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**Section 1**

**APPLICANT’S DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Title |  |  |  | | | | | | | |  |  |  |  |  |  |  |
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|  | Full name |  |  |  | | | | | | | |  |  |  |  |  |  |  |
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|  | Surname |  |  |  | | | | | | | |  |  | *PHOTOGRAPH* | | | |  |
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|  | Address |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Postcode: | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | Home Telephone No. |  |  |  | | | |  | Mobile No. | | | |  | | | | |  |
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|  | Email address |  |  |  | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Position you are applying for |  |  |  | | | | | | | | | | | | | |  |
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|  | National Insurance No. |  |  |  | | | | | | | | | | | | | |  |
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|  |  |  |  |  |  | **Section 2** | | | |  |  |  |  |  |  |  |  |  |
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|  | Full name |  |  |  | | | | | | | | | | | | | |  |
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|  | Relationship |  |  | | | | | | | | | | | | | | |  |
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|  | Address |  |  | | | | | | | | | | | | | | |  |
|  |  |  | Postcode: | | | | | | |  |  |  |  |  |  |  |  |  |
|  | Telephone No. |  |  |  | | | Mobile No. | | |  |  |  |  | | | | |  |
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|  | Email Address: |  |  |  | | | | | | | | | | | | | |  |
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|  |  |  |  |  |  | **Section 3** | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **WORK REQUIREMENTS** | | | | |  |  |  |  |  |  |  |  |  |
|  | **DO YOU REQUIRE** |  |  | When are you available to | | | |  |  |  |  |  | When are you | | |  |  |  |
|  |  |  |  |  | |  |  |  |  | |  |
|  | ☐ Bank hours (flexible work) |  |  | start work? | | | |  | |  |  |  | available until? | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ☐ Long-term contract (1+ years) |  |  | **WHICH AREA/ SPECIALITY DO YOU WISH TO WORK IN?** | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  | ☐ Palliative care | | | | | | | |  |
|  | ☐ Part-time hours |  |  | ☐ Physical disabilities | | | | | |  |
|  | ☐ Short-term contract |  |  | ☐ Dementia | | | | | | ☐ Reablement care | | | | | | | |  |
|  | ☐ Full-time hours |  |  | ☐ End of life care | | | | | | ☐ A variety | | | | | | | |  |
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| **Section 4**  **FULL EMPLOYMENT RECORD**  *(most recent first)* | | | | | |
| *Please, explain any gaps in employment i.e. studying, unemployment, raising family etc.*  *and reasons for leaving any care jobs.*  *Please also include a copy of your CV with this application form* | | | | | |
| **NAME AND ADDRESS**  **OF EMPLOYER** | **START**  **DATE** | **FINISH**  **DATE** | | **DUTIES** | **REASON FOR**  **LEAVING** |
|  |  |  | |  |  |
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| **GAPS IN EMPLOYMENT** | | **REASON FOR GAP** | | | |
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| *If any of the above positions involved working with Vulnerable Adults or Children, please indicate below contact details of someone who can verify your reason for leaving.* | | | | | |
| **NAME OF EMPLOYER** | **CONTACT NAME &**  **POSITION** | | **TELEPHONE**  **NO.** | **EMAIL**  **ADDRESS** | |
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| **Section 5**  **EDUCATION AND TRAINING** | | |
| **SECONDARY EDUCATION**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | **(***including further education)* |  |  |  | | | |
| **NAME OF ESTABLISHMENT**  *(most recent first)* | **START AND FINISH**  **DATES** | **QUALIFICATIONS GAINED** |
|  |  |  |
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|  |  |  |
| **HEALTH AND SOCIAL CARE BASIC COURSES AND TRAINING** | | |
| **SUBJECTS COVERED**  *(most recent first)* | **DATES ATTENDED** | **SKILLS RELEVANT TO WORK** |
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| **ADDITIONAL INFORMATION** | | |
| ***Please include and additional information you believe may be important to support your application, including any additions skills and experience you feel is relevant:*** | | |

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| **Section 6**  **PROFESSIONAL REFERENCES** | | | | | | | | | | |
| *Please give details of two senior individuals who may be approached for references.*  *Where relevant these should be your current and last employer and at least one must be from previous employment.* | | | | | | | | | | |
| **CURRENT EMPLOYER** | | | | | | | | | | |
| Contact name |  | Company | | |  | | | | | |
| Address |  | | | | | | | | | |
| Telephone No. |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |
| Can we contact your employers prior to your job offer? | | | | YES | |  | | NO | |  |
| **PREVIOUS EMPLOYER** | | | | | | | | | | |
| Contact name |  | Company | | |  | | | | | |
| Address |  | | | | | | | | | |
| Telephone No. |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |
| Can we contact your employers prior to your job offer? | | | YES | |  | | NO | |  | |
| ***Is anything we need to know about your previous employers or reference arrangements?*** | | | | | | | | | | |

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| **CHARACTER REFERENCES** | | | |
| Please provide details of 2-character references who we can contact.  They should be able to people who have known you for some time and can speak about your character  **NB: Character references CANNOT be family members** | | | |
| **CHARACTER REFERENCE 1** | | | |
| Contact name |  | Relationship to candidate |  |
| Address |  | | |
| Telephone No. |  | | |
| Email Address |  | | |
| **CHARACTER REFERENCE 2** | | | |
| Contact name |  | Relationship to candidate |  |
| Address |  | | |
| Telephone No. |  | | |
| Email Address |  | | |

OFFICE INFORMATION - For section 6, please refer to RH128.

