

APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

National Insurance Number: _____

Address: _____

Phone Number: _____ Email: _____

Preferred Contact Method: Phone / Email / Post

SECTION 2: POSITION APPLIED FOR

Role: Care Assistant / Senior Carer / Support Worker / Coordinator / Other

Employment Type: Full-Time / Part-Time / Zero Hours / Live-in

Available Start Date: _____

Availability: Mornings / Afternoons / Evenings / Nights / Weekends

SECTION 3: RIGHT TO WORK

Eligible to work in the UK? Yes / No

Evidence Type: Passport / Visa / BRP / Other

Do you require visa sponsorship now or in future? Yes / No

SECTION 4: QUALIFICATIONS & TRAINING

Mandatory Training (tick all completed): Care Certificate, Moving & Handling, Medication Administration, First Aid/CPR, Safeguarding Adults, Infection Control, Food Hygiene.

Highest Level of Education: _____



SECTION 5: EMPLOYMENT HISTORY (MINIMUM 5 YEARS)

Employer 1

Company: _____ Position: _____

Start Date: _____ End Date: _____

Main Duties: _____

Reason for Leaving: _____

Employer 2

Company: _____ Position: _____

Start Date: _____ End Date: _____

Main Duties: _____

Reason for Leaving: _____

Explain any gaps in employment:

SECTION 6: EXPERIENCE & SKILLS

Experience with: Personal Care, Dementia, End-of-Life, Mental Health, Behaviours that Challenge, Learning Disabilities, Medication Support, Hoist/Equipment Use, Meal Prep, Housekeeping, Companionship.



SECTION 7: HEALTH & FITNESS DECLARATION

Do you have any physical or mental health conditions that may affect your care duties? Yes / No

If yes, details: _____

Are you able to perform manual handling tasks? Yes / No

SECTION 8: DBS & SAFEGUARDING

Enhanced DBS Certificate? Yes / No – Date Issued: _____

DBS Update Service Registered? Yes / No

Do you have any unspent or spent convictions relevant to care work? Yes / No

Rehabilitation of Offenders Act Statement:

Because this job involves working with vulnerable adults, you must disclose all convictions, spent and unspent, under the ROA Exceptions Order.

SECTION 9: REFERENCES (MUST INCLUDE MOST RECENT EMPLOYER)

Reference 1:

Name _____

Position _____

Company _____

Phone _____

Email _____



Reference 2:

Name _____

Position _____

Company _____

Phone _____

Email _____

SECTION 10: VEHICLE, TRAVEL & INSURANCE

Do you have a driving license? Yes / No

Do you have access to a car? Yes / No

Do you have a business class car insurance? Yes / No

Are you willing to travel between clients for work? Yes / No

SECTION 11: PERSONAL STATEMENT

Explain why you want to work with Whole Healthcare and what makes you suitable:

SECTION 12: EQUALITY, DIVERSITY & INCLUSION (OPTIONAL)

Gender: _____ Ethnicity: _____ Religion: _____ Disability: _____

SECTION 13: GDPR & DATA PROTECTION CONSENT

I consent to the company storing and processing my personal data for recruitment purposes in accordance with UK GDPR.

Signature: _____ Date: _____

SECTION 14: DECLARATION & CQC SAFE RECRUITMENT COMPLIANCE

I confirm the information I have provided is true and complete. I understand providing false information may lead to withdrawal of employment or dismissal. I understand my employment is subject to: - Satisfactory references

- Enhanced DBS clearance
- Right-to-work verification
- Compliance with mandatory training requirements
- Fitness to work assessment

Applicant Signature: _____

Print Name: _____

Date: _____