



**APPLICATION FORM
PRIVATE AND CONFIDENTIAL**

Surname		Title	
First name(s)		Previous names	
Address		Date of Birth	
Home Phone		Mobile	
Email address			
National Insurance Number		Next of Kin: (relationship, address, contact number)	
Marital Status		If 'Yes', passport nationality	
Do you have permission to work in the UK?			
Do you have a valid passport?			
Do you have a valid work permit?			
Do you have access to a car which can be used for work purposes?			
Do you hold a UK full driving license?			



1. About your education, qualifications, and training

Please list any time spent in full or part-time education in the last five year starting with the most recent occasion.

Name & address of education	Dates	Subjects studied

Please list here all academic and profession qualifications and training you have completed.

Qualification or Training (subject and level e.g. GCSE Maths or bachelors degree)	Date of completion	Grade (if relevant)
Relevant Training/Qualification in Healthcare		Certificate Date
Manual Handling		
Health and Safety		
Basic Food Hygiene		
First Aid		
NVQ Levels		
Others (please list)		

2. About your employment history

Are you currently in employment?	
If 'Yes' how much notice are you required to give?	
Please state your most recent monthly salary and benefits	

Please list all your previous employers starting with your most recent including voluntary or unpaid work. If you have been dismissed or required to resign this must be clearly indicated within 'reason for leaving'.

Name and address of employer	Dates of employment	Position held and main duties	Reason for leaving



3. Membership of professional bodies

If you are a member of any professional body please give details below.

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4. References

Please give the name and contact details of two referees for the purposes of references covering the last 3 years. One should be your current or most recent employer. **Referees will only be contacted if you are offered the role, although any offer will be subject to the receipt of satisfactory references.**

Referee 1

Name of Referee	
Name of Company (i.e. employer) if relevant	
Relationship to you	
Address	
Telephone contact	
Email contact	

Referee 2 (must be a fellow healthcare professional who does not live with you and is able to supply a character reference of your personal and professional profile)

Name of Referee	
Name of Company (i.e. employer) if relevant	
Relationship to you	
Address	
Telephone contact	
Email contact	

5. Health Declaration



Carers/Support workers are required to complete this Health Declaration. Any positive answers will not necessarily affect your application. Please list any medical conditions (past or present) which may affect your ability to do the job.

Occupational Health Assessment			
	Yes	No	Details
Are you in good health?			
How much time have you lost from work due to illness in the last five years? Please provide details			
Have you ever been treated in hospital for serious illness or surgery? Please give dates			
Have you been treated in hospital during the last 12 months?			
Do you have any physical disabilities that could affect your ability to carry out your assignment?			
Have you ever left, been retired or denied a job on health grounds?			
Have you ever been denied a driving license on health grounds?			
Are you a registered disabled person?			
Have you any disability related to your physical or mental health?			
Have you ever suffered from any mental illness, psychological or psychiatric problems?			
Do you get discomfort or pain the chest or shortness of breath on exercise?			
Have you ever had any problems with your joints, including pain, swelling or stiffness?			
Do you have any difficulty in moving rapidly over short distances?			
Would you have difficulty looking over either shoulder?			
Do you need to wear glasses or contact lenses?			
Do you have any difficulty with your eyesight which is not corrected by glasses or contact lenses?			
Have you any problems working with Visual Display Units?			
Have you any problems working in confined spaces/using lifts?			
Do you have any difficulty hearing normal conversation?			
Are you taking any medication that makes you dizzy or drowsy?			
Do you have a medical condition affected by changing sleeping patterns or affecting day time sleep?			
Have you suffered from any alcohol or drug related illness or had an alcohol or drug problem?			
Are you having or awaiting any treatment at the moment?			
Are you receiving medicines from a doctor on			



prescription?			
Have you ever suffered from any of the following:			
Heart problems/circulatory illness/hypertension			
High or Low blood pressure			
Diabetes			
Asthma/hay fever			
Bronchitis/ Pneumonia/Pleurisy			
Tuberculosis			
Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse			
Headaches/Migraine			
Psychiatric Illness/depression/anxiety			
Dermatitis/skin sensitivity/psoriasis/eczema/allergies			
Back injury/problems/pain			
Recurrent infections			
Hepatitis/jaundice			
Have you ever been vaccinated, immunized or tested for any of the following?	Yes	No	Details
Tuberculosis inc. BCG, Heaf, Mantoux, Tine			
Rubella			
Poliomyelitis			
Hepatitis B			
Hepatitis B Antibodies Date and Result			
HIV			
Tetanus			
Typhoid			
Any Other			
Doctor Information			
GP Name:			
Address:			
Postcode:			
Phone:			

6. Work Preference

To assist us in finding suitable work for you, please place a tick next to all specialities of which you have significant recent experience and are confident to carry out such duties. Please keep us informed from time to time of all developments in your career as the work we assign to you depends on accurate up to date information.

