

APPLICATION FORM

The recruitment process within Horizonz Care has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

PERSONAL DETAILS

Title:

First Name(s):

Surname:

Previous surnames. Please provide documentary evidence e.g. Marriage certificate, Deed of name change etc

Name you wish to be known by:

Current Address:

Post Code:

Moved to this address on:

Note: For Criminal Record Check purposes addresses covering the five years up to this application date must be supplied

Previous Address:

Post Code:

Moved to this address on:

Telephone Number:

Mobile Phone:

Email:

Date of Birth: / /

National Insurance Number:

Why do you want to work in Domiciliary Care?

Unit One Providence Works, Rouse Mill Lane, Batley, West Yorkshire WF17 5QB

www.horizonzcare.com enquiries [@horizonzcare.com](mailto:enquiries@horizonzcare.com)

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What skills/attributes can you bring to the role?

Any additional information which may support your application

EDUCATION

School/College/University	Examinations passed/Qualifications gained
	<i>(Please supply copies of certificates)</i>

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TRAINING HISTORY/PROFESSIONAL STATUS

Date of graduation or qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

SHORT COURSES ATTENDED

Subjects	Location

EMPLOYMENT HISTORY

Please state current/most recent employment first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required. Please sign the additional sheet(s).

Name and address of your most recent/last employer:	
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Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if there is insufficient space.

Other roles (use additional sheet):

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ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

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Any offer of employment may be made subject to a satisfactory medical report.

GP's name:

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Tel no:

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Address:

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(Your GP will not be contacted without your permission)

NEXT OF KIN

Full name:

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Relationship:

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Tel no:

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Address:

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IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (<i>delete as appropriate</i>)
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>delete as appropriate</i>)

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent employer

Name:	
Address:	

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Post code:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Tel No:	
Relationship To You:	

CRIMINAL RECORD

Workers of Horizonz Care Ltd are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS.

You will not be eligible for work in a care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

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SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that the information given by me in this application is true to the best of my knowledge and belief, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received, with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references. One of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a registered nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers.

By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed: _____

Date: _____

EMPLOYMENT CONTINUITY CHECK

It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.

Use the “timeline” below to place in order all stated instances of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory.

The period considered must be the whole working life of the applicant, to date.

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Example:

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EQUAL OPPORTUNITIES

Horizonz Care adheres to a policy that promotes equal opportunities. To ensure that the policy works effectively please complete the following.

Age: 16-24 25-34 35-44 45-54 55+

Gender: Male Female

Ethnic Origin:

White: British Irish Other White

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Asian: Bangladeshi Indian Pakistani Other Asian

Black: African Caribbean Other Black

Mixed: White and Black Caribbean White and Black African

White and Asian Other Mixed

Other: Chinese Other Ethnic Groups Prefer not to say

Do you consider yourself to have a disability?

Yes No Prefer not to say

Religion: Bahia Buddhist Christian Hindu Jain

Jewish Muslim Sikh Other Prefer not to say No Religion

DECLARATION

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU MAY THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE.

Please tick the boxes below in confirmation.

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

I consent to Horizonz Care checking the details I have provided in support of this application form against the various data sources in order to verify my identity and process this registration. These details may be recorded and used to assist other organisations for identity verification purposes such as the DBS.

MEDICAL HISTORY

Do you now, or have you ever, suffered from or received treatment for the following? If your answer to any of these questions is YES please give details in the space overleaf, attach additional paper if required

1. Respiratory symptoms, disorders, or diseases? (including asthma, tuberculosis, bronchitis, allergies)	No / Yes
2. Skin symptoms, disorders or diseases? (including eczema, dermatitis, allergies)	No / Yes
3. Psychological/psychiatric symptoms,	No / Yes

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disorders or diseases? (including anxiety, depression, stress, alcohol / drugs / substance misuse or dependence anxiety, episodes of disorientation, agitation, episodes of self-harm, violence, aggression)	
4. Back or neck symptoms, disorders or diseases?	No / Yes
5. Impairment or disability of the upper or lower limbs?	No / Yes
6. Uncorrected vision problems? (including recurring eye infections, tunnel vision)	No / Yes
7. Hearing problems? (including recurring ear infections, hearing deficits)	No / Yes
8. Neurological symptoms, disorders or diseases? (including epilepsy, dizzy spells, blackouts)	No / Yes
9. Cardiovascular symptoms, disorders, or diseases? (including high blood pressure, angina, blood disorders or diseases)	No / Yes
10. Gastrointestinal symptoms, disorders, or diseases? (including diarrhoea, vomiting, Crohns, Irritable Bowel Syndrome, Diverticulitis, food borne diseases)	No / Yes
11. Genitor-urinary / gynaecological symptoms, disorders or diseases?	No / Yes
12. Endocrine disorders or diseases? (including diabetes)	No / Yes
13. Immune-deficiency symptoms, disorders or diseases?	No / Yes
14. Communication (speech) problems?	No / Yes
15. Any other health problems not mentioned above?	No / Yes
16. Have you ever had any health problems related to your work?	No / Yes
17. Have you ever claimed a disability pension, industrial injury benefit or been refused life insurance or employment on health grounds?	No / Yes
18. Have you ever been an in-patient or outpatient at any hospital, clinic, nursing home or accident or emergency department?	No / Yes
19. Are you currently pregnant,	No / Yes

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breastfeeding or have you given birth in the last 6 months?	
20. Are you presently receiving, or awaiting treatment for physical or mental health problems?	No / Yes
21. Are you currently taking any prescribed or over the counter medications?	No / Yes
22. Have you lived outside UK for a period of longer than 6 months?	No / Yes
23. Have you had chickenpox as a child or adult? If so at what age?	No / Yes
24. How many days sickness absence have you had during the last 2 years? (please give details below)	
Please give additional details here – continue on a separate sheet if required.	

DECLARATION

I confirm that I have read this document fully, and that all the information given to Horizonz Care is correct to the best of my knowledge and belief.
I am aware of the need to protect service users and myself and agree to notify Horizonz Care should my circumstances alter.
I am aware that if I have provided false information as part of this assessment process, Horizonz Care reserves the right to report this to my employer / placement supervisor.
I consent to the release of my fitness for work and immunity status only to prospective employers.

Signature:

Print Name:

Date:

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