

**APPLICATION FORM**

(All information supplied in this application form will be treated as confidential and will not be disclosed to anyone else other than those within Domiciliary Care Services (UK) Limited, who are or will be directly involved in your employment)

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the application form in block capitals and use black pen. If you have any questions please contact us on:

**Telephone:** 0116 2701602 **Fax:** 0116 2985180 **email:** domiciliarycs@hotmail.com

Please return to:

Domiciliary Care Services (UK) Limited

28 KNIGHTON ROAD

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LE2 3HH

(Please be aware that DCS will carry out a criminal record and require you to provide proof of Passport and or Birth Certificate, proof of address, drivers documents (if applicable) medical information and 2 passport sized photos of yourself).

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| **PERSONAL DETAILS** |
| TITLE:  |  |
| FORENAME: |  |
| SURNAME: |  |
| MAIDEN NAME: |  |
| ANY OTHER NAME BY WHICH YOU MAY HAVE BEEN KNOWN: |  |
| DATE OF BIRTH: |  |
| HOME ADDRESS: |  |
| POSTCODE: |  |
| HOW LOND HAVE YOU LIVED AT THIS ADDRESS? | YEARS \_\_\_\_\_\_\_ MONTHS\_\_\_\_\_\_\_ |
| IF YOU HAVE LIVED AT THE CURRENT ADDRESS FOR LESS THAN 2 YEARS, PLEASE PROVIDE PREVIOUS ADDRESS: |  |
| HOME CONTACT NUMBER: |  |
| MOBILE CONTACT NUMBER: |  |
| EMAIL ADDRESS: |  |
| NATIONAL INSURANCE NUMBER: |  |
| NATIONALITY: |  |
| DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UNITED KINGDON?IF YES PLEASE PROVIDE DETAILS | YES NODETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DO YOU HAVE ANY RELATIVES EMPLOYED BY DCS? | YES NO |
| **LICENCE DETAILS IF APPLICABLE** |
| DO YOU HOLD A CURRENT UK DRIVING LICENCE? | YES NO |
| DO YOU HAVE A VEHICLE TO USE FOR WORK PURPOSES? | YES NO |

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| **NEXT OF KIN DETAILS** |
| NAME: |  |
| RELATIONSHIP TO YOU: |  |
| ADDRESS: | POSTCODE: |
| HOME CONTACT NUMBER: |  |
| WORK CONTACT NUMBER |  |
| MOBILE CONTACT NUMBER: |  |

**EMPLOYMENT HISTORY**

(PLEASE PROVIDE INFORMATION FOR THE LAST 5 YEARS WITH THE MOST RECENT FIRST)

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| **EMPLOYER** | **POSITION HELD** | **FROM**  | **TO** | **REASON FOR LEAVING** |
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**Please state the languages you speak and indicate how fluently you speak them by ticking the box which applies**

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| LANGUAGE | BASIC |  | MODERATE |  | FLUENT |  |
|  | BASIC |  | MODERATE |  | FLUENT |  |
|  | BASIC |  | MODERATE |  | FLUENT |  |
|  | BASIC |  | MODERATE |  | FLUENT |  |
|  | BASIC |  | MODERATE |  | FLUENT |  |
|  | BASIC |  | MODERATE |  | FLUENT |  |
|  | BASIC |  | MODERATE |  | FLUENT |  |

