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|  |  | LAKELAND COMMUNITY CARE LTD |

APPLICATION FORM

Registered Offices:

Belcoo Healthy Living Centre Lancer Building

1 Lattone Road 4L Gortrush Industrial Estate

Belcoo Omagh

Co. Fermanagh Co. Tyrone

BT93 5AQ BT93 5EJ

Tel: +44 2866 386 934

Email: [mail@lakelandcare.org.uk](mailto:mail@lakelandcare.org.uk)

**Registered Manager:** Patrick McGurn

Email: [pat@lakelandcare.org.uk](mailto:pat@lakelandcare.org.uk)

ALL SECTIONS MUST BE COMPLETED IN FULL.

PLEASE WRITE OR TYPE IN BLACK INK ONLY.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OFFICE USE**

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

MEDICAL QUESTIONNAIRE

*Please answer the following questions ticking the appropriate column. If the answer is yes to any of the questions, please give further information in the details column.*

*Have you ever had:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Illness | Yes | No | Dates | Details |
| Asthma |  |  |  |  |
| Bronchitis |  |  |  |  |
| Pleurisy |  |  |  |  |
| Heart or Circulatory trouble or raised blood pressure |  |  |  |  |
| Blackouts, Epilepsy, fainting attacks or giddiness |  |  |  |  |
| Back trouble causing time off work or disability |  |  |  |  |
| Skin troubles, rash or sensitivity to drugs, food or substance |  |  |  |  |
| Gastric disorders or stomach troubles |  |  |  |  |
| Nervous or mental disorder |  |  |  |  |
| Rupture |  |  |  |  |
| Recurrent headaches or migraine |  |  |  |  |
| Tuberculosis |  |  |  |  |
| Any other illnesses inc. jaundice, HIV, Hepatitis or other communicable diseases |  |  |  |  |
| Rheumatism or arthritis |  |  |  |  |
| Typhoid, paratyphoid or dysentery |  |  |  |  |
| Digestive or bowel disorder |  |  |  |  |
| Any other accident, operation or illness |  |  |  |  |
| Any other current or recent medical condition or treatment which might affect your attendance or performance at work |  |  |  |  |
| Do you smoke? |  |  |  |  |

Have you had a chest X-ray in the past year. If so, please complete the below:

|  |  |
| --- | --- |
| Place | Date |
|  |  |

Immunisation Record

Heaf/Mantoux Test

BCG

Chicken Pox

Rubella immunity

Polio

NMR

Hepatits A&B

Tetanus

How many units of alcohol do you drink per week?

\_\_\_\_\_\_\_\_\_\_

*\*One unit = ½ pint of beer OR 1 glass of wine OR 1 single whiskey*

**G.P Details:**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_\_

**EQUAL OPPORTUNITIES MONITORING**

Lakeland Community Care Ltd is committed to delivering and managing all of its services in ways which promote equality of opportunity. It aims to ensure that all its services and employment are open to all, irrespective of community background, sex, marital status, disability or race.

To demonstrate our commitment to equality of opportunity in employment, we need to monitor the community background of our employees, as required by the Fair Employment Act 1989.

It would be appreciated, therefore, if you would please answer the questions asked overleaf.

This information will be treated in a confidential manner and used only for equal opportunity purposes.

Ref. No:\_\_\_\_\_\_\_\_

APPLICANT MONITORING FORM

*Strictly Confidential*

Lakeland Community Care Ltd is an Equal Opportunities employer. We do not discriminate on grounds of religious belief or political opinion, sex, marital status, disability or race. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of employees, as required by the Fair Employment Act 1989.

1. Gender of applicant

*Please tick the relevant box:*  Male  Female

1. Please indicate the community to which you belong by *ticking the appropriate statement below:*

I am a member of the Roman Catholic Community

I am a member of the Protestant Community

I am a member of neither the Protestant nor Roman Catholic Community

If you do not complete this questionnaire, we are encouraged to use the ‘residuary’ method, which means that we can make a determination on the basis of personal information on file.

DISABILITY:

Do you consider yourself to have a disability as defined below? YES / NO

“A person has a disability if he/she has a physical or mental impairment which has a sustained and long term adverse effect on his/her ability to carry out normal day to day activities”. (*Disability Discrimination Act 1995*)

If yes, please specify any reasonable adjustments to be made for interview or to carry out the duties in the attached Job Description.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to the Monitoring Officer, along with your completed application form, in the envelope provided.

**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.**

**DOCUMENTS REQUIRED**

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

* Completed Application form
* Medical Questionnaire
* Equal Opportunities form
* 2 Passport Photographs
* Birth Certificate
* Proof of Address x 2
* Passport
* Driver’s License
* Car Insurance certificate
* £33 payable to Lakeland Community Care Ltd for completion of Access NI Check (Receipt issued on acceptance of money)

Please bring along the above documents to your interview.

**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:   * Processing my application for this post, including both manual and computerised records; * Transfer to the employment record if I am appointed, including both computerised and manual systems; * 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. |