

**Eagle Care Ltd**

Premier House, 112 Station Road, Edgware, Middlesex H8 7BJ

Office Hours: Monday to Friday - 9:00 am to 5:30 pm**Phone:** 020 8952 6535 **Fax:** 020 8952 8694

EAGLE CARE SUPPORT WORKER APPLICATION FORM

Please complete this form in black ink, CAPITAL LETTERS and complete all sections

Full Name:	
<div style="border: 1px solid black; width: 150px; height: 120px; display: flex; align-items: center; justify-content: center;">Photo Here</div>	Return to: Eagle Care Ltd. Premier House 112 Station Road Edgware, Middx HA8 7BJ
Data protection statement	
<p>The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purpose of recruitment, personal administration (for new employees) and monitoring.</p> <p>Unless you direct otherwise (for example if you would like the application kept on file for future vacancies) the application forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the Eagle Care policy to protect, and keep secure, all personal data collected. All personal data is processed for the purpose of recruitment, and, in the case of successful applications, for the satisfactory administration of their employment, and for no other purpose.</p>	
Equality of opportunity statement	
<p>Eagle Care is equal opportunities policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, disability, or offending background.</p>	

Personal Details:

Title		Surname		Maiden Name	
Previous Surname (if any):					
Forenames (in full)					
Date of Birth:	/ /	National Insurance Number:			
Address:					Postcode:
Telephone:	Home	Work	Mobile		
Email Address:				Nationality	
Next of Kin to be notified in case of emergency:		FULL NAME:			
Address					Postcode
Telephone	Home	Work	Mobile		
Relationship to you:					

Formal Education and Qualifications Start with most recent qualifications.

Name of University/College/School and Location	Dates of attendance		Course of Study/Qualification(s) Gained e.g. GCSE, Degree, NVQ	Grade
	From	To		
	Month/Year	Month/Year		

Employment History

Please write down employment history of the last 10 years, in reverse date order, starting with your present or last position.
Please include reason for the gap

Name and address of employer	Dates of Employment		Position held and brief description of duties and responsibilities	Reason for leaving /last salary or wage
	From	To		
	Month/Year	Month/Year		

Training Days

Days Please tick the appropriate boxes below of any of training you have completed in the last 12months Please include completion date and expiry date

- | | | |
|-------------------------|------------------------------|-------|
| Manual Handling: | Yes <input type="checkbox"/> | Date: |
| Health & Safety: | Yes <input type="checkbox"/> | Date: |
| Safe Guarding Children: | Yes <input type="checkbox"/> | Date: |
| Infection Control: | Yes <input type="checkbox"/> | Date: |
| Communication: | Yes <input type="checkbox"/> | Date: |
| Lone Worker: | Yes <input type="checkbox"/> | Date: |
| Basic Life Support: | Yes <input type="checkbox"/> | Date: |
| Food & Safety: | Yes <input type="checkbox"/> | Date: |
| COSHH: | Yes <input type="checkbox"/> | Date: |
| POVA: | Yes <input type="checkbox"/> | Date: |
| FIRE: | Yes <input type="checkbox"/> | Date: |
| Complaint: | Yes <input type="checkbox"/> | Date: |
| RIDDOR: | Yes <input type="checkbox"/> | Date: |

**General Information:
Please tick as appropriate**

Do you hold a full UK Drivers License? Yes No

Do you have any endorsements? Yes No If Yes please give details

Please state any Languages you speak, including indication of fluency.

How did you hear about this agency?

Work Preference

Please specify which type of work you would prefer. You should tick all appropriate boxes. The services we give depend on accurate, up to date information. Please keep us informed of all developments, in your career and work.

Positions

Type of work

Part time

Full time

Service users' homes

Nursing home

References

References are normally taken up for candidates selected for interview.
Please give details of the name & addresses of Two work-related referees. One of the referees should be your current employer, or if presently unemployed your last employer.

Full Name, Address and Post Code		Full Name, Address and Post Code.	
Telephone Number		Telephone Number	
Position		Position	
Relation ship to you		Relation ship to you	
Email		Email	
May we contact the above person now? ✓ As appropriate. Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact the above person now? ✓ As appropriate. Yes <input type="checkbox"/> No <input type="checkbox"/>	

Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have to access to confidential information about your Service Users. On no account must information relating to identifiable to Service Users be divulged to anyone other the manager of the agency. You should not disclose **ANY** information to your family, friends or neighbours. If you are worried about any information you have obtained and consider that you should talk about it to someone else,

PLEASE MAKE APPOINTMENT TO SPEAK TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and understand the above and I agree to abide by the contents therein.

Print Name: _____

Sign: _____

Date: _____

Rehabilitation Of Offenders Act

As a general rule, no-one need answer questions about spent convictions.
However this general rule does not apply to a specific profession, employments and occupations.
By virtue of the Rehabilitation of Offenders Act 1974(Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties.

One or both of the above apply to work with the Agency and covers all occupations,

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent".

All employment applications will be considered carefully, and the disclosure of conviction does not imply that this employment application will be rejected.

Records will be checked via the Criminal Records Bureau procedure.

✓ Please where applicable.

I have no convictions

I have convictions (See note below)

NOTE:

(To protect the confidentiality of this information, please detail convictions on a separate paper. Place it in a sealed envelope with your name, headed "Private and confidential" and attach to your completed Application Form).

Candidate Consent

I understand that any information stored by Eagle Care may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC).

I give permission for these individuals to have access to my records

Signed: _____

Date: _____

Criminal Records-Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosures Information, a copy of which is available upon request. A Disclosure Certificate (Standard or Enhanced) will be requested from CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

I hereby give consent check to be carried out on my behalf.

Signed: _____

Date: _____

Equal Opportunities Monitoring Form

Eagle Care operates a policy of equal opportunities therefore we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistic purposes.

What is your ethnic group?

Choose ONE section from A to E, circle the appropriate box to indicate your cultural background.

A. White British/Irish/Other _____

B. Mixed White and Caribbean?

White Black African/White and Asian/Other _____

C. Asian/Indian/Bagladesh/Pakistani/Chinese/Japanese/Other _____

D. Black –British/African/Caribbean/Other _____

E. Other _____

Gender:

Female:

Male:

Disability

Applicants with disability will be invited for interview if the essential job criteria are met.

Do you consider yourself to be a person with a disability by the disability discrimination Act 1995? i.e. do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

Yes

No

If yes please give details

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That the person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- 1
- The person comes into category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicants producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK?

✓ Please where applicable

Yes

No

Personal Declaration

I declare that to the best of my knowledge the above information and that submitted in any accompanying documents, is correct and:

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose
- I give permission for the processing of the personal data contained in this form for employment purposes.
- I understand that any false or misleading information could result in dismissal.

Signed _____

Date _____