**Application Form**

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| --- | --- | --- | --- |
| First Name:  | Click or tap here to enter text. | Last Name:  | Click or tap here to enter text. |
| National Insurance number:  | Click or tap here to enter text. |  |
| Address: Click or tap here to enter text.  |
| Email: Click or tap here to enter text. |  | Mobile No:  | Click or tap here to enter text. |
| Home Phone Number: Click or tap here to enter text.Permanent Address: (If different from the above) Click or tap here to enter text.------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
|  |  |  |  |  |  |  |
| For compliance of the Working Time Directive, we would appreciate it if you could indicate which age bracket you fall into:  |
|  | Under 16  |[ ]  16-17  |[ ]  18+ |[ ]   |  |  |
| Eligibility to work in the UK & Ireland: You must bring the original documentation if invited to an interview as evidence of your entitlement to work in this country. Failure to do so will invalidate your application. *Please confirm which of the following you have*:  |
| [ ] British Passport or UK birth certificate & letter | [ ]  Certificate of registration / naturalisation as a British Citizen |
| [ ] Passport showing right to live & work in the UK  | [ ]  EEC passport or identity card plus required work registration letter |
| [ ] Non-European passport with relevant work visa | [ ] Any other document that supports your eligibility to work in the UK |

**Have you got what it takes to be a part of our Elite Live In Care team?**

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| Tell us 3 top qualities you have that will make you a great Care Worker.Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. |

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| Tell us 3 ways you will deliver a quality service to our customers: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. |

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| How does the role you are applying for with Elite Live In Care fit into your career / future? Click or tap here to enter text. |

W**hat have you been studying?**

List below your last 2 places of education / training, starting with the current or most recent.

|  |  |
| --- | --- |
| Name & address of school or college | Qualification achieved or being studied |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**What have you been up to?** List below your last 3 employers, starting with the current or most recent. Don’t worry if this is your first job you will have a chance to share what else you have been involved in further down the application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employerClick or tap here to enter text.Type of business: Click or tap here to enter text. | Position: Click or tap here to enter text. | Rate of pay:Click or tap here to enter text. | Dates of employment: Click or tap to enter a date. |
| What were your duties? Click or tap here to enter text. | Reason for leaving:Click or tap here to enter text. |
| Manager’s Name: Click or tap here to enter text. | Telephone no: Click or tap here to enter text. | Email:Click or tap here to enter text. |
|  |  |  |
| Name of employerClick or tap here to enter text.Type of business: Click or tap here to enter text. | Position: Click or tap here to enter text. | Rate of pay:Click or tap here to enter text. | Dates of employment: Click or tap to enter a date. |
| What were your duties? Click or tap here to enter text. | Reason for leaving:Click or tap here to enter text. |
| Manager’s Name: Click or tap here to enter text. | Telephone no: Click or tap here to enter text. | Email:Click or tap here to enter text. |
|  |  |  |
| Name of employerClick or tap here to enter text.Type of business: Click or tap here to enter text. | Position: Click or tap here to enter text. | Rate of pay:Click or tap here to enter text. | Dates of employment: Click or tap to enter a date. |
| What were your duties? Click or tap here to enter text. | Reason for leaving:Click or tap here to enter text. |
| Manager’s Name: Click or tap here to enter text. | Telephone no: Click or tap here to enter text. | Email:Click or tap here to enter text. |

**What else have you been involved in...**(for example Community work /sports teams/work experience)

 Click or tap here to enter text.

**Are you coming back to us?** (If you have previously worked for us, please tell us when and your reason for leaving)

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| Click or tap here to enter text. |

**What’s missing?** Were there any gaps between any of the above jobs listed? If so, how long and why?

|  |  |  |
| --- | --- | --- |
| Length of gap: | Between which employers: | Reason: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Who’ll vouch for you?** Please give us the names of 2 people (not related to you), who can be contacted to provide a reference for you. If this is your first job, please give a tutor / lecturer’s name. We will require references to cover the past 5 years of employment, but we are able to take this information from your employment history.

