

**VILLAGE HOMECARE SERVICES (WALES) LIMITED**

Form No: 1-03 **JOB APPLICATION**

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30, UPLANDS CRESCENT UPLANDS. SWANSEA. SA2 0PB... Tel 01792 643031

**POSITION APPLIED FOR:**

**Job Reference:**

*Please complete this Application Form in block capitals in black or blue ink*

**A: PERSONAL DETAILS**

Title (Mr/Mrs/Miss/Ms/other): \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone *Private*: \_\_\_\_\_ *Mobile*: \_\_\_\_\_

**B: HEALTH & DISABILITIES**

Do you have any disabilities which may be relevant to this Job Application? **YES / NO**

If so, please describe them: \_\_\_\_\_

Are you Registered Disabled? **YES / NO** RDP No: \_\_\_\_\_

Overall state of health: EXCELLENT / GOOD / POOR

Hearing: EXCELLENT / GOOD / POOR

Eyesight: EXCELLENT / GOOD / POOR *SPECTACLES / CONTACT LENSES / NEITHER*

Please give details of any medical condition for which you have received treatment in the past 3 years:

Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? **YES / NO**

If "YES" please provide brief details: \_\_\_\_\_

Are you prepared to undergo a medical examination? **YES / NO**

**DRIVING DETAILS**

Are you a car owner? **YES / NO** Make / model / year: \_\_\_\_\_

Current Driving Licence: PROVISIONAL / FULL / PSV / NONE

Driving Licence valid from: \_\_\_\_\_ to: \_\_\_\_\_

Details of current endorsements : \_\_\_\_\_

Have you ever been disqualified from driving, or had insurance refused? **YES / NO**

If "YES" please provide brief details: \_\_\_\_\_

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**D: EDUCATION & PROFESSIONAL TRAINING (from year 11)**

Education Centre (school, college etc)	DATES	Qualifications gained		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			

**1. Secondary Education (secondary school)**

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**2. Higher Education (university / college / polytechnic)**

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**3. Further Education (Professional Training)**

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**4. Membership of Professional Organisation / Trade Union**

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**E: LEISURE ACTIVITIES**

Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:

Languages (other than English) : \_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ  
 : \_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ

**F: REHABILITATION OF OFFENDERS ACT, 1974**

*Certain positions within Village Homecare Services (Wales) Ltd where staff come in to contact with vulnerable adults are Exempt from the Rehabilitation of Offenders Act 1974 & all subsequent amendments (England & Wales) and the Rehabilitation of Offenders Order 1978 and all subsequent amendments (Northern Ireland). For these position you are not entitled to withhold information about convictions that would otherwise be considered "spent"*

**Have you ever been convicted of any criminal offence by a Court of Law? Have you ever received a Police Caution, Reprimand or Final Warning?**

**YES / NO**    If "YES" please provide brief details of the offence(s) and relevant dates:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**G: EMPLOYMENT HISTORY**

*Please provide details of all employment since leaving school, beginning with your present or most recent job first. Continue overleaf if necessary.*

DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				

**H: VOLUNTARY & COMMUNITY WORK EXPERIENCE**

DATES		Organisation	Position(s) held	Duties
from	to			

**I: JOB FLEXIBILITY**

Prepared to work: FULL-TIME / PART-TIME / SHIFTS

If PART-TIME please indicate preferred hours: \_\_\_\_\_

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: \_\_\_\_\_

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**J: REFERENCES**

Please provide details of your *last two employers* who may approach with regards to this Job Application. You are entitled to submit further character references to support your application. These referees must not be members of your family:

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**K: Declaration by Job Applicant**

**ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED**

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Village Homecare Services (Wales) Limited IS AN EQUAL OPPORTUNITIES EMPLOYER**

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability

## **Safeguarding Vulnerable Adults Form Staff**

You must bring this Safeguarding Form with you to your interview. The form should be completed and put into a sealed envelope with your name, address and the post applied for, on the front. The envelope will not be opened unless a conditional offer of employment is made to you. If you are unsuccessful in your application for employment, this form will be returned to you without having been opened. Please use additional paper if necessary.

