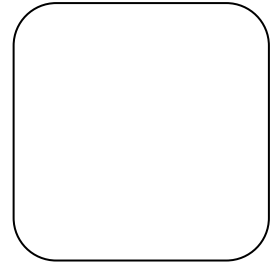




Your Need Is Our Strength

Tel: 020 7708 1111
Fax: 020 7701 0447
Email: info@lionheartdomiciliary.co.uk
Registration No: 07133454

DATE: ___ / ___ / ____



APPLICATION FORM
(PLEASE COMPLETE IN BLOCK LETTERS ONLY)

POSITION APPLIED FOR: STAFF NUMBER:

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

SECTION 1 PERSONAL DETAILS

Title: Miss / Mrs. / Ms. / Mr. / Other (Please Circle)

Forename: Surname:

Current Address:

 Postcode:

Telephone (Home): Mobile:

Email Address:

Country of Birth: Nationality:

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED DO NOT WANT TO DISCLOSE

Are you free to remain and work in the UK? YES NO National Insurance No:

Date of arrival in the UK (if applicable) Type of Visa:

EMERGENCY CONTACT

Name: Relationship:
Address:
 Postcode:
Telephone (Home): Mobile:
Email Address:

NEXT OF KIN

Name: Relationship:
Address:
 Postcode:
Telephone (Home): Mobile:
Email Address:

SECTION 2**EMPLOYEMENT HISTORY**

Please indicate your areas of experience by ticking the appropriate boxes:

- | | |
|---|--|
| <input type="checkbox"/> Incontinence Management | <input type="checkbox"/> Managing People with Terminal Illness |
| <input type="checkbox"/> Management of Aggression | <input type="checkbox"/> Managing People with HIV/ Aids |
| <input type="checkbox"/> People with Learning Difficulties | <input type="checkbox"/> People with Sensory Loss and Sensory Impairment |
| <input type="checkbox"/> People with Challenging, Anti-Social Behaviour | <input type="checkbox"/> People with Physical Disabilities |
| <input type="checkbox"/> People with Depression | <input type="checkbox"/> People with Mental Health Problems Incl. Dementia |
| <input type="checkbox"/> Specialist Lifting and Handling Techniques | <input type="checkbox"/> People with Alcohol and Drugs Misuse |

Please give details of all previous employment and give reasons for any gaps such as unemployment, voluntary work, and leave to raise family etc. Continue on the separate sheet if necessary.

(Start with your most recent employment)

Name of Employer:

Employer's Address:

Postcode:

Position Held:

Duration of Employment: From: ___ / ___ / ___ To: ___ / ___ / ___ Salary:

Summary of Duties:

Reason for Leaving:

Name of Employer:

Employer's Address:

Postcode:

Position Held:

Duration of Employment: From: ___ / ___ / ___ To: ___ / ___ / ___ Salary:

Summary of Duties:

Reason for Leaving:

Name of Employer:

Employer's Address:

 Postcode:

Position Held:

Duration of Employment: From: ___ / ___ / _____ To: ___ / ___ / _____ **Salary:**

Summary of Duties:

Reason for Leaving:

(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

SECTION 3

EDUCATION

Qualifications obtained from Schools, Colleges and Universities.

College / University	Dates From and To	Qualification / Grade Obtained
School	Subject	Qualification / Grade Obtained

(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

SECTION 4

TRAINING

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course From and To

SECTION 5 REFERENCES

Please provide a minimum of two referees, one of which must be from your current or most recent employer.

Referee 1		Referee 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Job Role:	<input type="text"/>	Job Role:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

SECTION 6

YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION. FAILURE TO DO SO WILL INVALIDATE YOUR APPLICATION.

In accordance with the above circular, you are required to provide the following information which will be passed on to the police authorities to check the existence and content of any criminal records. Because of the nature of the work of which you are required, jobs and assignments are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986. Applicants are therefore, not entitled to withhold information about convictions, reprimands or final warnings which, for other purposes, are 'spent' under the provision of the Act and in the event of employment any failure to disclose such convictions could result in removal from LionHeart Domiciliary Care Services Ltd's list of employees.

