregnant, breastfeeding or have you given birth in the last 6 months? | No / Yes |
| 20. Are you presently receiving, or awaiting treatment for a physical or mental health problem? | No / Yes |
| 21. Are you currently taking any prescribed or over the counter medications? | No / Yes |
| 22. Have you lived outside UK for a period of longer than 6 months? | No / Yes |
| 23. Have you had chickenpox as a child or adult? If so at what age? | No / Yes |
| 24. 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. | |

Rehabilitation Of Offenders Act

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. A copy of our recruitment and selection policy is available upon request. A criminal record will not necessarily be a bar to obtaining a position. Further guidance can be obtained by reference to the CRB's code of practice, a copy of which is available from our office or on the CRB website www.crb.gov.uk

Have you ever been convicted of a criminal offence? Yes No

Have you completed an enhanced CRB? Yes No

Do you have any spent or unspent criminal convictions? Yes No

Any Conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your ability for the role you are applying for.

Have you provided an original Enhanced CRB Disclosure Yes No

Disclosure Number:

Equal Opportunities

Northants Community Care adheres to a policy that promotes equal opportunity. To ensure that the policy works effectively please complete the following.

Age: 16-24 25-34 35-44 45-54 55+

Gender: Male Female

Ethnic Origin:

White: British Irish Other White

Asian: Bangladeshi Indian Pakistani Other Asian

Black: African Caribbean Other Black

Mixed: White and Black Caribbean White and Black African

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| White and Asian <input type="checkbox"/> | Other Mixed <input type="checkbox"/> |
| Other: Chinese <input type="checkbox"/> | Other Ethnic Groups <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> | |
| Religion: Bahia <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> | Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion <input type="checkbox"/> Other Prefer not to say <input type="checkbox"/> |

| Declaration |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU MAY THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE. |
| Please tick the boxes below in confirmation. |
| <input type="checkbox"/> I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence. |
| <input type="checkbox"/> I consent to Northants Community Care checking the details I have provided in support of this application form against the various data sources in order to verify my identity and process this Registration. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB. |
| <input type="checkbox"/> Northants Community Care reserves the right to hold this registration form and any other data required to process your registration (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act. |
| <input type="checkbox"/> I consent to my personal information being shared as described above and I further consent to my personal file being made available to the Care Quality Commission, Skills for Care (the workforce development organisation for social care) and Local Authority Social Services. |
| <input type="checkbox"/> I acknowledge the terms and conditions laid down by Northants Community Care and agree to abide by them. |

Print Name:

Signed:

Date:

Work Availability Form

Name:

Preferred Location:

Availability

I would like to work:

- Part time (5-20 hrs/wk)
- Full time (30-35 hrs/wk)
- Casual
- Seasonal
- Other

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|------------|------|-------|------|--------|------|------|------|
| From: | | | | | | | |
| To: | | | | | | | |
| Overnight? | | | | | | | |

Weekend Colour:

Signature _____

Date _____