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| --- | --- |
| Name: Click or tap here to enter text. | Telephone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | How do you know this person?Click or tap here to enter text. |
| Name: Click or tap here to enter text. | Telephone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | How do you know this person?Click or tap here to enter text. |

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| Have you ever been involved in a disciplinary with a previous employer?Yes [ ] No [ ] If yes, please give full details.Click or tap here to enter text. |
|  |
| My printed name confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK & Ireland and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to Elite Care LTDPrint Name Click or tap here to enter text. Date: Click or tap to enter a date. |

Working Time Directive Opt Out Form.

Under regulation 4(1) of the Working Time Directive 1998, you can only work more than 48 hours per week on average (including overtime and time worked for other employers or businesses) if you have agreed to do so in writing.

This form is an agreement between Elite Live In Care Ltd and yourself that the limit 48 hours per week does not apply to you and that working time can exceed 48 hours per week.

You can end this agreement at any time by giving 3 month notice, otherwise it will continue throughout your employment with Elite Live In care Ltd.

Your signature on this form is voluntary and will not result in any detriment from Elite Live In Care Ltd should you wish to not agree to the terms.

I have read and understand about working time regulations and am happy to opt out of the Working Time Directive.

Full Name Click or tap here to enter text.

Date Click or tap to enter a date.

REHABILITATION OF OFFENDERS/CRIMINAL RECORDS

DECLARATION FORM

A criminal record will not necessarily be a bar to obtaining a position.

Section 1

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| Post Applied for | Click or tap here to enter text. |

Section 2

|  |  |
| --- | --- |
| Surname | Click or tap here to enter text. |
| Forename(s)or other | Click or tap here to enter text. |
| Current address  | Click or tap here to enter text. |
| Time at current address |  | Years /Months (if less than 5 years see section 3)Click or tap here to enter text. |
| Telephone number |  | Click or tap here to enter text. |
| Place of Birth |  | Click or tap here to enter text. |

Section 3

|  |  |
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| Previous Name(s) | Previous Address(es) |
| Click or tap here to enter text.From Click or tap to enter a date. To Click or tap to enter a date. | Click or tap here to enter text.Dates from Click or tap to enter a date. To Click or tap to enter a date. |
| Click or tap here to enter text.From Click or tap to enter a date. To Click or tap to enter a date. | Click or tap here to enter text.Dates from Click or tap to enter a date. To Click or tap to enter a date. |

|  |  |
| --- | --- |
| Previous Name(s) | Previous Address(es) |
| Click or tap here to enter text.From Click or tap to enter a date. To Click or tap to enter a date. | Click or tap here to enter text.Dates from Click or tap to enter a date. To Click or tap to enter a date. |
| Click or tap here to enter text.From Click or tap to enter a date. To Click or tap to enter a date. | Click or tap here to enter text.Dates from Click or tap to enter a date. To Click or tap to enter a date. |

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| --- | --- |
| Previous Name(s) | Previous Address(es) |
| Click or tap here to enter text.From Click or tap to enter a date. To Click or tap to enter a date. | Click or tap here to enter text.Dates from Click or tap to enter a date. To Click or tap to enter a date. |
| Click or tap here to enter text.From Click or tap to enter a date. To Click or tap to enter a date. | Click or tap here to enter text.Dates from Click or tap to enter a date. To Click or tap to enter a date. |

Section 4

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|  **The Rehabilitation of Offenders Act 1974, requires all applicants to declare ‘unspent’ convictions. Please answer the following:** |
| Do you have any **‘unspent’** criminal convictions by the courts? (the accompanying Guidance Notes provide details of spent and unspent convictions) Please state yes or no Click or tap here to enter text. |
| If yes, please give details of the date of the conviction(s), nature of the offence(s) and the sentence(s) imposed: |
| Date of conviction Click or tap to enter a date.Nature of offence Click or tap here to enter text.Sentences imposed Click or tap here to enter text. |
|  |

