

Social Care Consultancy Ltd

Social Care House

17 Marlow Road
Anerley
London SE20 7XX

Tel: 020 8776 7536 Fax: 020 8778 9897

Application Form

Please complete in full and return in the pre-paid envelope

Date:	
Title: (Mr / Mrs / Miss / Ms)	
Last Name:	
First Name:	
National Insurance Number: <i>(Numbers starting the TN are temporary numbers and are not valid - you must obtain a National Insurance Number before returning this form)</i>	
Address:	
Post Code:	
Home Number:	Mobile Number:
E-mail Address: <i>(Please print clearly)</i>	
What is your Nationality? If you are not a British Citizen what date did you enter this country	Date:
Do you have a clean driving license? If "No" please expand	yes / no
Would you be interested in driving service users to activities or Day Centres? <i>(If yes you must bring both your card and the counterpart paper driving license to your interview)</i>	yes / no
Are you available full or part time?	full time / part time

Education

If you are currently at college/university which subjects are you studying?

(Please remember that if you are in this country on a Student Visa you may only work for 20 hours during term time and for 40 hours during holidays)

NVQ in Health and Social Care

Do you already have this qualification?

Please circle

yes / no

Are you currently studying for this qualification?

yes / no

If you are currently studying, when does your course finish?

.....

Have you heard of the LDAF

(Learning Disabilities Award Framework?)

yes / no

Have you covered the new *Common Induction Standards* implemented by *Skills For Care*?

(Please bring proof to the interview if you have done this)

yes / no

Secondary School Education

Name of School:

Address:

Exams Passed:

Grades Achieved:

Further Education

Name of College or University:

Address:

Exams Passed:

Grades Achieved:

Work Experience

Our Agency specialises in placing workers in temporary assignments at Residential Homes that care for Adults who have Learning Disabilities.

Have you worked with:

Learning Disabilities:	yes / no	If yes, how long?
Mental Health:	yes / no	If yes, how long?
Elderly:	yes / no	If yes, how long?
Were any of these College Placements?	yes / no	
Do you have experience of Makaton?	yes / no	
Can you use British Sign Language?	yes / no	
What does the term "Learning disabilities/difficulties" mean to you?		

Do you have experience with any of the following?

Children with Learning Disabilities:	yes / no
Adults with Physical Disabilities:	yes / no
Children with Physical Disabilities:	yes / no
Under Fives:	yes / no
5 –12 Year Olds:	yes / no
Adolescents:	yes / no
Probation Work:	yes / no
Homeless:	yes / no
Youth and Community Work:	yes / no
HIV/AIDS:	yes / no
Have you worked at a Day Centre:	yes / no
Other:	

Have you ever Administered Prescription Drugs?	yes / no
If "Yes" was this with or without supervision?	with / without

In total, how many years experience do you have working in the Caring Sector?

Tell us about any jobs you have had that were not connected with Care Work:

Work History

Tell us about your career in the Caring Sector starting with your most recent job:

1. Name of Organisation:	
Dates: <i>Please start with current job or the job you have just left</i>	
Job Title:	
Client Group: <i>i.e. Elderly/Learning Disabilities</i>	
Main Duties:	
Reason for Leaving:	

2. Name of Organisation:	
Dates:	
Job Title:	
Client Group: <i>i.e. Elderly/Learning Disabilities</i>	
Main Duties:	
Reason for Leaving:	

3. Name of Organisation:	
Dates:	
Job Title:	
Client Group: <i>i.e. Elderly/Learning Disabilities</i>	
Main Duties:	
Reason for Leaving:	

4. Name of Organisation:	
Dates:	
Job Title:	
Client Group: <i>i.e. Elderly/Learning Disabilities</i>	
Main Duties:	
Reason for Leaving:	

Medical Assessment and Fitness to Work Nights

Have you ever been diagnosed as having, or are you currently receiving treatment for the following:

