



Our Ref: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**POSITION APPLIED FOR:** Care assistant

Title:	Next of kin
Surname:	Relationship
Forename(s):	Address
Address:	Contact Number
Postcode:	<b>Schools/ Higher education</b>
E-mail address:	<b>Qualifications gained</b>
National Ins No:	
Tel. Nos (please include code):	<b>Health Care/Associated training</b>
Home	<b>Qualifications gained</b>
Mobile	
Current driving licence? <b>Yes/No</b>	
Expiry Date:	
Do you have access to a car? <b>Yes/No</b>	
Have you Penalty points? <b>Yes/No</b> (If yes please provide how many)	
Are there any restrictions on you taking up work in the NI? <b>Yes/No</b> (If yes please provide details)	<b>Other training</b>
NISCC Registration number (If any):	

**In less than 50 words, please state the reasons why you have chosen a care assistant position and what strengths do would bring to this post.**

**EMPLOYMENT HISTORY** (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

From – To	Name & Address of employer	Job Title & Duties	Salary on leaving	Reason for leaving

**OTHER EMPLOYMENT**

Please note any other employment you would continue with if you were to be successful in obtaining this position.

**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. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/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:
	Email:		Email:
	May the company approach the above prior to interview? Yes/No		May the company approach the above prior to interview? Yes/No

## 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 an ACCESS NI check. Any standard or enhanced disclosure made by the ACCESS NI will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? Yes   
No

Are you currently the subject of a police investigation or have any prosecutions pending? Yes   
No

Are you currently the subject of a police investigation or have any prosecutions pending? Yes   
No

**If you have answered YES to any of the above please give details:**

## 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:	Tickas applicable	Additional Information to "Yes" response
Chest pain, heart condition or raised blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Blackouts, fits or attacks of giddiness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Depression, mental illness or nervous breakdown?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Back PAIN	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Diabetes, thyroid or other gland trouble?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Dermatitis, skin trouble or any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Any other accident, operation or illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Have you any reason to believe you may be infected with any communicable disease? Have you ever had chicken Pox?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

## AVAILABILITY

Please specify the times and days you will be available by ticking the appropriate boxes

	7am - 9am	9am -1pm	1pm - 5pm	After 5pm	Night time	Anytime
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

Because of the nature of the work and the travel involved please indicate the area you would like to be considered for .....

## SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

- 1) Your written consent to obtaining a standard/enhanced disclosure certificate from ACCESS NI OR AN APPROVED UMBRELLA BODY and ON AN ANNUAL BASIS you will complete a self Declaration Form
- 2) Such disclosure being acceptable to the company.
- 3) Proof of identity – Drivers licence, passport and proof of address (Utility Bill).
- 4) Two satisfactory written references.
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work.

## 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 we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right 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 employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to ACCESS NI for enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed: .....

Date: .....



**EMPLOYEE MONITORING FORM**

***Equality of Opportunity***

**Private and Confidential**

**Post applied for:**

**Ref Number:**

**Date:**

We are an equal opportunities employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in recruiting and select the best person for the job. To demonstrate our commitment to equality of opportunity in our Company we need to monitor the community background of our staff, as required by the Fair Employment Act 1989.

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant.

We are therefore asking you to indicate your community background by ticking the appropriate box below:

**Question 1**

- I am a member of the Protestant Community
- I am a member of the Roman Catholic Community
- I am a member of neither the Protestant nor Roman Catholic Community

**Question 2**

Please indicate whether you are: Female Male

If you do not complete this questionnaire, we are encouraged to use the residuary method which means that we make a determination on the basis of personal information on file.

Please note that it is a criminal offence under legislation for a person to "give false information" in connection with the preparation of the "monitoring return".

**PLEASE COMPLETE THIS FORM AND PLACE IN THE ENCLOSED MONITORING OFFICER ENVELOPE AND RETURN IT WITH YOUR APPLICATION FORM.**