If you are worried about being treated unfairly as a result of answering any of the questions that follow - contact us to discuss your concerns.

**PLEASE REMEMBER TO SIGN THE FORM ON PAGE 4**

**1. Surname**

**2. All Forenames**

**3. Previous Surnames**

**4. Date of Birth**

**5. Male / Female**

**6. Place of Birth (Town/county AND Country)**

**7. Present Address (with postcode)**

**Postcode**

**8. How long have you lived at your present address:**

**Years**

**Months**

9. Details of professional registration number eg CCETSW, DfEE, (or other professional body if appropriate)

State name of awarding body\_\_\_\_\_

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10. Have you ever been convicted of any offences, cautions or bindovers?

Yes / No

**If yes, please give details**

11. Are you subject to any pending prosecutions?

Yes / No

**If yes, please give details**

12. Are you disqualified from working with vulnerable adults, children and young people, either through a court imposed disqualification order or through your inclusion on either the Department of Health or Department for Education and Skills Lists of those banned from working with children or the PECS Register?

Yes / No

**If yes, please give details**

13. Are you subject to any pending disciplinary action, complaints or investigations in you current employment?

Yes / No

**If yes, please give details**

14. Has a previous employer ever taken disciplinary action against you?

Yes / No

**If yes, please give details**

15. Has a previous employer dismissed you?

Yes / No

**If yes, please give details**

16. *The purpose of the following question is solely to assess whether candidates pose a risk to vulnerable adults. If, for any reason, you answer yes to this question, it will not automatically rule you out of the selection process. You will have the opportunity of fully discussing the circumstances with us at a face to face meeting.*

Have you OR a member of your family living with you OR a person not related to you but living in your home, been the subject of a (child) protection investigation or enquiry either currently or in the past?

Yes / No

**If yes, please give details**

17. Can you confirm that the referees you have given on your application form are:

1 Your current or most recent employer

Yes / No

2 A person or persons able to give a professional opinion about your work/studies etc.

Yes / No

**If no, please give details**

**PLEASE ENSURE YOU SIGN AND DATE THIS FORM OVERLEAF**

**In addition to this form, you are required to take the following documents with you to the interview so that your identity, name & qualifications can be verified. Only original documents are acceptable. Documents can include:**

- 1) Birth certificate OR Passport**
- 2) Proof of change(s) in surname(s) e.g. marriage or divorce certificate, deed poll certificate etc.**
- 3) Driving Licence (essential if driving is required as part of the job, or the new Photocard Drivers Licence can be provided to confirm identity when driving is not an essential part of the job)**

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**4) Original certificates of relevant qualifications**

**5) Utility bill, bank statement or similar to confirm address**

If the role for which you are applying qualifies for a CRB Disclosure or PECS check please supply the documents as listed on the additional sheet.

**DECLARATION:**

**I am committed to the aims and objectives of Village Homecare Services (Wales) Ltd. in protecting and safeguarding vulnerable adults from abuse. I understand that to knowingly give false information or to omit information will be considered as a breach of trust and could result in my dismissal at any time in the future. I understand that if I am subsequently convicted of any criminal offence, I must declare this to my employer. I declare that the information I have given on this form is correct.**

**Signed:**

**Date:**

**Please make sure that you put this form into a sealed, self-addressed envelope, with the job title printed on the front. You must hand it to the interviewer and if you are not successful on this occasion, it will be returned to you unopened.**

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**DRIVER & VEHICLE DECLARATION**

**HOMECARE WORKERS**

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Name of Care Worker: \_\_\_\_\_ Employee Reference: \_\_\_\_\_

I confirm the following with respect to my personal vehicle(s) which may be used in connection with my professional duties:

STATUS STATEMENT	YES / NO	Signature	Date
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**Driving Licence at the time of this Declaration:**

