

Complete Care Services

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Complete Care

Your Care Your Home Our Passion

Staff Number

APPLICATION FORM

(Please use CAPITAL LETTERS throughout)

In accordance with the Data Protection Act(1984) you are advised that you have the right of access to information from this application Form which may be held on a database

We will treat this information as strictly confidential to CCS and will not release it to any unauthorised third party, without your permission.

Section 1 **Personal Details**

SURNAME Mr/Mrs/Miss/Ms _____

FORENAMES IN FULL _____

ADDRESS _____ TELEPHONE No: _____

 NATIONALITY _____

 DISABILITIES (specify) _____

CCS operates an Equal Opportunities policy

To help us monitor the effectiveness of this policy

We invite you to state your ethnic origin here. _____

 RELIGION _____

POSTCODE _____ PLACE OF BIRTH _____

PREVIOUS SURNAMES (If any) _____
 NATIONAL INSURANCE No.

Next of kin to be notified in case of emergency: Name _____ Telephone No. _____

Address _____ Relationship to you: _____

Section 2 **General Information**

Are you a car driver? (Yes) (No) DRIVING LICENCE No. _____
 Do you have a car available? (Yes) (No)

Please state any other form of transport _____

TAX CODE _____ Are you employed by another Company (Yes or No) _____

Do you/will you, have a P45 for us (Yes or No) _____

(If no please make sure you fill in a P46)

Section 3 Education and Training		The service we give depends on accurate, up to date information. Please keep us informed of all developments in your career or training.		
To assist us in finding suitable work for you please give details of your education and training. Please include all vocational and in-service training with details of achievements.				
Name and Address of School/College or place of work.	Date From	Date To	Courses or Subjects Taken	Qualifications gained. Competencies achieved

Section 4 Work Experience		Please print details of all your employment, in reverse date order, starting with your present employer or last position.	
Previous Positions			
Name and Address of Employer	Position(s) held, duties performed and work achievements	Date From	Date To

Section 5 O cpwcnj cpf rpi 'S wgnlqp

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"o cpwcnj cpf rpi 'r tqegf wgu'cu'c'eqo o wplk' 'ectgtA

Rrgcug'i kxg' { qwt'cpuy gt'lp'yj g'ur ceg'dgny <

Section 6 References	Please give the names of two people, including your present employer if possible, but excluding close friends or relatives, whom we may approach for a reference.																																																
<p>1. Name _____ Occupation _____</p> <p>Address _____ Telephone Number _____</p> <p>_____</p>																																																	
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Post applied for: _____																																																	
Part-time or Full-time?: _____																																																	
<p>Please tick (for YES) and cross (for NO) on the grid below, to indicate the days and the range of hours on each day you would prefer to work (please note you must indicate availability to do some work on both Saturday and Sunday):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Days:</th> <th style="text-align: center;">Mon []</th> <th style="text-align: center;">Tue []</th> <th style="text-align: center;">Wed []</th> <th style="text-align: center;">Thur []</th> <th style="text-align: center;">Fri []</th> <th style="text-align: center;">Sat []</th> <th style="text-align: center;">Sun []</th> </tr> </thead> <tbody> <tr> <td>Times: Am</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Lunch</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Tea</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Pm</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Night Shift (9pm–7am)-(10pm–8am)</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table> <p>Do you have any pre booked holidays if so please specify date? _____</p>		Days:	Mon []	Tue []	Wed []	Thur []	Fri []	Sat []	Sun []	Times: Am	[]	[]	[]	[]	[]	[]	[]	Lunch	[]	[]	[]	[]	[]	[]	[]	Tea	[]	[]	[]	[]	[]	[]	[]	Pm	[]	[]	[]	[]	[]	[]	[]	Night Shift (9pm–7am)-(10pm–8am)	[]	[]	[]	[]	[]	[]	[]
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Would you be willing to respond at short notice if requested to do so? _____																																																	

Section 7 Experience	Please use this space to provide any information regarding your experience, which may be relevant to the post you are applying for.

Section 8 Carer's Experience Checklist

<p>1. Please tick below those tasks which you are able to do for a client to a satisfactory standard.</p> <p>2. Do not tick if you feel unsure or will need training to do the task well.</p>

PERSONAL HYGIENE

Bath/Shower/Strip wash	<input type="checkbox"/>	Bed bath	<input type="checkbox"/>
Use of Bath Aids	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
Mouth care (including dentures)	<input type="checkbox"/>	Care of hair	<input type="checkbox"/>
Care of feet (excluding toenails)	<input type="checkbox"/>	Care of fingernails	<input type="checkbox"/>
Dress/undressing of patients	<input type="checkbox"/>	Care of eyes	<input type="checkbox"/>

TOILETING

Care of bladder and bowels	<input type="checkbox"/>	Emptying a Catheter bag	<input type="checkbox"/>
Use of bedpans/commodes etc.	<input type="checkbox"/>	Changing a Colostomy bag	<input type="checkbox"/>
		Recording fluid balance	<input type="checkbox"/>

MOBILITY

Moving and Transferring of patients	<input type="checkbox"/>	Use of hoists	<input type="checkbox"/>
Use of walking aids	<input type="checkbox"/>	Moving and Handling Course	<input type="checkbox"/>

OBSERVATION

Temperature	<input type="checkbox"/>	Pulse	<input type="checkbox"/>
Respiration	<input type="checkbox"/>	Urine testing	<input type="checkbox"/>

NUTRITION

Preparation of meals	<input type="checkbox"/>	Feeding a helpless patient	<input type="checkbox"/>
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GENERAL

Ensuring pressure areas are healthy	<input type="checkbox"/>	Simple dressing procedure	<input type="checkbox"/>
Ensuring medication has been taken	<input type="checkbox"/>	Light housework	<input type="checkbox"/>
Washing of personal laundry	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Bed making: changing a bed/drawsheet with a patient on it	<input type="checkbox"/>		
Sitting with a terminal patient	<input type="checkbox"/>	Experience in a Hospice	<input type="checkbox"/>
		Experience with Dementia	<input type="checkbox"/>
		Experience in First-Aid	<input type="checkbox"/>
Observing Client Confidentiality	<input type="checkbox"/>		
Report writing/giving	<input type="checkbox"/>		
Record instructions from GP/District Nurse	<input type="checkbox"/>		
Observing changes in patients/clients condition			
And reporting to person in charge of care	<input type="checkbox"/>		

Any other information/experience/comments:
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Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986 the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with provision of health services and which is of such kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. As specified by the Care Standards Act and the Criminal Records Bureau, all successful applicants will require an Enhanced Disclosure, you will be required to pay for this Disclosure in full. If you leave before any money is received, outstanding amount will be taken out of your final wages.

Your answers to the following questions should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? Yes No
If 'Yes' please give details on a separate sheet of paper.

DOH Circular (88/9) Protection of Children, requires us to carry out checks on Police Records for members whose assignments will give them access to children.

Do you agree that such checks may be made regarding you, if required? Yes No

Are you a Citizen of the EU or EEA? Yes No

If "No", do you have a Work permit? Yes No

DECLARATION

The above is, to the best of my knowledge, complete and accurate in all respects.

I am permitted to work in the United Kingdom.

I have read and agree to abide by the terms and conditions of employment of Complete Care Services.

I understand that knowingly giving false information will disqualify me from this job.

Signed _____ Date _____

Interviewer _____ Date _____

For Office use only**Received :**

Application Form Reference 1 2

Checked:

Police/CRB POVA/ISA

Badge TOPSS Y / N

(Job Centre Referral?) Y / N