Section 5

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| The post you have applied for requires a DBS Standard or Enhanced Disclosure. Healthcare professional, are exempt from the Rehabilitations of Offenders Act 1974 and you are required to declare any ‘spent’ convictions. Please answer the following: |
| Do you have any **‘spent’** criminal convictions by the courts, or have you been cautioned, reprimanded or given a final warning by the police Yes/No Click or tap here to enter text. |
| If yes, please give details of the date of the conviction(s), nature of the offence(s) and the sentence(s) imposed: |
| Click or tap here to enter text. |

Section 6

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| Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes/NoClick or tap here to enter text. |
| If yes, please give details: |
| Click or tap here to enter text. |

Section 7

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| **DECLARATION** |
| I certify that the information provided above, is correct. I understand that any false statement or omissions may result in my application being withdrawn or my appointment being terminated.  |
| If I am selected for a post that requires a enhanced disclosure, I give the Elite Live In care Ltd permission to carry out the necessary check with the Disclosure and Barring Service (DBS). |
| If I am appointed, I undertake to inform Elite Live In Care Ltd immediately if I am convicted of any criminal offence during my employment them. |
| NOTE: Any information provided will be stored securely in manual form and processed in accordance with the Elite Live In Cares’ registration under the Data Protection Act (1998). For the successful candidate, the information will form part of the personal, confidential record. In the case of unsuccessful candidates, the data will be destroyed after six months. |
| Print Name Click or tap here to enter text. Date:Click or tap to enter a date. |

**PRIVATE & CONFIDENTIAL**

**Employee Health Declaration**

|  |  |
| --- | --- |
| **TITLE** | Click or tap here to enter text. |
| **SURNAME** | Click or tap here to enter text. |
| **FIRST NAMES** | Click or tap here to enter text. |
| **SURNAME AT BIRTH** | Click or tap here to enter text. |
| **FORMER NAMES** | Click or tap here to enter text. |

Please answer the following questions, giving dates and full details where appropriate:

|  |  |
| --- | --- |
| **Are you in good health at present?** | Click or tap here to enter text. |
| **Are you at present attending a doctor or hospital for any reason?**  | Click or tap here to enter text. |
| **Are you taking any medicines or tablets or having any other treatment regularly prescribed by a doctor or hospital?** | Click or tap here to enter text. |
| **Have you now or in the past had any disease other than normal childhood illnesses, colds and flu?** | Click or tap here to enter text. |
| **Have you ever had any of the following:** |  |
| Depression, nerves or similar illnesses | Click or tap here to enter text. |
| Diabetes | Click or tap here to enter text. |
| Thrombosis | Click or tap here to enter text. |
| Back problems | Click or tap here to enter text. |
| Black outs epilepsy or faints | Click or tap here to enter text. |
| Tuberculosis | Click or tap here to enter text. |

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| --- | --- |
| **Have you ever had any of the following:** |  |
| Contact with anyone with Tuberculosis | Click or tap here to enter text. |
| An illness which causes problems with mobility | Click or tap here to enter text. |
| Heart disease or disorder | Click or tap here to enter text. |
| **Have you been admitted to hospital in the last two years or have suffered any serious illness in the last five years**? | Click or tap here to enter text. |
| **If you have answered yes to any of the above please give details.** | Click or tap here to enter text. |
| **How many days of sickness leave have you had in the last 2 years?** **Please give reasons.** | Click or tap here to enter text. |

**Please give details of your General Practitioner**

|  |
| --- |
| **NAME** Click or tap here to enter text. |
| **ADDRESS**Click or tap here to enter text. |
| **TELEPHONE NUMBER** Click or tap here to enter text. |

**I declare that the information I have given on this form are true.**

**I also agree to notify the *company* of any changes that may result in the completion of a further health declaration.**

**Print Name** Click or tap here to enter text.

**Date** Click or tap to enter a date.