



Attach Photograph
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HEALTH CARE ASSISTANT APPLICATION FORM

Please complete this form in black ink and complete all sections

Position applied for	
Full Names	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Address			
Postcode			
Telephone/mobile			
Email			
Nationality			
Next of kin To be contacted in case of emergency			
Name			
Address			
Telephone/mobile			
Do you hold a driver's license? If yes, what type?(Provisional, full, LGV,PCV)			
Languages			
Are you a member of a union or any organisation offering indemnity insurance?	Body name	Amount of cover	
	Policy number	Expiry date	
DBS certificate number		Update service REF NO.	

Employment history
Please provide previous employment below over the last five years

Name and address of employer	Position and experience

Training, provide refresher period in brackets	Undertaken(YES,NO)	Dates completed
Emergency First Aid at Work (including CPR) (3 yrs.		
Mental Capacity Act & Deprivation of Liberty (1 yrs.		
Manual Handling Practical and Theory (1 yrs.)		
Food Hygiene Level 2 (3yrs)		
Health & Safety		

Equality and Diversity		
Fire (1 years)		
Infection Control		
Medication Administration		
Safeguarding of Vulnerable Adults		
Clinical and medication scenarios (3 yrs.)		
Support work		
Learning disability		

Preference regarding work

Which types of work do you prefer?	
Hospitals	
Nursing home	
Residential home	
Nights/days	
NHS	
Support work	

Immunisations; proof of immunisation must be provided

	YES/NO	DATE
Tuberculosis,		
Hepatitis B		
Rubella		

References

Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, address, postcode		Name, address, postcode	
Telephone number	Position	Telephone number	Position

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or

The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes No Please tick appropriate

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.

I give permission for the processing of the personal data contained in this form for employment purposes
I understand that any false or misleading information could result in my dismissal.

Signed

Date

Note:

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)