

Employment Application Form

(Please complete in block letters only)

Position Applied For: _____

Personal Details

Your last name: _____	Your first name/s: _____
Address: _____	
_____	Postcode: _____
Day time telephone: _____	Home telephone _____
Mobile telephone: _____	Email: _____
Date of birth: _____	Place of birth: _____
N. I. number: _____	Marital status: _____
UK driving licence number: _____	

Present Address:

Previous Address:

Postcode: Time at this address: From (month/year)/..... To (month/year)/.....	Postcode: Time at this address: From (month/year)/..... To (month/year)/.....
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Nationality

If not British/EEC please state Visa status
(Are you allowed to work in the UK)

YES NO

Date of entry into the UK

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Passport Number

Date of Issue

Next of kin/person to contact in an emergency

Name: _____ **Relationship to you:** _____

Address: _____

_____ **Telephone:** _____

For those applying for care work:

Please specify your availability by circling:

MON		TUES		WED		THUR		FRI		SAT		SUN	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

What type of work are you interested in? (Please specify with a tick)

	YES	NO
Walk-In (Pop-in visits)		
Sit- (Companionship calls)		
Sleep-In (Overnight care)		
Live-In (24 hour care)		

Do you have a problem working with pets? If yes please give details below

YES	NO

Education:

Place of education:	Start date:	End date:	Exam results:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gap in Education:

Employment History

Current / last job:

Employer's name: _____ Contact: _____

Address: _____ Position: _____

Telephone: _____

Postcode: _____

Start date: _____ Leaving date: _____

Starting salary: _____ Final salary: _____

Main duties: _____

Reason for leaving: _____

Previous Job:

Employer's name: _____ Contact: _____

Address: _____ Position: _____

Telephone: _____

Postcode: _____

Start date: _____ Leaving date: _____

Starting salary: _____ Final salary: _____

Main duties: _____

Reason for leaving: _____

Gap in employment:

Reference:

Please provide two references in the space provided. One referee must be your most recent employer. Please give reasons if this is not the case.	
Reference 1 (Most recent employer)	Reference 2
Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Fax:	Fax:

References may be taken up prior to interview. Please indicate with a tick if you do not wish references to be requested before interview.

HOME OFFICE CIRCULAR HOC102/88

ALL APPLICANTS MUST ANSWER ALL QUESTIONS ON THIS FORM. FAILURE TO DO SO WILL RENDER YOUR APPLICATION INVALID.

In accordance with the above circular, you are required to provide the following information which will be passed on to the police authorities to check the existence and content of any criminal record.

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 (Exemptions) (Amendment) Order 1986. 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 removal from Abantu Care Services Limited register. Please note this information will only be provided to and checked with the Police authorities after a recruitment interview has taken place.

**PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE USE BLOCK CAPITALS THROUGHOUT).
Having a criminal record will not necessarily be a bar to employment with Abantu Care Services Limited.**

Have you ever been convicted of a criminal offence?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify

EQUAL OPPORTUNITY MONITORING FORM

Abantu Care Services Limited is committed to promoting equal opportunities. It is our policy to ensure that all job applicants and employees receive equal treatment irrespective of their gender, race, color, age or disability. To enable us monitor this effectively, please complete below, as applicable to you. Information provided is strictly for monitoring purposes.

Gender:

Male Female

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Nationality/ Origin:

Asian

Black

Caucasian

Bangladeshi { }

African { }

British { }

Pakistani { }

Caribbean { }

European { }

Indian { }

British { }

Other { }

British { }

European { }

Other { }

Other { }

DISABILITY

Do you consider yourself as having a disability that could affect your day-to-day work? If yes, please specify: _____

Are you a registered disabled? Yes { } No { }

If yes, please provide your registration number _____

Any further information _____

Describe your general health:

What regular exercise do you take?

What are your interests, hobbies etc.?

What hours would you like to work?

What hours would you not like to work?

If you are offered this position, when would you be able to start?

Why would you like this position?

What makes you think you are suitable for it?

When are you available for interview?

When are you **not** available for interview?

If offered the position, how would you get to work and back?

Give details of any other work you would be or might be doing as well if you were given this position:

Confidential Medical Questionnaire

We consider the welfare of those in our care as our prime purpose, which means ensuring the best standards of care being provided. Therefore, the well-being of our staff is essential in the standard of care we provide to our Service Users. Please complete the following questionnaire:

Have you or do you suffer from:

- | | | | |
|----------------------------|----|-----|------------------|
| Heart or chest problems | No | Yes | If yes, details: |
| Lung or breathing problems | No | Yes | If yes, details: |
| Rheumatism or arthritis | No | Yes | If yes, details: |
| High blood pressure | No | Yes | If yes, details: |
| Frequent headaches | No | Yes | If yes, details: |
| Tiredness or weariness | No | Yes | If yes, details: |
| Swollen legs or ankles | No | Yes | If yes, details: |
| Varicose veins | No | Yes | If yes, details: |
| Back problems, in any way | No | Yes | If yes, details: |

Have you ever been:

- | | | | |
|-----------------------|----|-----|------------------|
| Operated upon | No | Yes | If yes, details: |
| Seriously injured | No | Yes | If yes, details: |
| Disabled | No | Yes | If yes, details: |
| Made ill by your work | No | Yes | If yes, details: |

Do you need to:

- | | | | |
|---------------------------|----|-----|------------------|
| Wear glasses, lenses etc. | No | Yes | If yes, details: |
| Wear hearing aids | No | Yes | If yes, details: |
| Take regular medication | No | Yes | If yes, details: |

Have you ever been refused employment, dismissed from employment or left employment for any health reason/s at any time? No Yes If yes, details:

To the best of my knowledge, the information I have given in this questionnaire is correct and if I have knowingly given false information I understand that I could be dismissed for gross misconduct.

Name:

Signature:

Date: