

**PLEASE
ATTACH TWO
RECENT
PASSPORT
PHOTOS**

Karma Healthcare Ltd Application For Employment (Part 1)

Please use capital letters and complete all sections. If you have any difficulty completing this form please ask someone to help you. It may be completed at the interview if you prefer.

This application form must be completed in the applicants own handwriting.

In accordance with the Data Protection Act 1998, the data gathered on this Application Form and the Applicant Profile Form is used by Karma Healthcare Ltd to inform you of potential work opportunities by mail, telephone or email. We may also use this data to conduct market research and to keep you informed of the latest developments, legislation and policy changes and company initiatives.

Information provided on the equal opportunities monitoring form is for monitoring purposes. Karma Healthcare is an equal opportunities employer.

Personal Details

Surname: _____

Previous surnames (if any): _____

Forename(s): _____

Address: _____

Postcode: _____

Home Tel No: (Inc STD code) _____

Date of Birth: ____/____/____

Mobile Tel No: _____

Car Driver Yes/No: _____

Car Owner Yes/No: _____

Qualification(s): _____

National Insurance Number: _____

National Insurance Category: Full/ Reduced/ Exempt (Office Use Only)

Name of Emergency Contact: _____

Relationship to you: _____

Home Tel No. (Inc. STD code): _____

Work Tel No. (inc STD code): _____

Education, Training & Relevant Courses

Name & Address of School/College/Other	Courses & subjects taken & Qualifications gained	From: Month/Yr	From: Month/Yr

Languages

Please list the languages in which you are fluent (include your Mother Tongue Makaton and British Sign Language.)

Languages Please tick if fluent in:	Speech	Reading	Writing

Full Employment History (Including Gaps)
Please start with most recent and include any voluntary work.

Employer's Name and Address	Position Held	From: Month/Yr	From: Month/Yr

Please continue on separate sheet, if required.

Criminal Records Bureau / Disclosure Scotland

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bindovers or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bindovers or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.

Have you ever been convicted of a criminal offence or received a conditional discharge or bindover?

Yes No

If yes please give details.

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Records Bureau / Disclosure Scotland disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorized Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: _____ Signature: _____

Date: _____

References

Please provide details of 2 referees who can provide information relating to your competence in a caring role, one of who should be your present or most recent employer.

<p>1. Name _____ Position _____</p> <p>Address _____ Organisation _____</p> <p>_____ Telephone No, (Inc STD code) _____</p> <p>_____</p> <p>Post Code _____</p> <p>May we approach the above prior to interview? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Name _____ Position _____</p> <p>Address _____ Organisation _____</p> <p>_____ Telephone No, (Inc STD code) _____</p> <p>_____</p> <p>Post Code _____</p> <p>May we approach the above prior to interview? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

DECLARATION

I confirm that I am 18 years of age or over, and that I am eligible to work in the UK. I fully accept that I am applying for Employment within Karma Healthcare in the full knowledge and understanding that should Karma Healthcare offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through Karma Healthcare, are provided as a self employed person. As a self-employed person, I accept that Karma Healthcare's duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that Karma Healthcare nor its employees, hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.

I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Karma Healthcare's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Signed: _____

Date: _____

Karma Healthcare operates a policy of Equal Opportunities; therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we should be grateful if you would complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?

Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.

A White

British

Irish

Any other White background, please write in here.

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in here.

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in here.

D Black or Black British

Caribbean

African

Any other Black background, please write in here.

E Chinese or other ethnic group

Chinese

Any other, please write in here.

SEX

Female

Male

DISABILITY

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e. do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

Yes

No

Karma Healthcare
Application for Employment
(Part 2)

Applicant Profile

Applicant Name.....

Date of Interview.....

Contents

- Availability
- General Information
- Experience
- Training
- Health declaration

Applicant Profile

Availability

Hours of Work / Types of Shifts

Full-Time Part-Time

Live In Nights

Days available to work on a regular basis

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Night							

General Information

	Yes	No
Are you happy to work in service users homes or environments where there are smokers?	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy to work in a home where there are domestic pets?	<input type="checkbox"/>	<input type="checkbox"/>

What is the longest period of time you are willing to spend in a service user's home performing care?

Experience Checklist

Please Tick

Personal Care		
	Dressing / Undressing	
	Washing	
	Bathing	
	Bed baths	
	Bath aids	
	Mouth care	
	Hair care	
	Eye care	
	Pressure area care	
	Continence	
	Catheter bags	
	Use of bedpans / commodes	
	Colostomy care	
Mobility		
	Moving and handling	
	Use of hoists	
	Walking aids	
Nutrition		
	Meal Preparation	
	Feeding	
	PEG feeding	
Practical		
	Housework	
	Laundry / washing	
	Bed making	
	Shopping	
Specialist		
	Palliative care	
	Dementia care	
	Learning disabilities	
	Physical disabilities	
	Child care	

Experience Checklist (Continued)

Please Tick

Hospital Experiences		
Accident & Emergency		
Alcohol and Drug Dependency		
Acute Psychiatric Mental Health		
Assessment		
Continuing Care for Mental Health		
Continuing Care for Mental Health (Locked Ward)		
Coronary Care Unit		
Care of the Elderly		
Dementia Care		
Dermatology		
Ear , Nose & Throat / Eyes		
Female Assessment Continuous Care		
General Medical Skills		
Gynecology		
High Dependency		
Learning Difficulties Children		
Learning Difficulties		
Learning Difficulties Aggressive		
Learning Difficulties Continual Care		
Male Assessment Continuous Care		
Maternity		
Nursing Home Care		
Oncology		
Ophthalmology		
Orthopaedics		
Paediatric		
Psychiatric Assessment		
Practice Nursing		
Surgical		
Theatre		
Theatre Recovery		
Urology		
X-ray		
Young Chronic Sick		
Young Physically Disabled		

Training

Courses / Training

Name of Course / Training	Course Duration	Date Achieved	Certificate Received / Copied (official use only)

Declaration of Health

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If Karma Healthcare has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.

Please note: you must inform Karma Healthcare immediately if your health changes significantly.

Have you ever had:	Yes	No
Tuberculosis, asthma, bronchitis or chest complaints?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Chest pain, heart condition or raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Blackouts, fits or attacks of giddiness?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Depression, mental illness or nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Rheumatism or arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Back trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Typhoid, paratyphoid or dysentery?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Digestive or bowel disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		
Diabetes, thyroid or other gland trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information: _____		

Bladder or kidney trouble?

Additional Information: _____

Dermatitis or skin trouble?

Additional Information: _____

Varicose veins?

Additional Information: _____

Any other accident, operation or illness?

Additional Information: _____

Have you any reason to believe you may be infected by any communicable disease?

Additional Information: _____

Any other current or recent medical condition or treatment that may affect your attendance or performance at work?

Additional Information: _____

Do you intend to work night duties on a regular basis?

Additional Information: _____

Any illness or medical condition that prevented you from attending work or your normal duties or activities for more than one week during the past year?

Additional Information: _____

Any physical disabilities including defect of sight or hearing?

Additional Information: _____

Do you have any allergies?

Additional Information: _____

Is there the possibility you could be pregnant?

Additional Information: _____

Do you smoke?

How many units of alcohol do you drink per week?
(One unit = 1/2 pint beer = 1 glass wine = 1 single whisky) _____

Have you received vaccination for any of the following?	Yes	No
Tuberculosis BCG	<input type="checkbox"/>	<input type="checkbox"/>
Rubella (German measles)	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Flu	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of vaccination (Hepatitis B)	<input type="checkbox"/>	<input type="checkbox"/>

It may be a requirement of any assignment that you have a Hepatitis B vaccination. Restrictions may apply if you do not have a current certificate of vaccination.

I certify that I am fit for work in the care industry

Signed _____

I certify that I am satisfied to the best of my knowledge that this employee is fit to undertake work in the care industry.

Manager _____

Interviewed by:

Name: _____

Designation: _____

Signature: _____