

UNITED CARE (UK) LTD

Please attach 2
Pictures, signing on
the back

Application form:

What position are you applying for?
How did you hear of this vacancy?
Date Available:
Salary/Wage Expected:

Personal and Social information

Family Name:	First Names:
Address:	Previous Family Name (if applicable)
Post Code:	Telephone Home: Mob: Work:
E-mail:	
Nationality: Are you a British Citizen?	
National Insurance No.:	
Hobbies and other interests:	
Do you hold a current Driving Licence?	Yes/No
Do you own or have regular use of a car?	Yes/No
Name & address of Next of Kin to be contacted in an emergency:	
Tel:/Mob:	

Disclosure of Criminal Convictions (Spent and Unspent)

It is the policy of **United Care (UK) Ltd** to require all applicants to disclose criminal convictions, cautions and any other dealings they may have had at any time with the Police.

You are required to include convictions, which may be “spent” under the Rehabilitation of Offenders Act 1974. This is because the job you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and 1986. Both “spent” and “unspent” criminal convictions must therefore be disclosed.

The information you provide will be treated as strictly confidential and will be considered for appointment for which you are applying. Criminal Records Bureau/Disclosure and Barring Services checks will show anything which the Chief Constable feels may be relevant.

Disclosure of any information does not necessarily mean that you will not be considered for appointment. The Company will have regard to the ACAS Code of Guidance and a main consideration will be whether the offence is one which would make an applicant unsuitable for the type of work to be done.

Enter any information in the space provided. If you have no information that you believe is relevant, please enter “None”.

Information	Date	Outcome (conviction, caution, none:-)

Date:.....

Signature of Applicant:

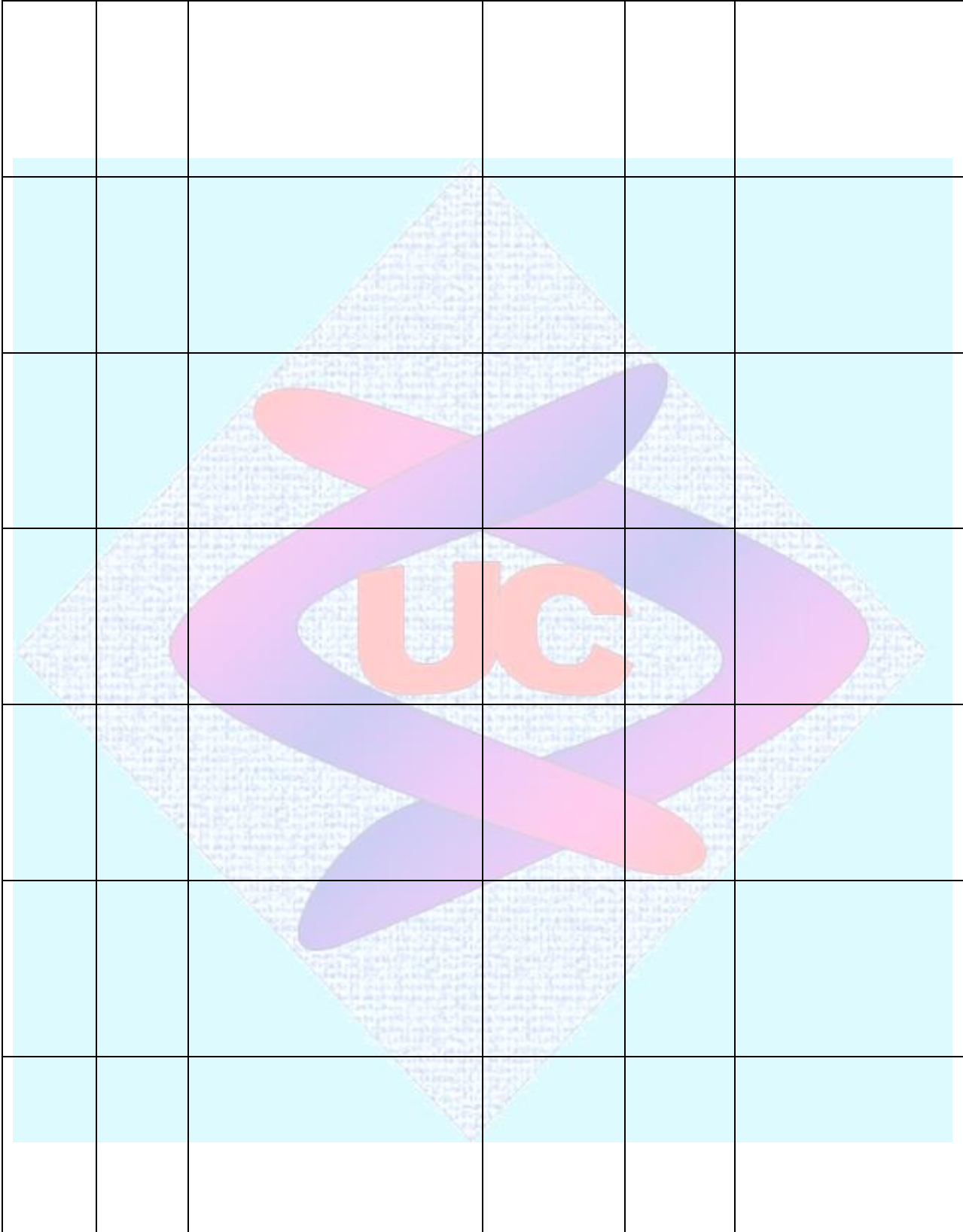
Education: (secondary and above)

