

**Meadow Lodge
Application for Employment Form**

Job applied for: **Home Carer**..... For Office Use:

**Please return form to Karen Shann, Meadow Lodge, Broach Lane, Kellington, Nr Goole,
DN14 0ND**

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

Please tell us about yourself

Surname: First name:

Other previous names:..... Date of birth:

Home address:

.....

..... Postcode:

Home tel. no: Work tel. no:

Mobile no: Marital Status:

Current driving licence: YES / NO National Insurance No:

May we ring you at work? YES / NO Are you related to any present or former employees of the home? YES /NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
.....
.....
Postcode.....	Postcode.....
Tel No:	Tel No:
Tel other:	Tel other:
Is this your current employer? YES/NO	Is this your current employer? YES/NO
Are they related to you? YES/NO	Are they related to you? YES/NO

Application for Employment Form (contd)

Please tell us about your education and training

Please tell us about your education. List any qualifications gained:

School /College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects please give details below:

Please tell us about jobs you have had

Please tell us about the jobs you have had in the past ten years starting with your present or most recent job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc

Present/most recent employer	Job Title	Wages / rate of pay	From	To

Previous employer	Job Title	Wages / rate of pay	From	To

Application for Employment Form (contd.)

Further Information

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have						
In case of Emergency(Notify)						
Name and Address of Doctor:						
Hours/Days - Required/Available						
Mon	Tue	Wed	Thur	Fri	Sat	Sun

Declarations of Convictions / Disclosure of Information

Successful applicants will be asked to provide disclosure information as required under section 113 of the Police Act 1997.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining the position applied for.

No offer of employment will be withdrawn without discussion with the applicant.

.....

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Signed

Date

Data Protection Information
 The information that you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.
 The information will also be used for equality monitoring and statistical purposes. By signing this application you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal

Meadow Lodge Assessment Questionnaire

The purpose of this questionnaire is to assess your fitness as care workers.
 This is a part of our duties under the **Care Standards Act 2000**, (regulation 7,9, 19) and also **Working time regulations 1998**

To be completed by employee		
Date		
Name		
Job title		
Date employment began		
Do you suffer from any of the following conditions, which could be made worse by night work?		
	Please circle the appropriate answer	
Diabetes, requiring injections to a strict timetable	Yes	No
A heart or circulatory disorder, which affects your physical stamina?	Yes	No
Stomach or intestinal disorder, such as ulcers?	Yes	No
Any other condition which makes the timing of meals of particular importance	Yes	No
A medical condition affecting sleep?	Yes	No
A chronic Chest condition	Yes	No
Any medical condition requiring medication on a strict timetable?	Yes	No
Any other medical condition in which the symptoms get worse at night	Yes	No
Where you have answered yes, please give further details		

I declare that I am physically and mentally fit for the purposes of the work which is to be performed

Signature of person making this statement _____

Date of Statement _____

Details duties of

Helping residents To bath, wash and dress/undress
Answering the nurse call, and attending to the care needs of the residents

Night care assistants

All the above
General Cleaning in lounge and kitchen
Washing And ironing

MEADOW LODGE

NEW STAFF WAGE DETAILS

EMPLOYEES NAME _____

ADDRESS _____

POST CODE _____

DATE OF BIRTH _____

START DATE _____

DO YOU HAVE A P 45? YES /NO (if no please fill in a P46)

NATIONAL INSURANCE NUMBER _____

BANK DETAILS

BANK OR BUILDING SOCIETY _____

BANK ACCOUNT NAME _____

ACCOUNT NUMBER _____

SORT CODE _____

These details will be treated in strictest confidence

MEADOW LODGE EQUAL OPPORTUNITIES MONITORING FORM

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the home properly monitors and conforms with its policies relating to the equality of opportunity.

Information will be used for monitoring and no other purpose.

Our committed aim is to allow staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the home to limit their opportunities.

Please place a tick in the relevant box or boxes:

Would you describe your ethnic origin as:							
White	European	Asian	English				
African	Caribbean	Chinese	Pakistani				
Indian	Hispanic	Mixed					
Other, Please specify							
Prefer not to say							
Are you:	MALE	FEMALE					
Please indicate your age in the ranges below:							
16-21	22-25	26-30	31-35	36-40	41-50	51-60	61-65
Do you consider that you have a disability?			YES/NO				
If YES, please indicate the nature of the disability:							

MEADOW LODGE REHABILITATION OF OFFENDERS DECLARATION FORM

The post for which you have applied involves working with older people who are considered to be vulnerable and, as such, the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. This exemption requires that you must declare ALL CONVICTIONS regardless of time passed including those convictions, which would otherwise be regarded as 'spent'.

No application for employment will be processed unless this declaration has been completed.

A criminal record will not necessarily be a bar to any applicant obtaining the position for which they have applied.

Declaration:

Have you ever been convicted of any offence? YES / NO

If YES, please give details. You MUST include all offences, even those which would otherwise be considered as 'spent':

.....
.....
.....
.....
.....
.....
.....

I declare that the information that I have given is correct and that there are no convictions that have not been included.

I understand that if I am offered the post and it is subsequently found that the information given is incorrect, this will be treated as gross 'misconduct' and I will be liable to be dismissed without notice.

Signed:

Full name:

Date:

Dear Applicant

PROTECTION OF VULNERABLE ADULTS SCHEME

As you may be aware anyone who works in the Care Sector is required to hold a Criminal Records Bureau check before they can commence any employment involving vulnerable adults.

These checks can take two to three weeks to be completed.

Therefore if you are invited for interview may we ask that you bring with you the following items:-

- Birth Certificate
- Driving Licence & Valid Insurance Certificate – if held
- Marriage certificate – if applicable
- Valid Passport
- Recent Bank Statement
- Utility bill – (must have your name and address on)
- Recent P60

This will enable swift completion of the C.R.B. check, should you be successful and you accept the position.