**Jaysh Care Application Form**

All applicants will be given fair and equal consideration regardless of sex, ethnic origin, marital status, gender reassignment, religion, colour, race, sexual orientation, social background, pregnancy, age or disability.

The information supplied in this document will be treated in the strictest of confidence

Please complete this form in block capitals using black ink.

*PLEASE COMPLETE THIS FORM USING BLACK INK AND ENSURE THAT EVERY SECTION HAS BEEN COMPLETED. FAILURE TO COMPLETE EVERY SECTION MAY RESULT IN YOUR APPLICATION BEING REJECTED*

**Personal Details**

|  |  |
| --- | --- |
| Title: | Preferred Name: |
| Forenames: | Home Number: |
| Surname: | Mobile Number: |
| Address:  Postcode: | Have you ever been known by any other names? (if yes, please give details of each name and the dates from and to the name was used) |
| Date moved to current address: | Place of Birth: |
| Email Address: | |
| National Insurance number: | |
| Position Applied For: | |
| Date available to start working for Jaysh: | |

**Are you looking to work:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weekdays |  | Weekday Evenings |  | Weekends |  | Weekend Evenings |  |

**Next of Kin**

|  |  |
| --- | --- |
| Name: | Relationship to you: |
| Home Number: | Mobile Number: |
| Address: | |
| Email Address: | |

**Further Details**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If you have answered yes to any of the questions, please provide further details. |
| Do you require a Visa or Work Permit to work in the UK? |  |  | Type of Visa:  Issue Date:  Expiry Date: |
| Do you hold a full UK driving license? |  |  | Issue Date:  Expiry Date: |
| Do you hold a driving license issued in any other country? |  |  | Country Issued:  Issue Date:  Expiry Date: |
| Do you have any points or endorsements on your driving license? |  |  | Please give details: |
| Do you have use of your own vehicle? |  |  |  |
| Are you able to drive automatic and manual cars? |  |  |  |

**Relevant Skills and Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you completed training, and **hold a certificate** for any of the following subjects? (If you do not have a certificate to validate your training, please **do not** tick yes) | | | | |
| Subject | Yes | No | Date Course  Attended | Company Name |
| Catheter Care |  |  |  |  |
| Challenging Behaviour |  |  |  |  |
| Communication |  |  |  |  |
| Confidentiality |  |  |  |  |
| Dementia |  |  |  |  |
| Elderly Care |  |  |  |  |
| Equality, Diversity and Human Rights |  |  |  |  |
| Fire Safety |  |  |  |  |
| First Aid |  |  |  |  |
| Food Hygiene |  |  |  |  |
| Health & Safety |  |  |  |  |
| Infection Control |  |  |  |  |
| Learning Difficulties |  |  |  |  |
| Medication Administration |  |  |  |  |
| Moving & Handling |  |  |  |  |
| Multiple Sclerosis |  |  |  |  |
| Palliative Care |  |  |  |  |
| Parkinson’s Disease |  |  |  |  |
| Personal Care |  |  |  |  |
| Safeguarding Vulnerable Adults |  |  |  |  |
| Sensory Impairment |  |  |  |  |
| Stoma/Colostomy Care |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have experience/knowledge in any of the following areas? How would you rate your level of competency? (Please Tick)** | | | | |
| Subject | Poor | Good | Very Good | Excellent |
| Catheter Care |  |  |  |  |
| Challenging Behaviour |  |  |  |  |
| Dementia |  |  |  |  |
| Elderly Care |  |  |  |  |
| Fire Safety |  |  |  |  |
| First Aid |  |  |  |  |
| Food Hygiene |  |  |  |  |
| Health & Safety |  |  |  |  |
| Infection Control |  |  |  |  |
| Learning Difficulties |  |  |  |  |
| Medication Administration |  |  |  |  |
| Moving & Handling |  |  |  |  |
| Multiple Sclerosis |  |  |  |  |
| Palliative Care |  |  |  |  |
| Parkinson’s Disease |  |  |  |  |
| Personal Care |  |  |  |  |
| Safeguarding Vulnerable Adults |  |  |  |  |
| Sensory Impairment |  |  |  |  |
| Stoma/Colostomy Care |  |  |  |  |

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| --- |
| How many months/years social care experience do you have in total? : |
| How many months/years working in the following areas?  Live-in Care:  Domiciliary/Homecare:  Nursing/Residential Home:  Hospital/NHS:  Other: (please specify) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How would you rate your skills in the following areas?** | **Poor** | **Good** | **Very Good** | **Excellent** |
| Ability to communicate clearly |  |  |  |  |
| Ability to use your initiative |  |  |  |  |
| Ability to work unsupervised |  |  |  |  |
| Ability to work with others |  |  |  |  |
| Ability to act in a calm and professional manner during a difficult/emergency situation |  |  |  |  |
| Cleaning |  |  |  |  |
| Cooking |  |  |  |  |
| General running of a household |  |  |  |  |

|  |  |
| --- | --- |
| What is your First Language? |  |
| Do you speak any other Languages?  (If yes, please specify) |  |
| Do you have a notice period to serve with your current employer? (If yes, please specify) |  |
| Do you have any holidays arranged for the current year?  (If yes, please specify dates) |  |
| How far would you be prepared to travel to a client’s house? |  |
| What qualities do you possess that you believe will make you a good carer and companion? | |
| What are your hobbies and interests? | |