Work Preference (please tick)	
Full time/ Part time	
If part time, how many hours per week do you want to work	



Home care and pop in visits	
Hospitals	
Nursing/Residential homes	
Morning/Day/Evening/Night Sleeper Duty	
Live in Care	
Please state if you are able to work as a 24 hour residential live in carer	Yes/No
If YES would you like:	
Long or short assignments?	
Would you accept a live-in assignment some distance from your home?	Yes/No
If NO, please specify preferred areas:	

7. Care/Support Assistant Abilities

Personal Hygiene		Care Duties	
Bath/shower/strip wash	Yes/No	Pressure Area Care	Yes/No
Bed Bath	Yes/No	Simple Dressing Procedure	Yes/No
Use of Bath Aids	Yes/No	Assisting with Medication	Yes/No
Shaving	Yes/No	Terminal Care	Yes/No
Mouth Care (inc. Dentures)	Yes/No		
Hair Care	Yes/No	Practical Tasks	
Feet care	Yes/No	Light Housework	Yes/No
Fingernails Care	Yes/No	Washing personal laundry	Yes/No
Dressing/Undressing	Yes/No	Shopping	Yes/No
		Bed making/linen changing	Yes/No
Bathroom Assistance		Collecting benefits	Yes/No
Continence Care	Yes/No		
Bedpans/Commodes etc.	Yes/No	Admin Abilities	
Changing catheter bag	Yes/No	Report writing	Yes/No
Emptying Catheter bag	Yes/No	Recording instructions from GP/Nurse	Yes/No
		Observing /recording	Yes/No
Mobility			
Manoeuvring and handling	Yes/No		
Use of hoists/aids	Yes/No		
Use of walking aids	Yes/No		



Equal Opportunities Monitoring

Dunamis Professionals Limited aims to be an equal opportunities employer. Employees are therefore put forward for work/shift irrespective of race, ethnic origin, disability, age and gender. In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Name.....

Age Group(please circle) 16-20 21-35 36-50 50+

Registered disability? Yes/No

Unregistered disability? Yes/No

No disability? Yes/No

Ethnic Origin (please circle)

- White European
- White Other
- Black African
- Black Caribbean
- Black Other
- Indian
- Pakistani
- Chinese
- Other

How did you hear about the post?.....

Are you related to or know any member of staff at Dunamis Professionals Limited?.....

Rehabilitation of Ex-Offenders Act 1974

You are advised that you are not entitled to withhold information about convictions which are regarded as spent under the ACT. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information which you may give will be strictly confidential and will be considered only in relation to this or a similar position for which you may be considered with Dunamis Professionals Limited.

Have you ever been convicted of a criminal offence? Yes/No

If yes, please give details of all convictions and cautions, including spent convictions and cautions

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You are required to complete the Disclosure and Barring Service (DBS) Form.
All health professionals registered with Disclosure and Barring Service are subject to this disclosure process in the interest of all parties concerned.

8. Declaration

(i) I declare that all information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and Safety at Work Act.
(ii) I have never been charged with, or convicted of an offence under any legislation dealing with Residential Care or any offence involving dishonesty or violence. (iii) I have been issued with a staff handbook and informed of the importance of reading and understanding it.

Signature:

Date:

Disclosure and Barring Service- ENHANCED DISCLOSURE

Forenames..... Surname.....

I understand that before I can commence work with Dunamis Professionals Limited, I will need to be in the possession of a DBS Enhanced Disclosure.

Signature..... Date...../...../.....

Documents needed for Registration

1. Valid Work Permit
2. British Passport (or other current Home Office Documentation authorising you to work in the UK)
3. National Insurance Card (Or P45 or P60 or letter confirming you have applied for NI)
4. Proof of Address (e.g. driving license, utility bill, or any formal letter with your name and address)
5. Two Passport size photographs
6. Relevant training certificates



Right to Work Enquiry Agreement

I agree and give permission for Dunamis Professionals Limited to take appropriate action and contact the appropriate authorities as a part of their effort to validate my right to work in the UK.

Print name.....

Signature.....

Date.....

Confidentiality Agreement

I agree that during the time I am engaged by Dunamis Professionals Limited 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 Dunamis Professionals Limited all such information and will never use it in other than for the benefit of Dunamis Professionals Limited.

Print name.....

Signature.....

Date.....

Bank Details:

Name.....

Account Name.....

Bank Name.....

Bank Address.....

Account Number.....

Sort Code.....

Signature.....

Date.....