# Application Form

Private And Confidential · Care And Support Roles · Barking And Halifax

Jhumat House, 160 London Road, Barking IG11 8BB · 0208 080 3740 · info@atlantizenith-unipessoal.co.uk
CQC Provider 1-20633815130 · Barking 1-22159633795 · Halifax 1-24885152610 · www.atlantizenith-unipessoal.co.uk

You can type straight into this form, save it and email it to info@atlantizenith-unipessoal.co.uk with the subject line Job Application. Or print it and complete it in black ink and block letters. If you would like help applying, call 0208 080 3740 and we will complete it with you by phone.

## The Post

Position applied for

Where did you see this post advertised?

## Personal Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Surname

Date of birth

National Insurance number

Marital status (optional)

Address

Postcode

Home telephone

Mobile

Email

## Next Of Kin

Name

Relationship to you

Address

Postcode

Phone number

## Right To Work, Transport And Driving

Do you have the right to work in the UK? ☐ Yes ☐ No

Home Office share code, if you have one

Do you have a valid passport? ☐ Yes ☐ No

Do you have a work permit or visa, if one is needed? ☐ Yes ☐ No

Do you have access to a car? ☐ Yes ☐ No

If yes, can it be used for work? ☐ Yes ☐ No

Do you hold a full UK driving licence? ☐ Yes ☐ No

## Education And Qualifications

Date from

Date to

School, college or training establishment

Qualifications and details

| Date from | Date to | School, college or training establishment | Qualifications and details |
|---|---|---|---|
| | | | |

| Date from | Date to | School, college or training establishment | Qualifications and details |
|---|---|---|---|
| | | | |

## Employment History

Most recent employer first. Please account for any gap of more than four weeks. We will request a reference from your most recent employer.

| Date from | Date to | Employer name, address and phone | Job title and main duties |
|---|---|---|---|
| | | | |

| Date from | Date to | Employer name, address and phone | Job title and main duties |
|---|---|---|---|
| | | | |

| Date from | Date to | Employer name, address and phone | Job title and main duties |
|---|---|---|---|
| | | | |

| Date from | Date to | Employer name, address and phone | Job title and main duties |
|---|---|---|---|
| | | | |

Reason for leaving your last employment

Any gaps in your employment history, with dates and reasons

## Other Information

Why is your experience relevant to this post? Include unpaid and family caring experience.

Languages you speak

## Training And Qualifications In Health And Social Care

Tick the training you hold and give the certificate date where you can.

| | | | |
|---|---|---|---|
| ☐ AED (defibrillator) | | ☐ Anaphylaxis | |
| ☐ Basic Life Support | | ☐ Care Certificate | |
| ☐ Continence and catheter care | | ☐ Communication strategies | |
| ☐ Dementia awareness | | ☐ Diabetes awareness | |
| ☐ Data security and GDPR | | ☐ Dignity in care | |
| ☐ DOLS | | ☐ Equality, diversity and human rig… | |

| | | | |
|---|---|---|---|
| ☐ End of life and palliative care | | ☐ First aid | |
| ☐ Epilepsy and Buccolam | | ☐ Food hygiene | |
| ☐ Falls prevention | | ☐ Fire safety | |
| ☐ Health and safety | | ☐ Infection control | |
| ☐ Learning disability awareness | | ☐ Lone working | |
| ☐ Manual handling | | ☐ Behaviours that challenge | |
| ☐ MCA and DoLS | | ☐ NVQ or Diploma in care | |
| ☐ Nutrition and hydration | | ☐ Oliver McGowan training | |
| ☐ Person centred care | | ☐ Professional boundaries | |
| ☐ Recording and information governa… | | ☐ Risk assessment | |
| ☐ Resuscitation | | ☐ Safeguarding adults | |
| ☐ Safeguarding children | | ☐ Safe handling of medicines | |
| ☐ Slips, trips and falls | | ☐ Other (list below) | |

Other training, with dates

## Work Preference

I am looking for: ☐ Full time work ☐ Part time work

If part time, how many hours a week would you like?

Settings you would like to work in, tick all that apply:

| | |
|---|---|
| ☐ Home care and pop in visits | ☐ Hospitals |
| ☐ Nursing or residential homes | ☐ Morning shifts |
| ☐ Day shifts | ☐ Evening shifts |
| ☐ Night or sleeper duty | ☐ Alternate weekends |

## Live In Care

Are you able to work as a 24 hour residential live in carer? ☐ Yes ☐ No

If yes, would you like: ☐ Long assignments ☐ Short assignments

Would you accept a live in assignment some distance from your home? ☐ Yes ☐ No

If no, please give your preferred areas

## Experience Schedule

Tick the areas where you have previous experience. Leave blank anything you have not done yet. Training is provided for every duty on this list.

