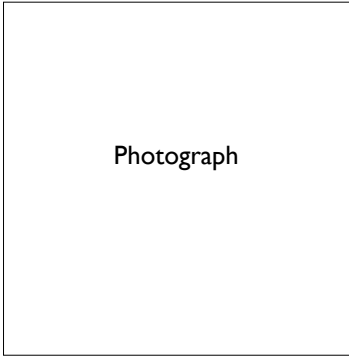


**LOCALA HOMECARE OFFICE -**  
 Princess Royal  
 41 Greenhead Road  
 Huddersfield,  
 West Yorkshire,  
 HD1 4EW

**Position applied for:**

Title Mr / Mrs / Miss / Ms Surname:...../.....  
 Forenames:.....D.O.B:.....  
 N.I..... Full address:.....  
 ..... Post Code .....  
 Home Tel No. .... Mobile: .....  
 Email:.....



**Next of Kin**

Name ..... Relationship.....  
 Address.....  
 ..... Post Code .....  
 Telephone number(s) .....

**Full Employment Record (reverse order – most recent first) use additional sheets if necessary**  
**Please explain any gaps in employment i.e. studying, unemployment, raising family etc.**

Name and address of employer	Start Date mm/yy	Finish Date mm/yy	Duties	Reason for leaving

Use a separate sheet of paper if necessary.

**Secondary Education including further education (in reverse order – most recent first)**

Name of school	Start and finish dates	Qualifications gained

**Courses and Training (in reverse order – most recent first)**

Subjects covered	Dates attended	Skills relevant to work

**RELEVANT SKILLS, KNOWLEDGE AND EXPERIENCE**

The information given will form part of the selection criteria. It is in the applicant's interest to answer this section as comprehensively as possible.

Please describe your experience, skills and responsibilities which are most relevant to the post. You may use examples from or make reference to other areas, such as voluntary work, being a parent, or caring for a relative as well as paid employment.

**Travel**

Do you have a driving licence Yes / No	Do you have any endorsements Yes / No
Availability of car for work Yes / No	If Yes please give details

Are there any restrictions to your residency in the UK which might affect your right to take up employment in the UK?      Yes                      No

**If yes, please provide details:**

**References** – Please give details of two senior individuals who may be approached for references. Where possible these should be your current and last employer.

<b>1 – Current Employer</b>	
Contact name.....	Company.....
Full address.....	
Post code.....	Contact tel. no. ....
Email:.....	
<b>2 – Previous Employer</b>	
Contact name.....	Company .....
Full address.....	
Post code.....	Contact tel. no. ....
Email:.....	

**Criminal Record**

Locala HomeCare is required by the Domiciliary Care Agencies Regulations 2001, to obtain a Disclosure and Barring Service Check in relation to any person who is a HomeCare / Domiciliary employee. Therefore, if your application is successful we will need to obtain this Disclosure before your appointment is confirmed.

You are encouraged to advise us of any criminal record/s before we obtain a Disclosure and Barring Service Check. Having a criminal record will not necessarily mean that you will not be able to work in the care sector but will depend on the nature of the position and the circumstances and background of your offences.

<b>Have you been convicted of a criminal offence</b>	<b>Yes</b>	<b>No</b>
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Date of conviction	Conviction details
/ /	
/ /	
/ /	

**SKILLS ANALYSIS:**

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Please tick each task in which you are experienced

**Personal Hygiene**

- Bath/shower/strip wash
- Bed bath
- Use of bath aids
- Shaving
- Mouth care (incl. dentures)
- Care of hair
- Care of feet (excl. toenails)
- Care of fingernails
- Dressing/undressing
- Care of eyes

**Practical Tasks**

- Light housework
- Washing personal laundry
- Shopping
- Bed making/changing a bed
- Collecting benefits

**Administrative Abilities**

- Report writing
- Recording instructions from GP/nurse
- Recording changes in client's condition

