

## 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: \_\_\_\_\_

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**Employer 2**

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Explain any gaps in employment:

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**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: \_\_\_\_\_

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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:

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## **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: \_\_\_\_\_