**Education**

**Secondary Education**

|  |  |
| --- | --- |
| School Name and Address | Subjects studied and exam results achieved |
|  |  |

**Further Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | Date Achieved | Level of Award |
| Have you completed a QCF or NVQ in Health and Social Care? |  |  |  |  |

**Other Further Education and Qualifications**

|  |  |  |
| --- | --- | --- |
| University/ College | Subject | Qualification Achieved |
|  |  |  |
|  |  |  |
|  |  |  |

**Employment History**

We require a full employment history since you left full-time education in order to comply with current regulations. You must account for any gaps in employment and explain your reason for leaving each employment. Please **begin with your most recent** **employer** and continue on an additional sheet if necessary. By completing this section you agree to Jaysh Care Services obtaining references and release Jaysh Care Services and all referees from any liability caused by giving or receiving information in relation to your suitability for the position you are applying for.

|  |  |
| --- | --- |
| Name of Employer |  |
| Full Address of Employer |  |
| Name of Line Manager |  |
| Contact Number |  |
| Email |  |
| Dates of Employment | From: To: |
| Job Title |  |
| Brief description of role and responsibilities |  |
| Final Salary |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
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| Brief description of role and responsibilities |  |
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|  |  |
| --- | --- |
| Name of Employer |  |
| Full Address of Employer |  |
| Name of Line Manager |  |
| Contact Number |  |
| Email |  |
| Dates of Employment | From: To: |
| Job Title |  |
| Brief description of role and responsibilities |  |
| Final Salary |  |
| Reason for Leaving |  |

**Employment History Continued**

**Please provide an explanation for any gaps or breaks in employment in the box below:**

|  |  |  |
| --- | --- | --- |
| **From:** | **To:** | **Reason:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**References**

We pride ourselves on the quality and suitability of our Carers for their role. We will contact previous employers for references but in some cases require further character references. **Please provide contact details for two people that are not members of your family.**

|  |  |
| --- | --- |
| Name of Referee:  Address:  Postcode:  Contact Number:  Email Address:  Relationship to you: | Name of Referee:  Address:  Postcode:  Contact Number:  Email Address:  Relationship to you: |

**Statement of Fitness for Work**

|  |
| --- |
| The Health and Social Care Act 2008 (Regulated Activities 2010) requires that the worker is “physically and mentally fit for that work”.  I declare that I am physically and mentally fit for the role of a Carer as detailed in the Carer Role Profile:  Signed: Date: |

|  |
| --- |
| In accordance with The Health and Social Care Act 2008 (Regulated Activities 2010) Schedule 3, Regulation 21, you are required to declare any information about physical or mental conditions which may affect your ability to carry out your role. Please give a detailed explanation of any such condition below: |

**DBS DECLARATION**

|  |
| --- |
| All applications for employment with Jaysh Care Services (Limited) are subject to an Enhanced DBS.  I can confirm that, to the best of my knowledge, the information give above is true and correct. I am aware that my application is subject to an Enhanced DBS check. Should this disclosure reveal any adverse information not previously divulged I fully understand that my application for employment could be rejected.  Print Name:…………………………………………… Signed:……………………………………… Date:……………………………  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EUROPEAN WORKING TIMES DIRECTIVE**  The European union has laid down guidelines for all workers, governing the length of hours worked in a week. You are under no obligation to accept work offered and will not be compelled to work more than 48 hours a week but you may choose to do so.  Please confirm that you have read and understood the above by indicating your preference by deleting the relevant below.  I ***DO /DO NOT*** WISH TO WORK MORE THAN 48 HOURS A WEEK  Print Name:…………………………………………. Signed:…………………………… Date:…………….. |

Thank you for taking the time to complete this form. We appreciate the extensive length and detail of this application form; however, this will help us to deal with your application more efficiently.

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Jaysh Care services adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Jaysh Care Services.

Please tick to show your agreement to this.

**Equal Opportunities Monitoring**

This information will not be used during our selection process.

|  |
| --- |
| Position applied for: Sex: Male ☐I Female ☐  Surname: Forenames:  Title: Marital Status:  Date of Birth: Nationality:  What is your ethnic group?  White:  British ☐I Irish ☐ I European ☐ Other White background ☐  Mixed:  White & Black Caribbean ☐ I White & Black African ☐ I White & Asian ☐ Other Mixed background ☐  Black or Black British:  Caribbean ☐ African ☐ Other Black background ☐  Asian or Asian British:  Indian ☐ Pakistani ☐ I Bangladeshi ☐ Other Asian background ☐  Chinese or other Ethnic Group:  Chinese ☐ Any other ☐  Do you consider yourself to have a disability? Yes ☐ No ☐  If yes, please specify disability any requirements that would assist you in applying for or carrying out this role: |