AJ Plus Healthcare- CARE WO RKER APPLICATION FORM A

[**Ajpluscare@yahoo.com**](mailto:Ajpluscare@yahoo.com)

**Application Form**

Please ensure you complete the application form in full as we cannot accept CVs only. Please complete with black ink and block capitals. This form will be kept in confidence.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.

If you have any special requirements to support, you to complete this form (e.g. the need for large print or additional time) please contact the Registered Manager on [07825941609/info@jabacareltd.co.uk](mailto:07825941609/info@jabacareltd.co.uk)

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| --- | --- |
| **Position** | |
| Position applied for: |  |
| Preferred employment type (e.g., part time, full time): |  |
| **Personal Details** | |
| Surname: | First name(s): |
| Current Address: | Postcode: |
| Telephone number (home): | Telephone number (mobile): |
| Email address: | |
| Own Transport  **Yes/No** | How long has your licence been held? |
| Details: | |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)?  **YES / NO**  If no, please detail current immigration status and the relevant visa currently held (including Visa number): | National Insurance Number: |
| Are you are related to a member of staff or Service User at Victory Locum Limited, please circle only:  **YES / NO** |

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| **Equality Act 2010** |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010)  Reasonable adjustments will be made available should you be invited to interview. According to the definition of disability do you consider yourself to have a disability?  **YES / NO / Prefer not to discuss** |

**Education**

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| --- | --- |
| **School/College/University** | **Examinations Passed, Qualifications Gained and year obtained**  (All qualifications will be subject to a satisfactory check). |
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**Training Courses Attended Or Completing**

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| --- | --- | --- |
| **Subject**  (evidence of attending courses is required) | **Location/Details** | **Date** |

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**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

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| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |

|  |  |
| --- | --- |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |

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| --- | --- |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |

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| Please detail here any gaps in employment and state why: |

**Supporting Statement**

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.

**Referees**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required

references, please discuss the matter with us.

|  |
| --- |
| **Current or Most Recent Employer** |
| **Name:** |
| **Address and Postcode:** |
| **Phone number:** |
| **Email address:** |
| **Job title:** |
| **Start date and end date:** |
|  |
| **Previous Employer To The One Above** |
| **Name:** |
| **Address and Postcode:** |
| **Phone number:** |
| **Email address:** |
| **Job title:** |
| **Start date and end date:** |

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| --- |
| **Character Reference** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |

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| **Email address:** |
| **Relationship to you:** |

**Equality Of Opportunity**

Jabacare Limited is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential.

The information you provide will be treated as strictly confidential in line with the Data Protection Act 2018 and will be used only for equal opportunities monitoring. It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

# IMPORTANT - Please Note:

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.

Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

**Ethnic Origin** - Please indicate your Ethnic Origin

|  |  |  |
| --- | --- | --- |
| **Asian or Asian** | **Mixed o** White & Asian **o** | **Other Ethnic Background** |
| **British o** Bangladeshi | White & Black African **o** White | **o** Chinese |
| **o** Indian **o** Pakistani | & Black Caribbean **o** Any | **o** Any other Chinese |
| **o** Any other Asian background | other mixed background | background **o** Any other ethnic |
|  |  | background |
| **Black or Black British** | **White** |  |
| **o** African | **o** British | **o** I do not wish to disclose my ethnic |
| **o** Caribbean | **o** Irish | origin |
| **o** Any other Black background | **o** Any other white background |  |

**Gender** - Please indicate your Gender

|  |  |
| --- | --- |
| **o** Female | **o** Male |
| **o** Transgender Female | **o** Transgender Male |
| **o** Other | **o** I do not wish to disclose my gender |

**Sexual Orientation** - Please indicate your Sexual Orientation

|  |  |  |
| --- | --- | --- |
| **o** Bisexual | **o** Heterosexual | **o** Other |



|  |  |  |
| --- | --- | --- |
| **o** Gay | **o** Lesbian | **o** I do not wish to disclose my sexual orientation |

**Religion or Belief** - Please indicate your Religion or Belief

|  |  |  |
| --- | --- | --- |
| **o** Buddhist | **o** Jewish | **o** None |
| **o** Christian | **o** Muslim | **o** Other |
| **o** Hindu | **o** Sikh | **o** I do not wish to disclose my religion or belief |

**Marital Status** - Please indicate your Marital Status

|  |  |  |
| --- | --- | --- |
| **o** Common Law Partnership | **o** Married/Civil Partnership | **o** Widowed |
| **o** Divorced | **o** Single | **o** Other |

# As per Equality Act 2010:

Under the terms of the Act a disability is def

on a person’s ability to carry out day to day

ned as a “physical or mental impairment wh

**Do you consider yourself to have a Disabilit** ctivities”. **y?** ich has a substantial and long- term effect

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| --- | --- | --- |
| **o** Yes | **o** No | **o** I do not wish to disclose whether or not I have a disability |

**Caring Responsibilities** - Do you have any care responsibilities for anyone?

|  |  |  |  |
| --- | --- | --- | --- |
| **o** Yes | | **o** No | |
| If yes are they: | | | |
| **o** Children under 16 | **o** Disabled | | **o** Sick or Elderly |