How well do you write in English: **Very well Quite well Not well**

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| **REFERENCE 1**(PLEASE PROVIDE ATLEAST 2 REFERENCES (NOT RELATIVES). WE WOULD LIKE YOUR REFENCES TO COVER THE LAST 2 YEARS. ONE CAN BE A PROFESSIONAL REFERENCE AND THE OTHER CAN BE A CHARACTER REFERENCE. |
| **EMPLOYMENT REFERENCE** |
| COMPANY NAME: |  |
| CONTACT NAME: |  |
| POSITION: |  |
| ADDRESS: | POSTCODE: |
| EMAIL: |  |
| CONTACT NUMBER: |  |
| **CHARACTER REFERENCE** |
| CONTACT NAME: |  |
| JOB ROLE: |  |
| ADDRESS: | POSTCODE: |
| EMAIL ADDRESS: |  |
| CONTACT NUMBER: |  |
| **REFERENCE 2** |
| **EMPLOYMENT REFERENCE** |
| COMPANY NAME: |  |
| CONTACT NAME: |  |
| POSITION: |  |
| ADDRESS: | POSTCODE: |
| EMAIL: |  |
| CONTACT NUMBER: |  |
| **CHARACTER REFERENCE** |
| CONTACT NAME: |  |
| JOB ROLE: |  |
| ADDRESS: | POSTCODE: |
| EMAIL ADDRESS: |  |
| CONTACT NUMBER: |  |

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| **CONVICTIONS** |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? | YES NO |
| **IF YES, PLEASE PROVIDE DETAILS INCLUDING DATES.** |

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| **PRE- EMPLOYMENT MEDICAL QUESTIONNAIRE** |
| GP NAME: |  |
| SURGERY NAME: |  |
| ADDRESS: | POSTCODE: |
| TELEPHONE NUMBER: |  |

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| **DO YOU SUFFER, OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING? IF YES, PLEASE PROVIDE DETAILS INCLUDING DATES AND TREATMENT.** |
| **MEDICAL CONDITIONS** | **YES** | **NO** | **DETAILS** |
| Heart disease, rheumatic fever or high blood pressure. |  |  |  |
| Diabetes |  |  |  |
| Kidney or urinary complaints or blood in the urine |  |  |  |
| Recurrent stomach or bowel complaints, hernias or ulcers |  |  |  |
| Any lung disease including bronchitis, TB, emphysema or asthma |  |  |  |
| Any back or neck pain, arthritis, or other pain of stiffness |  |  |  |
| Recurring headaches, fits, faints or blackouts |  |  |  |
| Anxiety/ depression or any other nervous disorder |  |  |  |
| Treatment for drug or drink dependency |  |  |  |
| Hearing difficulty or any other ear conditions |  |  |  |
| Dermatitis, eczema, or any other skin disorders |  |  |  |
| Have you had a serious accident in the last five years |  |  |  |
| Have you been admitted to hospital or had an operation in the last 5 years |  |  |  |
| Have you consulted a GP in the last 2 years |  |  |  |
| Are you currently on any medication |  |  |  |
| Do you currently suffer from any medical condition |  |  |  |
| Please list all the vaccinations you have had and the dates |  |  |  |

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| **EXPERIENCE**  |
| DO YOU HAVE EXPERIENCE IN HEALTH OR SOCIAL CARE? YES NO  |
| **IF YES, PLEASE PROVIDE DETAILS TO SUPPORT YOUR APPLICATION** |
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| **PLEASE TELL US WHICH SHIFTS YOU WILL BE AVAILABLE TO WORK ON A WEEKLY BASIS** |
|  | **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
| 6AM TILL 11AM |  |  |  |  |  |  |  |
| 11AM TILL 3PM |  |  |  |  |  |  |  |
| 3PM TILL 6PM |  |  |  |  |  |  |  |
| 6PM TILL 10PM |  |  |  |  |  |  |  |
| NIGHT SHIFTFROM 9PM TILL 6AM |  |  |  |  |  |  |  |

\*The European Union has laid down guidelines for all workers, governing the length of the maximum working week which it is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will never be compelled to work more than the 48 hours per week but you may choose to do so.

DECLARATION

I confirm that all the information given in this application are true to the best of my knowledge. I have not knowingly withheld any information and recognise that doing so could be sufficient grounds for the termination of my contract of employment.

Domiciliary Care Services (UK) Limited may ask for you to provide evidence of any information you have provided in order to employ you.

Domiciliary Care Services (UK) Limited will keep all information private and confidential and will only be accessed by company personal who are authorised to do so for the purpose of your employment.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_