



# APPLICATION FORM

Please complete in your own handwriting and return to the Home to which you are applying. This can be by post or as an attachment in an email (scanned image). Contact details can be found in the 'Homes' section of our website.

Position applying for	At which Home
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## PERSONAL DETAILS

CURRENT ADDRESS (Please fill <u>ALL</u> field as required)	PREVIOUS ADDRESS (If less than 5 years address history is provided between current and previous address, please add further address details on a separate page)
Full Name	Address
Address	
Post Code	Post Code
From (MM/YY):     /     To (MM/YY):     /	From (MM/YY):     /     To (MM/YY):     /
Date of Birth	Place of Birth
Home Phone	Mobile Phone
Nationality	Marital Status
Are there any restrictions to your working in the UK? E.g., do you need a work permit?	YES NO <input type="checkbox"/> <input type="checkbox"/>
Do you have a Full Driving License? YES NO <input type="checkbox"/> <input type="checkbox"/>	Are there any Endorsements on your License? YES NO <input type="checkbox"/> <input type="checkbox"/>
Are you a member of a Trade Union (TU) Organisation? YES NO <input type="checkbox"/> <input type="checkbox"/>	NI Number: _____
Name of TU Organisation: _____	PIN Number (if app.) - _____

## HEALTH SCREENING

Do you have, or have you previously had, any of the following health conditions If you answer 'yes' to any questions, you may be asked to see a doctor or nurse for further assessment prior to employment			
Giddiness, fainting attacks, epilepsy	YES NO <input type="checkbox"/> <input type="checkbox"/>	Stroke, heart trouble, high blood pressure or varicose veins	YES NO <input type="checkbox"/> <input type="checkbox"/>
Mental illness, anxiety or depression	YES NO <input type="checkbox"/> <input type="checkbox"/>	Serious hay fever, asthma or recurring chest infections	YES NO <input type="checkbox"/> <input type="checkbox"/>
Recurring headaches	YES NO <input type="checkbox"/> <input type="checkbox"/>	Diabetes	YES NO <input type="checkbox"/> <input type="checkbox"/>
Serious injury or operations	YES NO <input type="checkbox"/> <input type="checkbox"/>	Skin trouble	YES NO <input type="checkbox"/> <input type="checkbox"/>

Recurring stomach or bowel trouble	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Colour vision or eye trouble not corrected by glass or contact lenses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurring bladder trouble	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Back trouble or muscle/joint trouble	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ear trouble or deafness	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hernia or rupture	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Do you have any disabilities that affect the following?  
If you answer 'yes' to any questions, you may be asked to see a doctor or nurse for further assessment prior to employment

Standing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Walking	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Climbing stairs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Lifting	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How many days have you been away sick in the last year?			Are you currently taking any medication? If yes give details below	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please give details of medication:

Are you registered disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so please give registration no: _____
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Do you have any recurring illnesses? Please give details:

### EDUCATION

School / College	Dates From ( <b>BOTH</b> Month & Year)	Dates To ( <b>BOTH</b> Month & Year)	Qualification/Grade
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	

**WORK EXPERIENCE/PREVIOUS EMPLOYMENT (Please use additional sheets if required)**

Employer	Dates From ( <b>BOTH</b> Month & Year)	Dates To ( <b>BOTH</b> Month & Year)	Position Held
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	
	Month/Year:	Month/Year:	

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which you are applying, this post is exempt from the provision of Sec 4(2) of the Rehabilitation of Offenders Act (exempt order 1975).

Application are therefore not entitled to withhold information about convictions or cautions which 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 by the employer. Any information given will be completely confidential and will be considered only in relation to any application for the position to which the application applies.

	YES	NO
Have you ever been convicted or cautioned of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Have you been dismissed or suspended for any pending case?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details:

**REFERENCES 1 and 2**

Name	Name
Address	Address
Telephone No.	Telephone No.
Capacity Known to:	Capacity Known to:

**REFERENCES 3 and 4 (a 3<sup>rd</sup> reference MUST be provided, 4<sup>th</sup> is optional)**

Name	Name
Address	Address
Telephone No.	Telephone No.
Capacity Known to:	Capacity Known to:

I understand that a fee of £63 (non refundable) is required to apply for a CRB prior to employment. This payment will be required upon a successful application using a debit/credit card via a secured payment site.

I also understand that should I take up employment with the Langdales Group the following will apply:

- If notice is given within two years, any training costs incurred by the company will be deducted from any pay due. In the event there is no pay due, an invoice will be generated for the requisite amount to be paid immediately. Failure to pay will result in the commencement of legal action, whereby further costs could be incurred.
- Any Uniforms, Badges etc. that are issued must be paid for. The same process stands as with the “training costs” mentioned above. Any lost items must be replaced and paid for by the employee.
- Any advanced payments (loans) that have been made must be settled in full, if not any outstanding monies will be deducted from any pay due. The same process stands as with the “training costs” and “Uniforms, Badges” above.
- Any costs incurred due to staff negligence will be charged to the employee. The same process stands as with the “training costs”, “Uniform, Badges” and “Advance Payments (loans)” above.

I understand that it is my responsibility to keep up to date with all relevant training and courses required for the position I have applied for.

I declare the information given on this application form is, to the best of my knowledge true and complete, I have read and understand all the above conditions of employment and wish to be considered for employment.

Signed	Date
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**Further Information pertinent to the Application Form**

How many contracted hours per week are you looking to work (please indicate below)?

\_\_\_\_\_ hours

Please be aware that **ALL** staff members are to undergo an Induction period, which will not be paid by the company. This period will involve a minimum of 2 (two) full shifts and may extend depending on assessment of skills by your home manager.

\* YOU HAVE NOW REACHED THE END OF YOUR APPLICATION FORM. PLEASE HAND BACK TO THE INTERVIEWER/MANAGER TO COMPLETE THE APPLICATION STAGE.

THANKING YOU FOR YOUR TIME TAKEN IN FILLING THE FORM \*

MANAGEMENT.

**FOR OFFICE USE ONLY:**

Application Status (please circle or bold if electronic)	SUCCESSFUL	UNSUCCESSFUL
Hourly Rate Agreed	£ . pence per hour	
CRB Application	CRB completion date: / / 2013	
Reference Request(s)	Reference(s) sent date: / / 2013	
Application Managed by (name and sign)	N:	S:
Completion Date	/ / 2013	