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| **Section 7**  **CRIMINAL RECORD** | | | | | | | | |
| *Raystra is required under the Health & Social Care Act 2008, to obtain an Enhanced Disclosure and Barring Service check in relation to any person who is a domiciliary care worker. Therefore, if your application is successful, we will need to obtain this check before your appointment is confirmed.*  *Please inform Raystra of any criminal convictions (excluding minor road traffic offences), cautions, reprimands or warnings you have received before we obtain an Enhanced Disclosure and Barring Service check. Having a criminal record does not necessarily mean that you will not be able to work in the social care sector but will depend on the nature of the position, the circumstances and background of your offences.* | | | | | | | | |
| **CURRENT EMPLOYER** | | | | | | | | |
| Contact name |  | Company | | |  | | | |
| Address |  | | | | | | | |
| Telephone No. |  | | | | | | | |
| Email Address |  | | | | | | | |
| Do you have a valid DBS check? | | | | YES | |  | NO |  |
| If you answered YES, please indicate the expiry date | | | |  | | | | |
| Have you been convicted of a criminal offence or received a caution, warning or reprimand? | | | | YES | |  | NO |  |
| **DATE OF CONVICTION, CAUTION, WARNING OR REPRIMAND** | | | **DETAILS** | | | | | |
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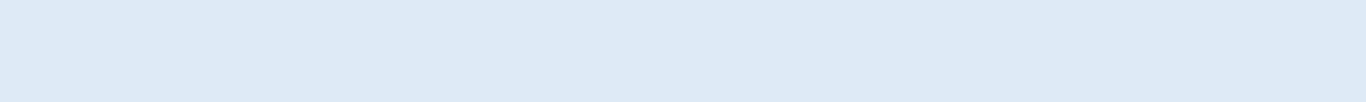
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| **Section 8**  **TASK ABILITIES AND SCHEDULE**  *(Please tick each task in which you are experienced)* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **PERSONAL HYGIENE** |  | **NUTRITION** |  | | ☐ | Bath/shower/strip wash | ☐ | Preparing meals |  | | ☐ | Bed bath | ☐ | Feeding |  | | ☐ Use of bath aids | | ☐ | Food handling |  | | ☐ | Shaving | ☐ | Food presentation |  |  * Mouth care (including dentures)  |  |  |  |  | | --- | --- | --- | --- | | ☐ Level 3 Administer/ specialist techniques | | ☐ Bed making/changing a bed | | | ☐ Instillation of eye, nose and eardrops | | ☐ | Collecting benefits | |  | **CONTINENCE MANAGEMENT** |  |  | | ☐ | Continence care |  | **AREAS OF SPECIALISM** | | ☐ | Bedpans/commodes etc. | ☐ | Older people | | ☐ Changing a catheter bag | | ☐ Palliative Care/ End of life | | | ☐ | Stoma care | ☐ | Physical disability | |  |  | ☐ Supporting clients with infectious diseases | | |  | **MOBILITY** | ☐ | Mental health | | ☐ | Lifting and handling | ☐ | Learning disabilities | | ☐ Use of hoist (manual/electric) | | ☐ Children and young people | |  |  |  |  |  | | --- | --- | --- | --- | | ☐ | Care of hair |  | **ADMINISTRATIVE ABILITIES** | | ☐ Care of feet (excl. toenails) | | ☐ | Report writing | | ☐ | Care of fingernails | ☐ Recording instructions from GP/nurse | | | ☐ | Dressing/undressing | ☐ | Recording changes in client’s condition |  * Care of eyes   **MONITORING**   * Water temperature * Fluid intake * Nutritional intake * Urine output * Bowel movements |

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| **Section 9**  **AVAILABILITY PATTERN** | | | |
| *Please provide as much information as possible about the hours you are willing to work by entering the exact times in the* ***CORE****,* ***OPTIONAL*** *and* ***UNAVAILABLE*** *sections* | | | |
| **Number of hours you can work per week?** | |  | |
| **DAY** | **CORE HOURS**  **ALWAYS AVAILABLE**  ***(enter times)*** | **OPTIONAL**  **MAY TAKE EXTRA WORK**  ***(enter times)*** | **UNAVAILABLE**  **CANNOT TAKE ANY WORK**  ***(enter times)*** |
| **MONDAY** |  |  |  |
| **TUESDAY** |  |  |  |
| **WEDNESDAY** |  |  |  |
| **THURSDAY** |  |  |  |
| **FRIDAY** |  |  |  |
| **SATURDAY** |  |  |  |
| **SUNDAY** |  |  |  |
| **BANK HOURS** | *Indicate your availability requirements:* | | |