**Health and Fitness Questionnaire**

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| **Please answer the following questions:** |

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| --- | --- | --- | --- | --- | --- |
| 1. Do you have or have you ever had any significant health problem, impairment/disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered? **YES/NO** 2. Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work? **YES/NO** 3. Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? **YES/NO** 4. Are you having, or waiting for any medical treatment or investigations at present? **YES/NO** 5. Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? **YES/NO** | | | | | |
| **If you answered yes to any of the above questions, please provide details below:** | | | | | |
|  | | | | | |
| **Applicants Declaration – Read and understand before signing.**   1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to Jabacare Limited will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice. 2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. 3. I agree that Jabacare Limited reserves the right to require me to undergo a medical examination to assess my suitability for work. 4. I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.   **Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)** | | | | | |
| **Signed:** |  | **Date:** |  | **Print Name:** |  |

**Use this form to notify administration/payroll of the required details.**

|  |  |
| --- | --- |
| **Personal Details** | |
| Surname: | First name: |
| Address (including postcode): | |
| Tel. No: | Date of Birth: |
| Marital status: | Male or female: |
| Position: | Start date: |
| Registered disabled:  **Yes / No** (*please circle*) | If yes, reference number: |
| **Position Details** | |
| Days \_  Shift type (please tick): Nights \_ | Split \_ |
| Location: | |
| Pay type (please tick): | Hourly paid \_ Salary paid \_ |
| Average weekly contract hours: | Hourly rate of pay: |
| Holiday Entitlement for full holiday year: five point six (5.6) weeks | Holiday Entitlement from start date to end of holiday year: |
| Any other benefits applicable: | |
| Due date for first payment: | |
| Role specific considerations (e.g. professional registration details): | |
| **Emergency Contact Details** | |
| Name: | Address: |
| Tel. No: | Relationship: |

**Notification to Payroll/Administration (continued)**

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| **Bank Details** | |
| Account Name: |  |
| Account Number: |  |
| Sort Code: |  |
| B/s Roll Number: |  |

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| **P45 DETAILS (Please**  **Attach** | **h P45 with Job Start Form)** | |  |  |
| NI Number: | |  | NI Category: |  |
| Tax Code: | |  | Month/Week 1: | **YES / NO** |
| Gross Pay TD: | |  | Tax Paid TD: |  |

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| --- | --- | --- | --- |
| **Cascade Information Line** | | | |
| This employee receives info from: |  | And gives info to: |  |

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| --- | --- | --- | --- |
| **Authorisation Signatures** | | | |
| Employee: |  | Date: |  |
| Administration: |  | Date: |  |
| Registered Manager: |  | Date: |  |

**Personnel File Contents Checklist**

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| --- | --- |
| Employee Name: | Date Completed: |

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| --- | --- |
| Signature Of Person Completing: | |
| **Item Checked** | **On File** |
| Identification check (photocopied original documents signed and dated verifying authentication): |  |
| Advertisement, Job Description and Person Specification |  |
| Application Form, adequately completed to include full employment history (gaps accounted for) including signature to confirm accuracy: |  |
| Right to work in UK (photocopied original documents signed and dated verifying authentication): |  |
| Occupational health clearance |  |
| Interview records, including record of employee being told:   * Induction training requirements * Additional training requirements * Offer, conditional on satisfactory references and DBS check * Main terms and conditions, i.e. pay rate, hours, place of work, Service User group |  |
| Offer letter |  |
| DBS Disclosure certificate evidence to include:   * The name of the candidate * The date of the search * The type of search * The position * The DBS reference number * The recruitment decision taken   Retain disclosure information only for as long as is necessary and for a maximum of six months  following the recruitment decision for which it was obtained unless a dispute is raised or, in exceptional circumstances, where DBS agreement is obtained. |  |
| Satisfactory references (at least 2 previous employers, 1 from most recent) |  |
| Statement and Terms and Conditions issued and signed for |  |
| Authority to deduct from wages signed and dated |  |
| Staff Handbook issued |  |
| Professional registration details, current and valid with copies of qualification certificates |  |
| Induction Record (note progress) |  |
| Training record in place and compliant |  |

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| Three-month review carried out |  |
| Code of Conduct issued (signed for) |  |

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| **Item Checked** (continued) | **On File** |
| Appraisal on file (note last date) |  |
| Supervisions on file (note last date) |  |
| Working Time Directive opt out form |  |
| For mobile phone users – copy of authorisation |  |
| If applicable, for car users – driving license (photocopy and sign as authentic), insurance that states business use |  |
| Health and Safety assessments (e.g. night workers, DSE, pregnant workers) |  |
| Incident forms |  |
| Sickness records (to include self cert forms, occupational health reports, return to work interviews) |  |
| Annual leave |  |
| Appraisal and supervision records training |  |
| Performance and meeting records |  |
| Training records to include study leave requests if applicable, etc. |  |
| Employee evidence of the Fair Processing Notice and/or subject access requests |  |