Please note that this information will only be provided to and checked with the police authorities after a recruitment interview has taken place.

Have you ever been convicted of a criminal offence, cautioned, sentenced, reprimanded or given a final warning by the police? Yes No

If Yes please provide details:

<input type="text"/>
<input type="text"/>

Full Name:	<input type="text"/>
Present Address:	<input type="text"/>
	<input type="text"/>
	Postcode:
	<input type="text"/>
	I have lived at this address since: ___ / ___ / ____
Previous Address:	<input type="text"/>
	<input type="text"/>
	Postcode:
	<input type="text"/>

(Must cover previous 5 years. Please attach extra sheet if needed.)

Date of birth:	<input type="text"/>	Place of birth:	<input type="text"/>
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I consent to the following information being checked by the police and I am aware that any 'spent' convictions should be disclosed.

Signed: _____ Date: ___ / ___ / ____

SECTION 8**RECRUITMENT MONITORING FORM**

This sheet will be removed from your application form upon receipt and does not form part of the selection process.

EQUAL OPPORTUNITIES POLICY:

LionHeart Domiciliary Care Services Ltd is committed to promoting Equal Opportunities. Our policy ensures that job applicants and employees receive equal treatment irrespective of their race, colour, gender, sexuality, age or disability. To help us ensure that our Equal Opportunities Policy is fairly implemented please complete the below section of this form. All information will be held in strict confidence.

Monitoring Checklist

(Please tick as appropriate)

Gender: Female Male

Sexuality: Heterosexual Bisexual Homosexual Prefer not to say

Age Group: 16-25 26-35 36-45 46-55 56-65 66-70 Over 70

ETHNIC GROUP

(Tick the appropriate box to indicate your cultural background)

A. White

White British

White (other)

Irish

Any other white background

(Please specify)

B. Black

Black British

Black Caribbean

Black African

Any other Black background

(Please specify)

C. Asian

Indian

Pakistani

Bangladeshi

Any other Asian background

(Please specify)

D. Chinese

Chinese

Vietnamese

Any other Chinese background

(Please specify)

E. Mixed

White & Black

White & Asian

White & Chinese

Any other Mixed background

(Please specify)

F. I do not wish to provide this information

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Are you registered disabled? Yes No

If yes, please provide details

SECTION 9**HEALTH DECLARATION**

Please complete this section and return it with the completed application form. All information given in this form will be treated as confidential and will not be divulged to a third party without your consent. Answer all the following questions by ticking the appropriate box.

SECTION A

Have you ever had any of the following?	YES	NO
1. Eczema, dermatitis or other skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
2. Discharge or infection of the ears or defects of hearing	<input type="checkbox"/>	<input type="checkbox"/>
3. Eye conditions or injuries or defected eye sight	<input type="checkbox"/>	<input type="checkbox"/>
4. Asthma, hay fever or any other allergic conditions, Including sensitivity to antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
5. Recurrent sore throats or sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
6. Tuberculosis, bronchitis or pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
7. Episodes of severe chest pain or breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
8. Heart disease or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
9. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
10. Fits, blackouts or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
11. Gastric or duodenal ulcers or frequent or prolonged Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
12. Hepatitis or jaundice	<input type="checkbox"/>	<input type="checkbox"/>
13. Prolonged back pain or disc problem	<input type="checkbox"/>	<input type="checkbox"/>
14. Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
15. Difficulties in bending or lifting	<input type="checkbox"/>	<input type="checkbox"/>
16. Kidney or bladder infections	<input type="checkbox"/>	<input type="checkbox"/>
17. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
18. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
19. Depression, mental illness or nervous breakdowns	<input type="checkbox"/>	<input type="checkbox"/>
20. Operations	<input type="checkbox"/>	<input type="checkbox"/>
21. Accidents (at work or outside work) requiring admission to hospital	<input type="checkbox"/>	<input type="checkbox"/>
22. Any other conditions requiring hospital treatment or Investigation as an in or out patient	<input type="checkbox"/>	<input type="checkbox"/>
23. Absence from work or school due to ill health during the last year	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you currently taking or receiving any form of medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you drink alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you normally wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |

Any other illness?