Back or Joint Injuries	yes / no
Tuberculosis (<i>Pulmonary or Non-Pulmonary</i>)	yes / no
Asthma	yes / no
Any other disease of the lungs or chest. (<i>Especially if night-time symptoms are troublesome</i>)	yes / no
Rheumatic Fever	yes / no
Rheumatism	yes / no
Heart Disease	yes / no
Arthritis	yes / no
High Blood Pressure	yes / no
Fits/Epilepsy	yes / no
Mental Health Problems	yes / no
Hernia	yes / no
Typhoid/Paratyphoid or Dysentery	yes / no
Stomach/Bowel or Digestive Problems	yes / no
Kidney or Bladder Disease	yes / no
Diabetes	yes / no
Skin Diseases	yes / no
Problems with your sight	yes / no
Problems with your hearing	yes / no
HIV	yes / no
Hepatitis	yes / no
Any condition which causes difficulty sleeping	yes / no
Any medical condition requiring that you take medication to a strict timetable	yes / no
Have you had a chest X-RAY in the last six months	yes / no
If you answered "YES" to any of the above please give details:	
Have you recently had a Hepatitis B Vaccination? If "NO" we strongly advise you to arrange one as soon as possible	yes / no
Date of Vaccination:	
Have you ever been involved in a serious accident or had major surgery of any kind? If "YES" please expand:	yes / no

If you have answered yes to any of the above questions, you may be asked to see a Doctor or Nurse for further assessment before being offered Night Work.

Please sign to confirm that the answers you have given are correct to the best of your knowledge:

Signed: **Date:**

Failure to disclose relevant information will result in instant removal of your name from our Register

Is the above worker suitable for Night Work? yes / no

Signed on behalf of Social Care Consultancy Ltd **Date:**

References

Please complete

Please provide details of the two most recent Employers within the care sector.
Relatives and friends are not acceptable and no two References should be from the same establishment.

We may approach your Referees prior to your interview

Do you agree to this? **yes / no**

Applicants Name:

Name of First Referee: (Mr / Mrs / Miss / Ms)	
Their Job Title:	
Name of Organisation or Home:	
Address:	
Post Code:	
Telephone Number:	Fax Number:
E-mail Address:	
Dates you worked here: Started:	Left:
Have you informed this person that you have given us their name as a Referee? yes / no	

Name of First Referee: (Mr / Mrs / Miss / Ms)	
Their Job Title:	
Name of Organisation or Home:	
Address:	
Post Code:	
Telephone Number:	Fax Number:
E-mail Address:	
Dates you worked here: Started:	Left:
Have you informed this person that you have given us their name as a Referee? yes / no	

Declaration of Offences

Please complete this section even if you have no offences to declare:

Full Name: <i>(Block capitals please)</i>
Previous or Other Names:
How long have you lived at your current address?:
Previous Address:
Post Code:
Dates at this Address:
Details of any convictions, cautions or bound-over orders: <i>(Please write "None" if not applicable)</i>
Details of Offence:
Date of Offence:
Sentence:

Should you be convicted of any offence **after** completion of this form, you must notify us immediately, failure to do so will result in your name being removed from the Agency Register.

I understand that an Enhanced Disclosure will be sought in the event of a successful application.

Please sign this declaration as confirmation that you are exempt from the Rehabilitation of Offenders Act 1974 (Exemption) Order 1975

In order to protect the public, the post for which you are applying is exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption) Order 1975. It is therefore not in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered as 'Spent'.

Signed: **Date:**

I certify that to the best of my knowledge, all the information I have entered on this application form is factually correct and complete and that misleading statements may be sufficient for cancelling any agreements made.

Signed: **Date:**

Documentation to be Sent with the Application Form

We can only invite you for an interview if you enclose photocopies of the documents listed below.
You will then be asked to bring the originals with you for the interview.

Passport

Please photocopy two pages - the one with your photograph on, and if applicable, the page that shows your current VISA status.

Copies of the following:

- Birth Certificate
- An Enhanced CRB Certificate
- A utility bill which shows your current address (phone / gas / water bill)
- NI Card
- Both parts of your Driving License

Copies of any certificates you hold in the following:

- First Aid
- Manual Handling
- Food Hygiene
- Health and Safety
- Medication
- Fire awareness
- Epilepsy
- Any NVQ certificates you hold
- If you are a student nurse please send in proof from your college you are enrolled with
- If you are a qualified nurse please send in your PIN

Send the application form with all the relevant documentation to:

Social Care Consultancy Ltd, 17 Marlow Road, Anerley, London, SE20 7XX