JOB APPLICATION FORM

Health Care Assistant (HCA)

Gilgal Home Care & Training Services

SECTION 1: PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Prefer not to say Home Address: _____

Phone Number: _____ WhatsApp Number: _____ Email Address: _____ Nationality: _____ Current Location: _____

SECTION 2: ROLE APPLIED FOR

☐ Health Care Assistant – Daytime Support
☐ Health Care Assistant – Overnight / Sleep-in
☐ Health Care Assistant – Flexible / Community-Based

SECTION 3: EDUCATION & QUALIFICATIONS

Highest Qualification Obtained: ☐ BSc Nursing
☐ NCE
☐ Health & Social Care Certificate
☐ Other (please specify): _____

Institution Attended: _____ Year Completed: _____

SECTION 4: TRAINING & COMPETENCIES

Please tick any training completed (training will be provided if not held): ☐ Care Certificate (or working towards) ☐ Safeguarding Adults ☐ Moving & Handling ☐ First Aid / Basic Life Support ☐ Infection Prevention & Control ☐ Dementia Awareness ☐ Medication Awareness ☐ Equality, Diversity & Inclusion ☐ Health & Safety / Fire Safety ☐ Other (please specify): _____

SECTION 5: WORK EXPERIENCE

Do you have previous experience in care or support work? □ Yes □ No

If yes, please provide details: Employer Name:
_____ Role Held:
_____ Length of Service:
_____

Brief description of duties:

_____

_____

SECTION 6: SKILLS & MOTIVATION

Why do you want to work as a Health Care Assistant with Gilgal Home Care & Training Services?

_____

_____

SECTION 7: AVAILABILITY

Days available to work: □ Weekdays □ Weekends □ Both

Preferred working hours: □ Daytime □ Overnight □ Flexible

Expected Start Date: _____

SECTION 8: REFERENCES (2 REQUIRED)

Reference 1 – Name, Relationship & Contact Details:

_____

Reference 2 – Name, Relationship & Contact Details:

_____

SECTION 9: DECLARATION

□ I confirm that the information provided is true and correct. □ I understand that full training and background checks will be required.

Applicant Name: _____

Signature: _____

Date: _____