--

How many days' work have you lost through sickness in the last year?

--

SECTION C

If you ticked 'YES' for any of the health questions, please specify below. Including the dates of your illness.

SECTION D

FURTHER MEDICAL DETAILS

GP Details:

Doctors Name:

GP Name:

Address:

Postcode:

Telephone:

Vaccination Certificate Report:

TUBERCULOSIS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
TETANUS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
RUBELLA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
HEPATITIS B	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DECLARATION

I know of no health reasons that will affect my ability to undertake the duties required of me in the position for which I am applying for. All the answers given on this form are true to the best of my knowledge.

I declare that this application has been completed by me and is a true and accurate reflection of my circumstances.

Print Name: _____

Signed: _____

Date: ___ / ___ / _____

SECTION 10

WORKING TIME DIRECTIVE 1998

The WTD 1998 provides that an employee does not have to work in excess of the 48-hour working week unless they agree in writing that this limit should not apply. In the event that you wish to change your decision, you will have to provide a written notice of at least 30 days to LionHeart Domiciliary Care Services Ltd, addressed to the Care Manager or their replacement/successor as applicable.

Yes, I consent to opting out of maximum hours No, I don't want to work more than 48 hours

PRINT NAME: _____ SIGNED: _____ DATE: __ / __ / ____

CODE OF CONDUCT (Leave blank if you have not been provided with the LDCS Ltd Code of Conduct)

I have read and understood the terms and conditions of employment and the Code of Conduct for LionHeart Domiciliary Care Services Ltd's employees. I agree to abide by the terms and conditions and uphold the Code of Conduct at all times.

PRINT NAME: _____ SIGNED: _____ DATE: __ / __ / ____

CONFIDENTIALITY AGREEMENT

I agree that during the time I am engaged by LionHeart Domiciliary Care Services Ltd to work in any capacity:

1. I will not disclose to any person, any information obtained whilst attending an assignment
2. I will hold in trust and confidence for LionHeart Domiciliary Care Services Ltd, all such information and never use it other than for the benefit of LionHeart Domiciliary Care Services Ltd and its affiliates.

PRINT NAME: _____ SIGNED: _____ DATE: __ / __ / ____

DISCIPLINARY ACTION

Have you ever been subject to Disciplinary Action? Yes No

If yes please give details (use an additional sheet if necessary):

DECLARATION

If you provide false or misleading information to support your application, it will disqualify you from being engaged as a social care worker by LionHeart Domiciliary Care Services Ltd.

I hereby declare that I have understood and complied with the requirements laid down in the application, and I agree that the information give on this form is accurate to the best of my knowledge and may be used to obtain an ISA check on me from the CRB and police authorities.

PRINT NAME: _____ SIGNED: _____ DATE: __ / __ / ____

SECTION 1

Title: Mr. / Mrs. / Ms. / Miss / Other (Please Circle)

Name: _____

Address: _____

_____ Post Code: _____

Number: _____ Date of Birth: _____

Contact in case of emergency (your contact will only be notified in case of emergency).
If you do not wish us to hold these details on your records, please leave them blank.

Contact: _____

Relationship: _____ Contact Tel: _____

SECTION 2

National Insurance No: _____ Name of Bank: _____

Account Name: _____

Sort Code: _____ Account Number: _____

Building Society Ref (if applicable) _____

* Please ensure that you give us the correct details, any mistakes made will result in your money being rejected and you being charged £10 from your wages to correct the details on the system.

Declaration

To the best of my knowledge all of the above is true and correct at the time of completion.

I agree that the bank details given are those which my wages will be paid into.

Signature: _____ Date: ___ / ___ / _____

Data Protection Act – LionHeart Recruitment will keep this information confidential and only use it for necessary administrative purposes, including wage payments. You may write to the Managing Director of LionHeart Recruitment Ltd to request a copy of all information held on you by us to which the Data Protection Act 1998 applies.

For office use only: Type of tax form submitted P38 P46 P45