

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No <i>(circle as appropriate)</i>
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No <i>(circle as appropriate)</i>

Note: Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

Immunisation:

It is very important that Support Workers are aware of the importance of immunisation. This is in order to provide safeguards for the client, the Support worker and their families. In regards to this it is particularly important that vaccination against the following is obtained and frequently maintained. It is the employee's responsibility to make arrangements to receive these vaccinations if they feel necessary. If you have difficulty accessing these vaccinations via your GP please inform the registered manager.

- Polio
- TB
- Tetanus
- Rubella / Mumps / Measles
- Diphtheria
- Hepatitis B
- Flu vaccination

REFEREES

You must provide references from your two most recent employers. If you have worked in the Health and social care sector before you must provide details of this employment, this is a CQC requirement. Please provide an additional character referee. 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/most recent employer

Name:
Address:
Post code:
Tel No:
Job title:

Previous employment

Name:
Address:
Post code:
Tel No:
Job title:

Character reference

Name:
Address:
Post code:
Tel No:
Relationship to you:

CRIMINAL RECORD

All employees of hummingbird Home Care Limited are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

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SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed: _____ **Date:** _____

Please send your completed application form to either, hummingbirdhomecare@outlook.com , Hummingbird office 398 Liverpool Road, Great Sankey, Warrington WA5 1RG. Thank you for applying and we look forward to receiving your application.

Equal opportunities monitoring form

Please complete and return with your application form.

This is sensitive personal data and will be treated with the utmost confidentiality in line with the requirements of the Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The data will not be taken into account in assessing information on your application form.

Job title:

Location:

Gender

Male Female

Ethnic origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups. You might belong to any of the groups indicated.

How would you describe your ethnic origin?

Asian, Asian British, Asian English, Asian Scottish, Asian Welsh

Bangladeshi Chinese Indian
 Pakistani Any other Asian background

Black, Black British, Black English, Black Scottish, Black Welsh

African Caribbean Any other black background

Mixed heritage

White and Asian White and Black African White and Black Caribbean
 Any other mixed background

White

British English Irish
 Scottish Welsh Any other white background

Any other ethnic background

Do not wish to declare my ethnic origin

Age

- 16-25 26-35 36-45
 46-55 56-65 Over 65
 Prefer not to say

Disability details

The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on their ability to perform normal day to day activities. It also covers people who have been diagnosed with HIV, cancer or multiple sclerosis.

('Substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months, 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping.)

Does this definition apply to you?

- Yes No Prefer not to say
-

Sexual orientation

How would you describe your sexual orientation?

- Bisexual Gay man Gay woman
 Heterosexual Prefer not to say
-

Religion or belief

How would you describe your religion or belief?

- Buddhist
 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion or belief (please specify):
 None
 Prefer not to say
-

Please return this form with your application form. Thank You

Confidential - Health Declaration

Job Applied For:	Recruiting Manager: Contact No: Email Address:
Surname:	Forename:
Date Of Birth:	
Home Address:	
Telephone Number:	
Name and Address of GP:	

Please answer all questions fully and honesty. Incomplete questionnaires will be returned to you, this will delay your start date. This information isn't used to make a decision if you are suitable applicant for the role.

NB: please reply in BLOCK CAPITALS
Previous Sickness:

How many days have you been absent from work/ school in the past 2 years.	
How many occasions have you been absent from work / school in the past 2 years.	
How much alcohol do you drink per week?	

Do you suffer from Or have you ever suffered from: (please tick)	Yes	No	Details with Dates
Allergies			
Blackouts, fits or fainting attacks			
High blood pressure, heart disease or angina			
Diabetes, thyroid or other gland problems			
Asthma, bronchitis, pneumonia or shortness of breath			
Skin disease, eczema, psoriasis or dermatitis			

Do you suffer from Or have you ever suffered from: (please tick)	Yes	No	Details With Dates
Back pain, joint problems, arthritis			
Problems with neck, shoulders, arm, wrists or hands			

Gastric or bowel problems e.g. persistent indigestion, heartburn or bouts of diarrhoea			
Bladder or kidney problems			
Ear problems or hearing defect			
Eye problems or sight defect			
Mental illness, anxiety, depression, nervous breakdown			
Dependence on alcohol or drugs			
Hernia (rupture)			
Any other significant health problems?			
Have you ever had an accident at work or had an industrial disease?			
Have you ever been retired from work due to ill health?			
Have you ever been in hospital as an in- patient or an out- patient?			
Are you currently taking any medication?			
Do you smoke? If yes many per day and for how long			

Have you had any of the following vaccinations	Yes	No	please give dates:
Tetanus			
Polio			
Hepatitis A			
Hepatitis B			

Declaration:

I certify that to the best of my knowledge my replies to the questions on this form about my health are true and correct. I understand that if I am subsequently found to be incapable of performing duties as a result of a medical condition which I have not declared, then my failure to declare will be taken into consideration in determining my future employment with Hummingbird Home Care Limited.

Name:

Signed:

Date: