



**Kansas**

Home Care Ltd

## JOB APPLICATION FORM

First Name:	Middle Name:	Surname:
DOB:	NI:	Sex: (M/F)
Address:		
Post Code:		
Home Tel:	Mobile:	E-mail:
Marital Status:		
Bank Name:	Sort Code:	Account Number:
Next of Kin:	Relationship:	
Address:		
Post Code:		
Phone Number:		
Do you have access to a car		Yes / No
Can it be used for work purpose		Yes / No

### Relevant Training/Qualifications in Health & Social Care

Qualifications	School/College/Provider	Certificate	Date
Moving and Handling			
Safeguarding Adult/Children			
Health and Safety			
Medication			
Basic Food Hygiene			
First Aid			
Care Certificate			
NVQ Levels			
Others			

**EMPLOYMENT HISTORY / WORK EXPERIENCE**

Full employment history including the current employment by other agency, and any other relevant experience gained within the health and social care field. Please start with the most recent.

Employer's Name/address	Start Date	Finish Date	Responsibility	Reason of leaving	Ref. From

**CHARACTER/PERSONAL REFERENCES**

1)

RefereeName \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ PostCode \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Organization Name \_\_\_\_\_ Address \_\_\_\_\_  
PostCode \_\_\_\_\_ Tell: \_\_\_\_\_

2)

RefereeName \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ PostCode \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Organization Name \_\_\_\_\_ Address \_\_\_\_\_  
PostCode \_\_\_\_\_ Tell: \_\_\_\_\_

**AVAILABILTY**

<b>WORK PREFERENCE:</b>	
<i>Full time / Part time</i> <i>If part time, how many hours per week do you want to work...</i> <i>Morning / Day / Evening / Night Sleeper duty</i> <i>Monday, Tuesday, Wednesday, Thursday, Friday, Saturdays, Sundays</i> <i>Time (From.....To....., From..... To....., From..... To.....)</i>	

### **Care/Support Assistant ability schedule**

Please indicate yes / No in the areas you have had previous experience.

<b>Personal hygiene</b>	Yes/No	<b>Care duties</b>	Yes/No
bath/shower/strip wash		Pressure area care	
bed bath		Simple dressing procedure	
Use of bath aids		Assisting with medication	
Shaving		Terminal care	
Mouth care(inc. dentures			
Care of hair		<b>Practical tasks</b>	Yes/No
Care of feet(exc.toe nails)		Light house work	
Dressing/undressing		Washing personal laundry	
		Shopping	
		Bed making/changing bed linen	
<b>Toileting</b>	Yes/No	Collecting benefits	
Continence care			
Bedpans/commodes etc.		<b>Admin. Abilities</b>	Yes/No
Changing a catheter bag		Confidentiality	
Emptying catheter bag		Report writing/instructions from GP, District Nurse...	
<b>Mobility</b>	Yes/No	Observing/recording	
Manoeuvring and handling course		Changes in client's condition	
Use of hoists(man./elec)		<b>Previous exp.</b>	Yes/No
Use of walking aids		Private house	
<b>Languages</b>			

### **EQUAL OPPORTUNITIES MONITORING**

**Kansas Home Care Ltd 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.**

Age Group    16 – 20 ○    21 – 35 ○    36 – 50 ○    50+ ○
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Registered disability ○ Unregistered disability ○ No disability ○
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White European ○ White Other ○ Black African ○ Black Caribbean ○
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Black Other ○ Indian ○ Pakistani ○ Chinese ○ Other ○
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**REHABILITATION OF 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 Ex-offenders Act 974 (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 be considered with Kanssas Home Care Ltd*

*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: (please use a separate sheet if necessary)*

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**CONFIDENTIALITY AGREEMENT**

I agree that during the time I am engaged by Kanssas Home Care 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 Kanssas Home Care all such information, and never use it in other than for the benefit of Kanssas Home Care Ltd.

**DECLARATION**

**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 (1974) 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. I have been issued with a staff handbook and informed of the importance of reading and understanding it.*

**Print name:**

**Signature:**

**Date:**