



Kleroo Healthcare

APPLICATION FOR EMPLOYMENT

Full Name Male Female

Date of Birth: Tel..... Mob:

Address:

..... Postcode:

Email: NI:

Next of kin: Contact:

Position applied for: Carer Support Worker Nurse

Do you have a UK/ EU Passport? Yes No

If not, do you have the right to work in the UK?

PIN(for nurses) Expiry Date:

EDUCATION

Secondary School / University..... Dates:

Address:

Qualification:

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TRAINING

Dates	Name of Course/ training

CURRENT / PREVIOUS EMPLOYMENT

Name of company:..... Position:

Address:.....

..... Postcode:

Responsibilities.....

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Dates: Final Salary:

Reason for leaving:

REFERENCES		
<p>Please provide details of three referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post, which requires unsupervised access to vulnerable adults, we reserve the right to approach <u>any</u> past employer for a reference.</p>		

Please indicate your permission to uptake:			Yes / No
Name:	Name:	Name:	
Name of company:	Name of company:	Name of company:	
Position in company:	Position in company:	Position in company:	
Address:	Address:	Address:	
Postcode:	Postcode:	Postcode:	
Email:	Email:	Email:	
Telephone number:	Telephone number:	Telephone number:	

MEDICAL QUESTIONNAIRE - (Strictly private and confidential)

If the answer is yes to any of the questions on this form, please give full details in the space provided and the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had:	* delete as applicable	Additional information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	* Yes/No	
Chest pain, heart condition or raised blood pressure?	* Yes/No	
Blackouts, fits or attacks of giddiness?	* Yes/No	
Depression, mental illness or nervous breakdown?	* Yes/No	
Rheumatism or arthritis?	* Yes/No	
Back trouble?	* Yes/No	
Typhoid, paratyphoid or other gland trouble?	* Yes/No	
Digestive or bowel disease?	* Yes/No	
Diabetes, thyroid or other gland trouble?	* Yes/No	
Bladder or kidney trouble?	* Yes/No	
Dermatitis or skin trouble?	* Yes/No	
Varicose Veins?	* Yes/No	
Any other accident, operation or illness?	* Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	* Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	* Yes/No	
Do you intend to work night duties on a regular basis?	* Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	* Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	* Yes/No	
Do you smoke? If so, how many per day?	* Yes/No	
How many units of alcohol do you drink per week?	_____ (one unit = ½ pint beer = 1 glass wine = 1 single whisky)	

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken in to account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition, you are required to submit to a Disclosure and Barring Service check. Any standard or enhanced disclosure made by the DBS will remain strictly confidential.

Have you ever been convicted in a Court of Law and/ or cautioned in respect of any offence or served with a community service order or ASBO? (Delete as required) If yes, provide details,	YES 	NO
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SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of vulnerable adults, employment is dependent on the following:

- 1) Your written consent to obtaining a standard/ enhanced disclosure certificate from the Disclosure and Barring Service or an approved umbrella body.
- 2) Such disclosure being acceptable to us.
- 3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
- 4) Three satisfactory written references.
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work by the Company obtaining a medical report from your G.P.

DECLARATION (Please read carefully before signing this application)

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 employment contract offered.

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. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Print Name:

Signed Dated