

Saints Care AgencyExceptional people. Extra Ordinary Care

Application for Care Assistant / Support Worker

Personal Details

Mr () Mrs () Ms () Other ()	Date of Birth:
Surname	
First Name	
Address	
Post Code	
E-mail address	
Telephone No	NI NO:

Please provide details who we can contact should there be an emergency		
Name	Contact No	Relationship

Do you have transport?

Availability –

How many hours per week are you available to work?
Please indicate below the days you are free to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Nights							

Are there any months in the year you are not available to work?
If Yes, please indicate these months

Occasionally, we require care assistants to provide 'Live In' Care, would you be interested in this? (YES) or (NO)
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Education –

Secondary/High School	Dates: Start Finish	Qualifications
	to	

College/Further Education	Dates: Start Finish	Qualifications:
	to	

University	Dates: Start Finish	Qualifications:
	to	

Please document below your qualifications (if any) achieved in Health & Social Care:

Dates	Establishment	Qualification Obtained

Please ask one of our consultants should you require any additional sheets of paper.

At Saints Care we are committed in providing our Care Assistants with on-going training to develop skills and confidence. Please list below what type of training you feel would benefit you the most?

Employment –

Please document your career history, starting with the most recent. To apply to become a Support Worker / Care Assistant with Saints Care, we will need to ask you to explain any 'Gaps' you may have in your employment.

Dates	Company Name & Address	Position & Duties	Reason for Leaving
Start Month & Year			
Finish Month & Year			

Reference Name & Position	Telephone Number	E-mail Address

Dates	Company Name & Address	Position & Duties	Reason for Leaving
Start Month & Year			
Finish Month & Year			

Reference Name & Position	Telephone Number	E-mail Address

Employment: contd.....

Dates	Company Name & Address	Position & Duties	Reason for Leaving
Start Month & Year			
Finish Month & Year			

Reference Name & Position	Telephone Number	E-mail Address

Dates	Company Name & Address	Position & Duties	Reason for Leaving
Start Month & Year			
Finish Month & Year			

Reference Name & Position	Telephone Number	E-mail Address

Saints Care Agency will need to establish your previous five years employment/education as minimum criteria.

Please ask one of our consultants should you require any additional sheets of paper.

Equal Opportunity Policy -

Saints Care Agency appoints employees on merit and does not discriminate unfairly or unlawfully in their recruitment and employment process. Saints Care is legally required to monitor the information we have requested below to ensure equality of opportunity adhered to. The information you provide is CONFIDENTIAL and is used for monitoring procedures only.

Ethnic Origin

Please state your Nationality.....

Please tick the boxes below that you feel best represent you:

White British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black or British Black Caribbean	<input type="checkbox"/>	Mixed – White/Black Caribbean	<input type="checkbox"/>
Black or Black British African	<input type="checkbox"/>	Mixed – White/Asian	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	Mixed – Other	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Other Background	<input type="checkbox"/>
Asian or Asian British – Bangladesh	<input type="checkbox"/>		<input type="checkbox"/>

Please provide details if you have ticked 'Other Background'

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Religion and Belief –

Saints Care Agency is not legally required to monitor the information gathered below, but in doing so it will enable us to make any adjustments to show respect. If you wish to help us please indicate your faith.

Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Other Religion/Belief	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	No Religion/Belief	<input type="checkbox"/>

Please provide details if you have ticked 'Other or No Religion/Belief'

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Disability –

Please read Part 1 of the ‘Disability Support’ information and complete Part 11 if applicable.

Disability Support Information

Part 1

The definition of disability according to the Disability Discrimination Act 1995 (DDA) is “A 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” (Long-term is taken to mean more than 12 months).

Anyone who has a diagnosis of HIV, Cancer or Multiple Sclerosis is automatically treated as disabled under the DDA. We do not discriminate on the ground of a person’s disability and we are committed in providing appropriate support for staff and students with disabilities. The following information will assist us to do this.

Do you consider that you have a disability or health condition which falls within the ‘Disability Discrimination Act’ definition? (YES) or (NO)

If you have answered NO – you do not have to submit this form. Please disregard and continue to the Health Declaration. If you have answered YES – please continue and complete Part 11 of this form.

Part 2

Please select the nearest description of your disability/disabilities below:

Specific learning disability – dyslexia		Wheelchair user or other physical mobility impairment	
Deaf/serious hearing impairment		Blind/serious visual impairment	
Cognitive impairment – autistic		Mental health condition including depressive illness	
Spectrum disorder or head injury		General learning disability – downs syndrome	
Long standing illness or health condition – epilepsy/asthma/diabetes		Any other – please state	

The information you have disclosed regarding any disability and/or any additional needs you require, will be dealt with in the strictest confidence. Please be aware that without knowledge of any disability you may have it may be difficult for us to fully support your needs and make the necessary adjustments. Please be assured we are here to advise and support you in any way we can. If you would like to discuss this in more detail please contact Julie Field – CQC Registered Manager for Saints Care Agency on 0116 2665537.