### Personal Hygiene

| | |
|---|---|
| ☐ Bath, shower or strip wash | ☐ Bed bath |
| ☐ Use of bath aids | ☐ Shaving |

- [ ] Mouth care and dentures
- [ ] Care of hair
- [ ] Care of feet (not toe nails)
- [ ] Care of finger nails
- [ ] Dressing
- [ ] Undressing

## Care Duties

- [ ] Pressure area care
- [ ] Simple dressing procedure
- [ ] Assisting with medication
- [ ] Palliative care
- [ ] Continence care
- [ ] Catheter care
- [ ] Bedpans
- [ ] Commodes
- [ ] Manoeuvring and handling
- [ ] Use of hoists
- [ ] Use of walking aids

## Practical Tasks

- [ ] Light housework
- [ ] Washing personal laundry
- [ ] Shopping
- [ ] Bed making
- [ ] Changing bed linen
- [ ] Collecting benefits

## Admin Abilities

- [ ] Confidentiality
- [ ] Report writing
- [ ] Recording instructions
- [ ] Observing and recording
- [ ] Home care
- [ ] Private house
- [ ] Nursing or residential setting
- [ ] Changes in client's condition

## Health Declaration

In line with the Equality Act 2010, health questions are asked only after a conditional offer of employment. Leave this section blank when first applying. If we make you an offer, we will ask you to complete it, and occupational health screening and vaccinations such as TB, rubella, polio, hepatitis B, tetanus and typhoid may be discussed then.

After offer only: do you have any health condition or disability that could affect your ability to carry out the duties of this post, with reasonable adjustments where needed? ☐ Yes ☐ No

After offer only: details, and any adjustments that would help you do the job well

GP name (after offer only)

GP practice address and phone

## Equal Opportunities Monitoring

Optional. This section is separated from your application and used only for anonymous monitoring, so we can check our recruitment is fair. It is not seen by the people who shortlist or interview.

I would describe myself as: ☐ Female ☐ Male ☐ Prefer not to say

Age group: ☐ 16 to 20 ☐ 21 to 35 ☐ 36 to 50 ☐ 50 plus ☐ Prefer not to say

☐ Registered disability ☐ Unregistered disability ☐ No disability ☐ Prefer not to say

Ethnic origin, tick the box which best describes you:

☐ White European ☐ White other ☐ Black African

- [ ] Black Caribbean
- [ ] Black other
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Mixed heritage
- [ ] Other
- [ ] Prefer not to say

Are you related to, or do you know, any member of staff at Atlantizenith Unipessoal Ltd? [ ] Yes [ ] No

If yes, who?

## Criminal Records Declaration

This post is exempt from section 4(2) of the Rehabilitation of Offenders Act 1974, under the Exceptions Order 1975, because of the nature of the work. You are therefore required to give details of all convictions and cautions, including spent ones, subject to the DBS filtering rules. Anything you tell us is treated in strict confidence and considered only in relation to this or a similar position. A criminal record does not automatically prevent you from working with us. This post also requires an Enhanced DBS Disclosure including the adults' barred list.

Have you ever been convicted of a criminal offence, or received a caution, including spent convictions and cautions subject to filtering? [ ] Yes [ ] No

If yes, please give details, or attach a separate sheet

## References

We will request a reference from your most recent employer. Referees must not be family members.

### Referee 1: Your Most Recent Employer

Name

Organisation and position

Address

Phone

Email

### Referee 2: Another Employer From The Last 3 Years

Name

Organisation and position

Address

Phone

Email

### Referee 3: A Character Referee Who Does Not Live With You

Where possible, a health or social care professional who can speak to your personal and professional conduct.

Name

Relationship to you

Address

Phone

Email

Jhumat House, 160 London Road, Barking IG11 8BB · 0208 080 3740 · info@atlantizenith-unipessoal.co.uk
CQC Provider 1-20633815130 · Barking 1-22159633795 · Halifax 1-24885152610 · www.atlantizenith-unipessoal.co.uk


## Documents Needed For Registration

If we offer you a role, you will be asked to bring the originals of the following. Tick what you have ready.

- ☐ Passport
- ☐ National Insurance evidence
- ☐ Two passport size photographs
- ☐ Training certificates
- ☐ Work permit, visa or share code
- ☐ Proof of address
- ☐ DBS certificate, if you hold one
- ☐ Driving licence, if you drive

## Right To Work Enquiry Agreement

I agree and give permission for Atlantizenith Unipessoal Ltd to take appropriate action and contact the appropriate authorities as part of their effort to validate my right to work in the UK.

| Print name | Signature (type your full name) | Date |
|---|---|---|
| | | |

## Confidentiality Agreement

I agree that while I am engaged with Atlantizenith Unipessoal Ltd in any capacity, I will not disclose to any person any information obtained while attending an assignment. I will hold all such information in trust and confidence for Atlantizenith Unipessoal Ltd, and never use it other than for the benefit of the people we support and the company.

| Print name | Signature (type your full name) | Date |
|---|---|---|
| | | |

## Declaration

I declare that the information given on this form is true and complete in every respect. I have declared all convictions and cautions, including spent ones, as required for this exempt post. I understand that providing false or misleading information will disqualify my application, and that if it is discovered after I start work, Atlantizenith Unipessoal Ltd has the right to terminate my contract on that basis. I understand that the information on this form may be used to request DBS checks on me, and that before I start work I will need an Enhanced DBS Disclosure. I have read, or will be given, the staff handbook and I understand the importance of reading and understanding it.

| Print name | Signature (type your full name) | Date |
|---|---|---|
| | | |

How we use your information: we use the details on this form only to consider your application and to carry out the checks the law requires for care work. Unsuccessful applications are kept for six months and then deleted. Our privacy notice is at www.atlantizenith-unipessoal.co.uk/privacy/

## Bank Details

After appointment only, for payroll. Please leave this section blank and never send bank details by email with your application. We will collect them securely when you start.

| Name | Account name |
|---|---|
| | |

| Bank name | Bank address |
|---|---|
| | |

| Account number | Sort code | Date |
|---|---|---|
| | | |