



**LAKELAND COMMUNITY CARE LIMITED**

1 Lattone Road Belcoo,  
Co. Fermanagh, BT93 5AQ  
Telephone (028) 6638 6934 Fax (028) 6638 6000  
Email: [mail@lakelandcare.org.uk](mailto:mail@lakelandcare.org.uk)

PLEASE WRITE OR TYPE IN BLACK INK ONLY.  
ALL SECTIONS MUST BE COMPLETED IN FULL.

**POST APPLIED FOR: Home Care Assistant**

Ref. No.

**APPLICANT PERSONAL DETAILS**

Mr/Mrs/Miss/Ms \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Any other Name Known By: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Passport Number \_\_\_\_\_

NISCC Registration \_\_\_\_\_

**Contact Numbers:**

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

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

National Insurance No. \_\_\_\_\_

Do You have access to a motor car? Yes/No

Do you possess a full current driving licence? Yes/No

Do you have a disability as defined in the Disability Discrimination Act 1995? Yes/No

Do you require special arrangements to be made when attending interview? Yes/No

**Next of Kin:**

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

Address: (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Contact No:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**G.P Details:**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

\_Contact No:

Work: \_\_\_\_\_ Other: \_\_\_\_\_

**AVAILABILITY**

Please indicate what days and times you would be available to work for Lakeland Community Care Ltd

	Start Time	Finish Time
Monday to Friday		
Saturday and Sunday		

**EDUCATION/TRAINING**

List in date order, most recent first, education/training achieved. Include courses currently being undertaken.

Examinations/Subjects passed	Date & Grade of Exam/Award

**PRESENT/MOST RECENT EMPLOYMENT DETAILS**

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Title of Post: \_\_\_\_\_

Date appointed from: \_\_\_\_\_ To: \_\_\_\_\_ Present Salary \_\_\_\_\_

Brief description of duties carried out: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Start with present/most recent employer. Include any periods of relevant voluntary work.  
Please continue with a separate sheet if necessary.

Name & Address of Employer	Dates of Employment	Title of Post Held – Brief description of duties	Reason for Leaving

**ATTENDANCE RECORD**

No. of days absent on sick leave in past 2 years: \_\_\_\_\_

No. of sick leave episodes in past 2 years: \_\_\_\_\_

**This information may be subject to verification with your employer.**

**OTHER RELEVANT INFORMATION**

Please consider carefully the Job Description and use this space to let us know why you think you should be considered for this post. Please continue on a separate sheet if necessary.

**REFEREES**

Please name two referees one of whom should be your present or most recent employer. Relatives should not be named as referees. If you have previously worked in a care related roll you must use that employer as one of the referees.

Referee One	Referee Two
Name: _____	Name: _____
Designation: _____	Designation: _____
Address: _____ _____	Address: _____ _____
Tel No: _____	Tel No: _____
Email Address: _____	Email Address: _____

**OFFICE USE**

Refs Sent	Refs Rec'd	Interview	Contract	P46	Photos	Payroll
	Tel List		Returned		E.O.M.	C.M.

## REHABILITATION OF OFFENDERS (EXCEPTIONS) ORDER (NI) 1979

Under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, the post for which you are applying is included in the list of exempted employments. Any and all criminal conviction therefore may never be regarded as spent and must be disclosed when applying for this post. Convictions do not necessarily debar an applicant from obtaining employment. **A copy of the Recruitment of Ex-offenders Policy is available on request from the office. A Criminal Record will not necessarily be a bar to obtaining a position within Lakeland Community Care Ltd.**

Have you ever been convicted of a criminal offence? Yes/No

If yes please give details:

In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the Company. Any information given will be completely confidential. However, should one of the agencies established by legislation require access to this information, Lakeland Community Care will be required to release it.

**An Enhanced Disclosure from ACCESS NI will be requested in the event of you being offered the position. A copy of ACCESS NI code of practice is available on request to applicants by contacting LCC.**

### DECLARATION/CONSENT

I hereby confirm that the information included in this application form is a true and accurate account. A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be disqualified or, if appointed, may be dismissed.

I understand that the appointment is subject to receipt of satisfactory references and that the company reserves the right to require any employee to undergo a medical examination prior to and/or during employment, or may seek, with the employee's permission, relevant medical particulars.

I consent to the information I have provided in this form being used for:

1. Processing my application for this post, including both manual and computerised records;
2. Transfer to the employment record if I am appointed, including both computerised and manual systems;
3. Inclusion in the Company's annual monitoring return to the Equality Commission and 3 yearly reviews in summary format.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Lakeland Community Care Ltd is committed to the Data Protection Act 1998 in relation to the way we store and process manual and personal electronic data. All personal data is treated in strict confidence and only shared with staff who need to see it for purposes connected with your job application e.g. the selection panel. **A copy of our Policy on the Handling, Storage and Disposal of Disclosure Request is available on request.** However applicants are advised that legal processes may require us to disclose the form to certain statutory bodies.

