

|  |
| --- |
| **POST APPLIED FOR** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | DOB |  | | Male  | | Female | |  |
| Surname |  | | Forenames |  | | | | | |
| Current Address | | | | | | | | | |
| Post Code | |  | | | Email: | | | | | |
| Tel: | | Home | | | Work | | | | Mobile | |
| Nationality | |  | | | National Insurance No | | | | | |
| Next of Kin (in case of emergency) | | | | | | | Tel: | | | |

|  |
| --- |
| Attach Photo |

|  |  |  |
| --- | --- | --- |
| 3. **MANDATORY CARE COURSE** | | |
| Course | Organising Body | Date Certificate Awarded |
| Movement and Handling |  |  |
| First Aid |  |  |
| Food Hygiene |  |  |
| Health and Safety |  |  |
| Infection Control |  |  |
| POVA |  |  |
| COSHH |  |  |
| Other Qualification e.g NVQ |  |  |
| Medication Administration |  |  |
| MVA / MAPA |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4. **EXPERIENCE** | | | | | | |
| Please tick where applicable | | | | | | |
| Care of Elderly |  | Catheter |  | Preparing |  |  |
| Bed Bathing |  | Incident Reporting |  | Food Handling |  |  |
| Personal Dressing |  | Residential Care |  | Report Writing |  |  |
| Feeding |  | Nursing Home |  | Personal Hygiene |  |  |
| Use of Hoists |  | Mental Health |  | Bowel Care |  |  |
| Learning of Disabilities |  | Movement & Handling |  | Tracheotomy Care |  |  |
| Care Plans |  | Observing |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. **EDUCATION** | | | | |
| Types of Education i.e. Secondary School, College, University | Dates  From - To | Qualification Gained  (State Level) | Grade | Dates |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 6**. REFERENCES** | |
| Please provide details of 2 referees who we may approach with regard to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer: | |
| **1.** | **2.** |
| Name: | Name: |
| Address: | Address: |
|  |  |
| Telephone Number: | Telephone Number: |
| Occupation: | Occupation: |
| Email: | Email: |

|  |  |  |
| --- | --- | --- |
| 5. **EMPLOYMENT HISTORY** | | |
| You are required to provide reference for the past 5 years, starting with your present employer | | |
| Present Employer | | |
| Name & Address | | Nature of Business |
| Telephone Number |  | Responsible to |
| Job Title |  |
| Date Commences |  |
| Brief description of responsibilities/Duties | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. **FITNESS TO WORK** | | | | | | | | | | |
| Please indicate whether you have suffered any of the following: | | | | | | | | | | |
| Alcohol/Drug Abuse  Stress Related  Back or Joint |      | Neurological/Epileptic  Endorcine/Diabetes  Psychiatric | |      | | Genito-Urinary  Respiratory | | | |    |
| Please tick below vaccination/tests you have received and the date you were vaccinated/tested: | | | | | | | | | | |
| Hepatitis B |  |  | Date | |  | | | | | |
| Hepatitis C |  |  | Date | |  | | | | | |
| How many sick days you taken in the last 12 months? | | | | |  | | | | | |
| Reason for Absences | | | | | | | | | | |
| Are you receiving medical or psychological attention at present? | | | | | | Yes |  | No |  | |
| If yes please give details | | | | | | | | | | |
| 8. **CONVICTIONS** | | | | | | | | | | |
| Rehabilitation of Offenders Act 1974: Do you have any unspent criminal convictions: Yes  No   Please tick, if yes please give details  Certain type of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases where employment is sought involving working children or vulnerable adults, details of all criminal records must be given. The information given will be treated confidentially and only taken into account where, in the reasonable opinion of Tempcare Ltd the offence is relevant to the post you are applying. Failure to declare a conviction may require us to exclude you from the register or terminate an assignment if the offence is not declared and later comes to light. | | | | | | | | | | |
|  | | | | | | | | | | |

|  |
| --- |
| 9. **CRIMINAL RECORDS CHECK – CRIMINAL RECORDS BUREAU** |
| You are required to complete an enhanced Criminal Records Bureau check through Tempcare Ltd. By signing this form you are giving consent for Tempcare Ltd to disclose any additional information contained on your CRB to any third party who Tempcare Ltd feel are relevant to your application  Signed .......................................................... Date.................................. |

|  |
| --- |
| 10. **ELIGIBILITY TO WORK IN UK** |
| Do you have permission to work in UK? YES No (Please circle)  In line with home office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID as evidence of your right to work in the UK if you agree to be engaged by Tempcare Ltd for temporary work or permanent work. |

|  |
| --- |
| 11. **CONFIDENTIALITY** |
| By signing this form you are accepting Tempcare Ltd confidentiality policy (see staff hand book). During assignments you may have access to confidential information regarding clients, staff members and service users. Under no circumstances may you divulge this information to any unauthorised personnel or family/friends. |

|  |
| --- |
| 12. **DATA PROTECTION ACT** |
| The information that you provide on this form will be used by Tempcare Ltd to provide you with work finding services. In completing this form, you agree to your personal data being included on our database and agree to us transferring personal details to our clients and relevant third parties. We may also use or pass this information to certain third parties to present or detect a crime or any other way permitted by law. |

|  |
| --- |
| 13. **IDENTIFICATION** |
| (Please tick where applicable)  Passport (or UK driving license)  Other identification provided  Passport sized photos provided  |

|  |  |  |  |
| --- | --- | --- | --- |
| 14. **AVAILABILITY/PREFERENCES** | | | |
| Day | Early | Afternoon | Night |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

|  |
| --- |
| Please state Preferred to Work |

|  |
| --- |
| 14. **DECLARATION** |
| I confirm that the information I have provided in this form is honest and accurate statement and you have my authority to seek references and disclose them to any third parties. I do not have any unspent criminal convictions and am unaware of any current legal proceeding which may lead to convictions or caution. I give you permission to disclose the information held on my CRB disclosure to any third parties who you feel are relevant to my application. If during the course of a temporary assignment, the client wishes to employ me directly, I acknowledge that Tempcare Ltd will be entitled to charge the client and introduction fee/transfer fee, or agree to an extension of the hiring period with the client after which I may be employed by the client without any further charge being applicable to the client.  Please confirm if work permit to work in the UK is valid. YES NO (Please circle)  Signed .......................................................................................... Date .................................................... |

**Registered in England & Wales. Company Reg No 06514814**

Tempcare is COC Registered. Member of the Association of Healthcare Trainers. We provide nurses, care assistants, senior carers and support workers for cover or permanent basis to hospitals and nursing homes. We also provide domiciliary care. Please visit our website on [www.tempcare.co.uk](http://www.tempcare.co.uk)