**Toileting**

- Continence care
- Bedpans/commodes etc.
- Changing a catheter bag
- Stoma care

**Previous Experience In**

- Private house
- Nursing/Residential Home
- Hospital
- Care Agency

**Mobility**

- Lifting and handling
- Use of hoist (manual/electric)
- Use of walking aids
- Lifting and moving of clients

**Areas of Specialisation**

- Older people
- Terminal illness
- Physically disabled
- HIV/AIDS
- Mental health
- Learning disabilities
- Other

**Observation**

- Pulse
- Respiration

**Nutrition**

- Preparing meals
- Feeding
- Food handling

**HEALTH DECLARATION**

**Important** - All questions must be answered fully. Please use a separate sheet if necessary. All information will be treated in strictest confidence.

<b>Have you ever suffered from any of the following?</b>	<b>Yes / No</b>	<b>If Yes date</b>	<b>Details</b>
Surgical operation	Yes / No		
Serious accident resulting in injury	Yes / No		
Tuberculosis, asthma, bronchitis or any disease of the lungs	Yes / No		
Heart disease or disorder or high blood pressure	Yes / No		
Diabetes or sugar disorder	Yes / No		
Mental or nervous disease (inc breakdown)	Yes / No		
Back trouble i.e. slipped disc, lumbago.	Yes / No		
Skin disease e.g. eczema or dermatitis	Yes / No		
Hearing defect	Yes / No		
Rheumatic fever	Yes / No		
Recurrent gastric stomach trouble or vomiting	Yes / No		
Recurrent bowel trouble	Yes / No		
Have you received medical treatment during the past few months or are you on a waiting list for such treatment?	Yes / No		
Are you awaiting any surgical operations or hospital appointments?	Yes / No		
Have you ever had an accident or illness that is still affecting you?	Yes / No		
Eye disease (inc. colour blindness)	Yes / No		
Foot abnormality	Yes / No		
Do you have, or ever had a rupture or hernia?	Yes / No		
Do you wear spectacles or contact lenses?	Yes / No		
Hearing difficulties in either ear	Yes / No		

<b>HEALTH DECLARATION – CONT'D</b>			
Have you ever been vaccinated against: German measles (Rubella) Tuberculosis	Yes / No		
Please provide information relating to immunisation and vaccines you have received			
Please give details of any contagious illness or disease you have had or have been diagnosed with during the last twelve months			

Name and Address of GP

I agree to a medical examination, if thought necessary, and I authorise Locala HomeCare to contact my own Doctor or any other consultant or specialist to whom I have been referred.

I certify that I have answered the questions truly and fully and that I am not aware of any disability which will, or may, affect my working capacity prior to retirement age.

I recognise that any false information may affect my subsequent employment rights.

Signature of applicant .....

Dated.....

**WORKING TIMES REGULATIONS DECLARATION**

**Please complete and sign below to indicate if you want / do not want to work to an average of up to and beyond 48 hours per week.**

I (name) \_\_\_\_\_ confirm that I **want / do not want\*** to be able to work more than 48 hours per week and that I will give you at least four weeks notification in writing should I wish to change my wishes.

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

**DECLARATION OF TRUTH:**

I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM IS TRUE AND WHILST I UNDERSTAND THAT ALL PERSONAL INFORMATION ABOUT ME WHICH RELATES TO MY EMPLOYMENT WITH LOCALA HOMECARE IS CONFIDENTIAL, I HEREBY GIVE MY PERMISSION FOR THIS INFORMATION TO BE MADE AVAILABLE, ON A NEED TO KNOW BASIS, TO AND INCLUDING THE CQC INSPECTORATE AND THOSE AUTHORISED WITHIN SOCIAL SERVICES.

I HEREBY AGREE THAT I SHALL NOT DISCLOSE ANY CONFIDENTIAL INFORMATION TO ANY THIRD PARTY, UNLESS I HAVE THE WRITTEN CONSENT FROM THE CLIENT.

I UNDERSTAND THAT, SHOULD I DISCLOSE ANY CONFIDENTIAL INFORMATION, IT IS LIABLE TO LEAD TO DISCIPLINARY ACTION.

Signed:	Date:
Print name:	