

## APPLICATION FOR EMPLOYMENT

### PRIVATE & CONFIDENTIAL

Please return this form to: Miss Jodie Cook – Personnel Officer  
CPC, Bradbury House, View Road, Cliffe Woods, Rochester, Kent, ME3 8UJ.

<b>Surname:</b>	<b>Forenames:</b>	<b>Title:</b>	<b>Name known by:</b>
<b>Address:</b>			
<b>Home Telephone:</b>		<b>Mobile Telephone:</b>	
<b>E-mail Address:</b>		<b>Current Driving Licence? YES / NO</b>	
		Groups _____ Expire Date _____	
		Details of endorsements _____	

### EDUCATION HISTORY

Please complete in full from secondary school up to and including all further education; continue on a separate sheet if necessary.

FROM - TO	NAME & ADDRESS OF SCHOOLS/COLLEGES/UNIVERSITYS	QUALIFICATIONS GAINED

### EMPLOYMENT HISTORY

Please complete in full from your last period of full-time education up to date, including any periods of unemployment; continue of a separate sheet if necessary.

FROM – TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	SALARY	REASON FOR LEAVING

**Notice required in current post:**

## **OTHER EMPLOYMENT**

Please note any other employment you would continue with if you were to be successful in obtaining this position.

## **LEISURE INTERESTS**

Please note your leisure interests, hobbies, sports, and other pastimes.

## **HEALTH DETAILS**

Are you disabled YES/NO.? If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

## **CRIMINAL RECORD**

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state.

## **YOUR REFERENCES**

Please note here the names and address of two persons from whom we may obtain professional references.

1.

2.

## **DECLARATION**

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed:

Dated:

## **FOR OFFICIAL USE ONLY**

Interview Date: \_\_/\_\_/\_\_

Rejection: Y / N

Offer: Y / N

Acceptance: Y / N

New File: Y / N

Induction Date: \_\_/\_\_/\_\_

Start Date: \_\_/\_\_/\_\_

Signed: \_\_\_\_\_

Dated: \_\_/\_\_/\_\_

## EQUAL OPPORTUNITIES POLICY

CPC are an equal opportunities employer. The aim of our policy is to ensure that no job applicant employee or Service User receives less favourable treatment on the grounds of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, disability and age, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organization. All Service Users are encouraged to put forward their ideas to enable CPC to provide a continuing good service.

CPC are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, applicants/employees and Service Users are asked to provide the following information:-

I would describe my ethnic origin, nationality and sex as:-  
(Please circle as appropriate)...

White Black-Caribbean      Black African      Black-Other (Please Specify) .....

Indian Pakistani      Bangladeshi      Chinese Other (Please Specify) .....

Nationality: .....

Gender (Please Circle):      Male/Female

Date of Birth:      \_\_\_ / \_\_\_ / \_\_\_\_\_

## **CONFIDENTIALITY**

Certain things you hear or information you are given during the course of your work is confidential, i.e.:

### **Client Details – Addresses – Telephone Numbers – Door Codes - Etc...**

If you are, for instance, travelling on a bus or train, and speak of a client by name, you are breaking a confidence – it could be that the client did not wish anyone to know that he/she is having care going into the home.

The rule of confidentiality does not only apply to Clients. Maybe you overhear a colleague speaking to a friend (commonly known as gossip) – you will again be breaking the code of confidentiality.

**AS A MEMBER OF A CARING TEAM NEVER SPEAK OF ANYTHING YOU LEARN AT WORK, OUTSIDE OF THE WORK ENVIRONMENT.**

Confidentiality is: -

1. All information that:
  - (a) is or has been acquired by you during, or in the course of your employment, or has otherwise been acquired by you in confidence
  - (b) relates particularly to our business, or that of other persons or bodies with whom we have dealings of any sort
  - (c) has not been made public by, or with our authority

shall be confidential, and (save in the course of our business or as required by law) you shall not at any time, whether before or after the termination of your employment, discuss such information to any person without our written consent.

2. You are to exercise responsible care to keep safe all documentary or other material containing confidential information, and shall at the time of termination of your employment with us, or at any other time upon demand, return to us any such material in your possession.