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| **Section 10**  **NIGHT WORK** | | | | |
| **DEFINITIONS** | | | | |
| **SLEEPING NIGHT** –you can sleep during a shift; however, you may be woken for approximately 15 minutes and no more than 3 times during the night. | **WAKING NIGHT –** you can sleep during a shift; however, you will be expected to wake up to provide planned care for a short period of time or you may be woken up more than 3 times during the night. | | **WORKING NIGHT -** you are expected to work a night shift and must remain awake throughout the night due to the client’s high needs. | |
| *Please indicate the type of night work that you are available for, or indicate that you are not available for night work* | | | | |
| ☐ SLEEPING NIGHT  ☐ WAKING NIGHT  ☐ NOT AVAILABLE | | Number of nights you can work per week? | |  |
| *Comments or special requirements:* | | |

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| **Section 11**  **LIVE-IN CARE** | | | | | |
| Would you like to be considered for live-in care? | | YES |  | NO |  |
| *If YES, let us know for how long:*   * LONG TERM (1+ YEARS) * SHORT TERM (LESS THAN 1 YEAR) | *Comments or special requirements:* | | | | |

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|  |  |  |  | **Section 12**  **WORKING TIME REGULATIONS** | | | | | | |  |  |  |  |

****

*If you wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are available.*

*I (name)……………………………………………………… confirm that I want to be able to work more than 48*

*hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Signature |  | Date |  | |
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*If you* ***DO NOT*** *wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are not available*

*I (name)…………………………………………………………... confirm that I do not want to work more than 48*

*hours a week. I will however, inform you should my circumstances change, and I am able to do more than 48 hours work per week.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Signature |  | Date |  |  |
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|  |  |  | **Section 13** | | |  |
|  |  |  | **RIGHT TO WORK IN THE UK** | | |  |

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*I (name) …………………………………………………………………. confirm that I have the right to work in the UK*

*and can provide the correct documents/ work permits/ visas to evidence this.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Signature |  |  | Date | |  |  |  |  |  |
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|  |  |  | **Section 14** | | | |  |  |  |  |
|  |  |  | **TRAVELLING FOR WORK** | | | |  |  |  |  |
|  | Do you have a driving licence? | |  |  | YES | |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Do you have a car available for work? | |  |  | YES | |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Do you have any driving endorsements? | |  |  | YES | |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | *If YES, please give details of any endorsements:* | |  |  |  |  |  |  |  |  |
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RH**102**

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| **Section 15**  **VEHICLE DECLARATION FOR WORK RELATED ROAD SAFETY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have a current UK driving license | | | | | | YES | | | | | | | | | | | | |  | | | NO | | | | |  | |
|  | | | | | |  | | | | | | | | | | | | |  | | |  | | | | |  | |
| My car has a valid MOT | | | | | | YES | | | | | | | | | | | | |  | | | NO | | | | |  | |
|  | | | | | |  | | | | | | | | | | | | |  | | |  | | | | |  | |
| My car is taxed | | | | | | YES | | | | | | | | | | | | |  | | | NO | | | | |  | |
|  | | | | | |  | | | | | | | | | | | | |  | | |  | | | | |  | |
| My car is in a roadworthy condition | | | | | | YES | | | | | | | | | | | | |  | | | NO | | | | |  | |
|  | | | | | |  | | | | | | | | | | | | |  | | |  | | | | |  | |
| I have Business Class 1 car insurance | | | | | | YES | | | | | | | | | | | | |  | | | NO | | | | |  | |
|  | | | | | |  | | | | | | | | | | | | |  | | |  | | | | |  | |
| Penalty points (endorsements) on my driving license   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  |   OFFICE INFORMATION: This form is stored in section 1 of the Personnel’s Office File. | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
|  |  |  |  |  |  | | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | | |
| **Section 16**  **APPLICANT’S DECLARATION** | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | |

1. *I understand that if I am charged or cautioned after signing this declaration, I must inform Raystra.*
2. *I confirm that I am and never been a subject to disciplinary action or are currently being investigated*
3. *due to alleged misconduct.*
4. *I am not aware of any condition, medical or otherwise, which would affect or limit my work or performance, other than those declared in my Health Questionnaire.*
5. *I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that Raystra may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to the organisation.*
6. *I acknowledge and confirm that Raystra is authorised to apply for and obtain a Disclosure and Barring Service Check (including the online status update service check if app) and references from any previous employers and educational establishments.*
7. *I acknowledge that my personal details will be stored and handled correctly by Raystra in accordance with the Data Protection Act 1998 however; I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents – DBS, Occupational Health, References).*
8. *I understand that if I am on a student visa, I can only work for 20 hours per week during term time. I understand that*

*I*

1. *have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Raystra.*
2. *I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform Raystra.*
3. *I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for Raystra, I must inform Raystra immediately.*
4. *I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body*
5. *or being investigated by my current or previous employer. I will inform Raystra if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Raystra.*
6. *I give my permission for Raystra to run a Right to Work check with the Home Office if I provide them a Biometric*
7. *Residence Card for my Right to work in the UK.*

|  |  |  |
| --- | --- | --- |
| Applicant’s full name | Date |  |
|  |  |  |
|  |  |  |

Applicant’s signature