	My Driving Licence is not loaded with penalty points likely to compromise my care duties			
	My Driving Licence has been offered for inspection and photocopy which will be retained in my personal records			
	I undertake to confirm the validity of my Driving Licence on an annual basis			

**Vehicle Insurance, Tax & MOT**

	I have a Fully Comprehensive Insurance Policy which covers me for business use			
	My Insurance Policy covers me for transporting clients, e.g. on shopping trips <i>within the time frame of my duty hours</i>			
	My Insurance Policy indemnifies the Organisation from third party claims arising from use of the vehicle			
	A copy of my Insurance Policy has been offered for inspection and photocopy which will be retained in my personal records			
	I undertake to confirm the validity of my Insurance Policy on an annual basis			
	At the time of this Declaration my vehicle has a fully valid Road Fund Licence (Car Tax)			
	I undertake to ensure that the vehicle always carries a valid Road Fund Licence			
	At the time of this Declaration my vehicle has a fully valid MOT Certificate			
	A copy of my MOT Certificate has been offered for inspection and photocopy which will be retained in my personal records			
	I undertake to confirm the validity of my MOT Certificate on an annual basis			

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**HEALTH HISTORY QUESTIONNAIRE**

All questions contained in this questionnaire are strictly confidential

<b>Name</b>	Forename	Surname	
<b>Name &amp; address of GP:</b>		<b>Telephone Number:</b>	
<b>PERSONAL HEALTH HISTORY</b>			
<b>Childhood illness:</b>	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio		
<b>Immunizations and dates:</b>	<input type="checkbox"/> Tetanus		<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Hepatitis		<input type="checkbox"/> Chickenpox
	<input type="checkbox"/> Influenza		<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>
	YES/NO	If 'Yes' please provide details	
Have you ever had an occupational injury/illness?			

Do you suffer from, or have you ever had any of the following, **if YES please give further details**

	YES	NO	Details/Dates
Epilepsy/blackouts fainting attacks or giddiness			
Recurrent headaches/ migraine			
Depression/nervous disorders/anorexia/bulimia or any psychiatric condition?			
Have you ever received counselling or psychotherapy?			
Alcohol/drug related problem requiring treatment			
Bladder or kidney trouble Indigestion,ulcer,stomach,or bowel disorders.			
Diabetes or thyroid problems			
Back or neck problems			
Difficulty bending or lifting			
Problems with hands, arms, legs, or feet, that affect movement or normal use			
Recurrent muscle or joint conditions			
	<b>YES</b>	<b>NO</b>	<b>Details/Dates</b>
Skin disease; eg. Eczema/ dermatitis			
Asthma, Hay Fever			
Any specific allergies eg. Latex			
Any chest condition eg, TB, bronchitis, shortness of breath?			
Heart disease, angina/ high blood pressure.			

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Do you have a hearing defect?			
Do you wear a hearing aid?			
Do you have visual defect?			

**Infection with Blood Borne Viruses**

Do you have any reason to believe that you are infected, or may be infected with HIV, Hepatitis B, or Hepatitis C?  
 (All employees have a legal and ethical duty to inform if this is the case)

YES  NO

**If the answer is yes please give details:**

	YES	NO	Details/Dates
Are you on a hospital waiting list, if yes, for what reason			
Do you consider yourself disabled as stated in the DDA.			

Please give details of any treatment / regular medication which you are receiving, supervised from your doctor?

How many days sickness absence have you had in the past 2 years ?	
On how many occasions?	

	YES	NO	Details/Dates
Have you ever attended Hospital in the last 5 year as:  1. An In Patient 2. An Outpatient			

Any other illness, injury or operation not already mentioned above

Has your employment ever been terminated on the grounds of ill health?  
 If 'Yes' please give details.

**DECLARATION**

I declare that all the foregoing statements which form part of my application for employment are true and complete to the best of my knowledge and belief. I understand that withholding information in respect of my health may result in my employment within Village Homecare Services (Wales) Ltd Trust being terminated.

SIGNATURE: ..... DATE: .....