Would you like a 'Disability Advisor' to contact you to discuss any support you require prior to an interview with Saints Care Agency? (YES) or (NO)

Health Declaration –

Please complete the following 'Health Declaration'. Should you require any help, please ask one of our consultants for guidance

Full Name of Applicant		
Your Height Approx./Actual	Your Weight	Approx./Actual

Q No.	Do you have, or have you ever had:	YES	NO
1	Cardiovascular Disease (chest pain, high blood pressure, heart attack, blood clots)		
2	Respiratory disease (emphysema, asthma, chronic bronchitis, other)		
3	Diabetes		
4	Kidney disease		
5	Liver/gallbladder disease (hepatitis, jaundice, gallstones, other)		
6	Gastrointestinal disease (peptic ulcer, gastrointestinal bleeding)		
7	Contagious blood disease (hepatitis B/C, HIV other)		
8	Rheumatoid Arthritis		
9.a	Previous general anaesthesia or local anaesthesia		
9.b	If yes to 9.a, did you have any adverse reactions		
10.a	Are you currently taking any medications		
10.b	If yes to 10.a, please tell us if this will affect your role as a Care Assistant		
11	Allergies (drug allergy/hypersensitivity other)		
12	Mental illness (have you been admitted to a psychiatric hospital)		
13.a	Do you consume alcohol daily		
13.b	If yes to 13.a, how many units per day	Units	
14.a	Do you smoke		

14.b	If yes to 14.a how many cigarettes per day		
15.a	Have you been admitted into hospital within the last 6 months		
15.b	If yes to 15.a please tell us why		
16	For Women – are you or is there any possibility you may be pregnant		
17	Please detail any other conditions or diseases which may be relevant		

Please sign & date here to confirm the above information

SIGNATURE..... DATE.....

Disclosure & Barring Service Check (DBS) Consent –

Saints Care Agency is fully regulated by the ‘Care Quality Commission’ and part of the regulatory is to DBS check every Care Worker/Assistant before they are given any employment by Saints. The cost for this service is £58.00 and usually takes around 5 working days to complete.

If your interview with Saints Care is successful and we have received adequate references, Saints Care Agency will not pay for the DBS Check when you come for and interview you will have to pay cash for your DBS.

Please sign and date below if you agree with the above Discloser & Barring Service check terms:

SIGNATURE..... DATE.....

Disclosure & Barring Service application –

Please complete the following in full

Full Name (including middle name)	
Please detail other names you have had	
Date of Birth	
Town/City/Village where you were born	
County where you were born	
Country where you were born	
Previous DBS Number	Previous DBS Date

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We require you to confirm where you have lived for in the last FIVE YEARS

CURRENT ADDRESS
Month & Year moved in
House Number or House Name
Road/Street/Close Name
Town/City/Village
Post Code
County
Country

From:	Length of time at the above address	to:
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PREVIOUS ADDRESS
Month & Year moved in
House Number or House Name
Road/Street/Close Name
Town/City/Village
Post Code
County

Length of time at this address

Saints Care Agency – thoughtful caring

PREVIOUS ADDRESS

Month & Year moved in

House Number or House Name

Road/Street/Close Name

Town/City/Village

Post Code

County

Country

Length of time at this address

PREVIOUS ADDRESS

Month & Year moved in

House Number or House Name

Road/Street/Close Name

Town/City/Village

Post Code

County

Country

Length of time at this address

PREVIOUS ADDRESS	
Month & Year moved in	
House Number or House Name	
Road/Street/Close Name	
Town/City/Village	
Post Code	
County	
Country	

Length of time at this address

Should you require any additional sheets of paper, please ask one of our consultants.

As a Care Assistant/Support Worker with Saints Care Agency, you will be working with vulnerable members of society. It is extremely important that any Criminal Convictions are disclosed.

Please sign the declaration below to safe guard our service users

Criminal Conviction Declaration –

I hereby declare that I have no criminal record convictions and my Disclosure & Barring Service check will be returned – ‘Nothing Recorded’

Please sign and date to confirm the above statement

SIGNATURE..... DATE.....

Uniform & Identity Badge

To ensure the safety and confidence from our service user’s Saints Care will require you to wear our uniform and carry your identity badge at all times whilst on duty. The uniform and identity badge are free of charge, please tick the size guide below:

Small 32” – 34” Chest	Medium 36” – 38”	Large 40” – 42”	Ex Large 44” – 46”
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Please Note: Should you require any additional uniform's these may be at a cost.

P.A.Y.E. Payments –

On the receipt of a signed timesheet, we will calculate your wages and deduct any tax and national insurance contributions on your behalf on a weekly basis. (Our timesheet procedure will be explained on the Induction Course).

Please provide below the bank account where you would like to receive your wages.

Name of Bank
Sort Code
Account Number
Name on the Account
National Insurance Number

The Working Time Regulations 1998 –

If you would like to 'opt' out the above legislation, (not being able to work more than 48 hours per week), please confirm by signature below. You can find all the details for this Act on the Government website.

Print Full Name	Signature	Date
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For official use

This section is designed for our consultant to check that all relevant documentation has been gathered.

Name of Document & Details	Seen & Received	Photocopied & Attached
Passport		
Driving/Provisional Licence		
Birth Certificate		
Proof of Address – Utility 1		
Proof of Address – Utility 2		
Visa – Right to work in the UK		
Qualifications		
P45/P46/Other		
I D Photo's		

Saints Care Consultant – sign and date to confirm that the above documents have been photocopied and attached to the application form. (Any missing documents must be noted and recorded to follow up)

SIGNATURE.....

DATE.....

Application Form Waiver –

In exchange for the consideration of my job application by Saints Care (herein call ‘the company’), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, whether in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or any other company practices, shall serve to create and actual or implied contract of employment, or to confer any right to remain an employee of Saints Care, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Manager of the company. Both the undersigned and Saints Care may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorise investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release the company from a liability as a result at such contract.

I further understand that my employment with the company shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the company is terminable as per the terms and conditions of my employment contract.

The company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, colour, religion, sexual orientation, national origin, citizenship, age or disability.

Signature of Applicant

Date

Saints Care Agency Consultant:

Interviewed by – Print Name	Date of Interview	Signature
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