Dignity Homecare Agency Ltd

PERSONAL DETAILS					
POSITION APPLIED FOR					
Mr / Mrs / Miss / Ms Other.		Last Name:		First Name:	
Address:				Town	
				Mobile	
Email		NI Number		Date of Birth	
Passport Number		Visa Status (if applicable)		Nationality	
Next of Kin Name		Address & Post Code		Tel	

EDUCATION AND QUALIFICATIONS

University / College Name	Dates attended. From	To	Qualification achieved	NVQ Level

EMPLOYMENT HISTORY

Starting with the most recent first, please list details of your employment going back at least five years, explaining any gaps in employment.

Date From	Date To	Name & address of employer	Position	Duties
Reason for leaving				
Reason for leaving				
Reason for leaving				
Reason for leaving				

PROFESSIONAL REFEREES

Please provide details of two people that have agreed to give character references for you. Preferably your two last employers.

REFEREE 1		REFEREE 2	
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Tel		Tel	
Email		Email	
Sent		Sent	
Received		Received	

CONVICTIONS / DISQUALIFICATIONS

This position is considered exempt from provisions of the Rehabilitation of Offenders Act 1974, as contained in the Exemptions Amendment 1986. You are required to disclose information concerning all convictions including those, which for other purposes would be regarded as spent under the Act. All information will be treated as confidential and considered where the offence is relevant.

Please list below all convictions. Past, current, and pending.

I certify that the above information is true to the best of my knowledge. I also understand that I will not be allowed to commence work until I hold a current valid DBS check.

Signed		Date	
Print Name			

HEALTH DECLARATION

This section MUST be filled in to help us ascertain areas you would be most suited to work in. This will not affect your application in general.

Have you ever had in your life any of the following?

DESCRIPTION OF ILLNESS	YES	NO	DETAILS
1. Any skin condition			
2. Bronchitis, Pneumonia, Tuberculosis, or similar exposure to TB			
3. Asthma or other allergic conditions			
4. Heart disease or high blood pressure			
5. Fits, blackouts, or epilepsy			
6. Any type of Hepatitis (previous, current or being investigated)			
7. Backache, sciatica or other back or neck pains			
8. Are you registered disabled?			

TRAINING

Course	Date Attended	Expiry date
Mandatory training certificate		
Medication Administration		
Additional specialist or complex training:		

EQUAL OPPORTUNITIES MONITORING

Dignity Homecare Agency Ltd. is committed to being an inclusive workplace and makes hiring decisions based solely on merit, without regard to age, disability, race, creed, colour, nationality, ethnic origin, sex, marital status, or sexual orientation. We ask that all applicants fill out the following form so that we can track how well our equal opportunity policy is working. Take note: The questions surrounding ethnic minorities have nothing to do with citizenship, nationality, or place of birth.

The Agency will make every effort to adhere to all applicable laws and regulations in furtherance of its Equal Opportunities Policy, including but not limited to the Race Relations Act of 1976, the Sex Discrimination Act of 1975, the measures relating to the employment of disabled people, and the existing codes of practise.
All data collected here will be kept confidential and used solely for internal monitoring purposes.

SEX	MALE		FEMALE		ETHNICITY	White European		White other				
NATIONALITY					Black Caribbean		Black African		Black other			
AGE GROUP	16-20		21-35		36-50		50+		Pakistani		Indian		Filipino		
DISABILITIES	Registered disabled			No Disability					Chinese		Other Asian		Mixed race		

WORKING TIME REGULATIONS

I agree with Dignity Homecare Agency Ltd that the limit stated on Regulation 4(1) of the Working Time Regulations 1998, of 48 hours' maximum shall not apply to me. I understand that my hours of work may now exceed those stated in the Working Times Regulations. This agreement shall apply from the date of signing below. I understand that I can terminate this agreement at any time with 4 weeks' written notice. I agree to comply with the policies and procedures of Dignity Homecare Agency Ltd

Signed		Date	

DECLARATIONS

I can confirm that I am not under investigation by my employer previous or current. I agree to disclose any future investigations to Dignity Homecare Agency Ltd as soon as possible. I also agree to inform Dignity Homecare Agency Ltd of any criminal Investigations against me.

Signed		Date	

I agree that all information provided by me is true and accurate to the best of my knowledge. I understand that any false or misleading information provided by myself can lead to the termination of my contract. I am permitted to work in the UK. I understand the conditions of the agreement between me and Dignity Homecare Agency Ltd. I agree to inform the company if I am offered permanent employment by any client, I am sent to work at by Dignity Homecare Agency Ltd.

Signed		Date	

How did you hear about Dignity Homecare Agency Ltd		**Referred By**	
You can now either submit this application to: **Dignity Homecare Agency Ltd** **Imperial Offices,** **Suite 10,** **2a Heigham Road,** **Eastham, London E6 2JG** **Email to: info@dignitycareagency.co.uk**			