### **Read & Understood By:-**

Name: ..... Job Title: .....

Signature: ..... Date: .....

## **DATA PROTECTION**

All employees must be aware of the 'The Data Protection Act' 1984. CPC will provide any training necessary to fully comply with this legislation. It is each employee's responsibility to ensure that they fully understand the terms of legislation.

The 'Data Protection Act' of 1984 is concerned with the automatic processing of information about any living persons (personal data) and gives the rights to those individuals who are the subject of any of this information. Obligations are in place from the data user in respect of the personal information it processes or causes to be processed on its behalf of third party.

The objectives of this act are outlined in the following principles.

- Personal data held on all employees is kept in a lockable filing cabinet.
- Personal data held for any purposes shall not be used or disclosed only on a need to know basis. I.E. Your direct Manager has access to your personnel file as does the Personnel Officer, General Manager, Chairman and Trustees.
- Personal data and information shall be obtained and processed fairly and lawfully.
- Personal data shall be held only for a specified and lawful purpose.
- Personal data held for any purpose shall be adequate, relevant and not excessive in relation to its purpose.
- Personal data shall not be kept longer than necessary for such purposes.
- Personal data should be accurate and where necessary kept up to date.

The Act's most significant requirement is that all data users, individuals or companies must register with the Data Protection Register.

Employees must be made aware of the Data Protection Act and the principle on which it is based.

Employees must not access, process or disclose any personal data other than is necessary within the terms of CPC.

### **Read & Understood By:-**

Name: ..... Job Title: .....

Signature: ..... Date: .....

## MEDICAL QUESTIONNAIRE

Your Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

As a result of the information you have given, CPC may request permission to approach your GP for any further information as necessary.

<b>Have you ever:</b>	<b>No</b>	<b>Yes</b>	<b>Please give details...</b>
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment or a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Received a disability pension?			
6. Been made ill by your work?			
7. Been refused a driver's licence because of ill health?			

<b>Have you suffered from:</b>	<b>No</b>	<b>Yes</b>	<b>Please give details...</b>
1. Heart Trouble			
2. High Blood Pressure			
3. Rheumatic Fever			
4. Lung Trouble			
5. Shortness Of Breath			
6. Asthma			
7. Hayfever			
8. Chest Trouble			
9. Frequent Cough			
10. Stomach Trouble			
11. Period Or Prostate Problems			
12. Back Trouble			
13. Swelling Of Legs Or Ankles			
14. Varicose Veins			
15. Rupture			
16. Arthritis			
17. Nerve Trouble			
18. Ear Trouble			
19. Eye Trouble			
20. Frequent Headaches			
21. Fainting/Dizziness			
22. Diabetes			
23. Jaundice			
24. Anaemia			
25. Epilepsy Or Fits			

<b>Medical Questionnaire Continued From Previous Page.</b>			
<b>Do you:</b>	<b>No</b>	<b>Yes</b>	<b>Please give details...</b>
1. Take medicine regularly?			
2. Need glasses to read?			
3. Have you ever had a head injury?			
4. Have you worked in a dusty trade?			
5. Suffer from any other ailments?			

To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and the information is inaccurate – I am liable to dismissal.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## WORKING HOURS

Whilst I understand that my hours of work with CPC are not guaranteed and are subject to a certain amount of flexibility. I am available work within the hours specified below:

**Day Hours:** ..... to .....

**Evening Hours:** ..... to .....

**Weekend Hours:** ..... to .....

**Flexibility:** .....

I understand that if I need to decrease my hours in any way, I am expected to give a valid reason and at least 1 month's written notice. All requests will then be dealt with at the Managers discretion and as quickly as is reasonably practical.

Is there a maximum amount of hours you can do? YES  NO

If so, how many hours can you do? .....

Will you require one day off per week? YES  NO

Please state what day? .....

CARE ASSISTANT'S NAME: .....

TODAYS DATE: .....

CARE ASSISTANT'S SIGNATURE: .....

PERSONNEL OFFICER'S SIGNATURE: .....