Date From (d/m/y)	Date To (d/m/y)	Name and address of School/College e.t.c.	Qualifications

Employment History: (show last employment first)

We need your **full** employment record. For any period(s) of unemployment please put dates and addresses of the Department of Employment where you registered. Please explain any gaps in your work history.

From (d/m/y)	To (d/m/y)	Name and address of Employer	Job Title	Salary / Wage	Reason for Leaving



Health Details (provided in confidence)

Name and address of Your Doctor:			
Tel:			
May we contact your Doctor?		Yes	No
Have you within the past three years, had any illness or accident which caused you to be off work for two (2) weeks or more? If yes, what was the illness or accident?		Yes	No
How many days sick leave had you had in the last 3 years?			
Have you ever been medically examined for employment before? If yes state date and place:		Yes	No
Immunisation history:	BCG	Yes	No
	Tetanus	Yes	No
	Polio	Yes	No
	Hepatitis B	Yes	No
	Diphtheria	Yes	No
	Influenza	Yes	No
	Measles, mumps and rubella (MMR)	Yes	No
Have you ever had a chest x-ray If 'yes' when and where?		Yes	No
Have you within the past year, attended an out-patients clinic or had a course of treatment (tablets, injections or physiotherapy) lasting one month or more? If 'yes' give details:		Yes	No
Are you attending hospital or your GP or receiving any medical treatment at present? If 'yes' give details:		Yes	No
Are you pregnant?		Yes	No
Do you smoke? If 'yes' how many per day?		Yes	No
Do you drink? If 'yes' how many units per day/per week?		Yes	No
Have you any permanent disability?		Yes	No
Are you a Registered Disabled Person?		Yes	No
If yes, what is your disability:			
What is your registered number:			

Are you suffering from or have you ever suffered from:

Fits, epilepsy or black-outs?	Yes	No
Diabetes?	Yes	No
Tuberculosis (TB) or close contact with anyone suffering from TB?	Yes	No
Depressive illness, mental or nervous trouble? Including anorexia nervosa, bulimia or overdose)	Yes	No
Such diseases as typhoid, cholera, hepatitis?	Yes	No
Skin disease or problems such as eczema, psoriasis or dermatitis?	Yes	No
Allergy (to any drugs or to handling any substance)?	Yes	No
Earache or ear infection discharge or defect?	Yes	No
Colour blindness, chronic eye trouble, eye injury or visual defect not corrected by glasses or contact lenses?	Yes	No
Tonsillitis, sinusitis, frequent sore throats, colds?	Yes	No
Heart/circulatory trouble. Raised blood pressure?	Yes	No
Lung or chest complaint (e.g. asthma, bronchitis, pleurisy)?	Yes	No
Bowel disorders, diarrhoea or constipation?	Yes	No
Bladder or kidney problems?	Yes	No
Varicose veins?	Yes	No
Problems with your back or neck?	Yes	No
Hernia or rupture?	Yes	No
If you have answered 'yes' to any of the above health questions please give details below, or please use the space below to give any additional information:		
Have you ever been refused employment or dismissed on medical grounds? If 'yes' give details:	Yes	No

The answers supplied to the above questions are true to the best of my knowledge. Furthermore, I understand, if appointed, to report immediately to my Manager if I or a member of my household should be suffering from vomiting, diarrhoea, skin rash, septic skin lesions or discharges from ear, eye nose or any other site.

1. After returning to, but before re-starting work, after any of the above illnesses, and
2. After returning from a holiday abroad, having suffered from vomiting and diarrhoea for more than two days.

Date:.....

Signature of Applicant:

FOR OFFICE USE ONLY:

- (a) GP Report Requested •
- (b) Medical Examination Required •
- (c) Application Approved • Application Refused •

Any further comments or observations:

NON-BRITISH

Is a Work Permit Required? Yes/No

Please provide copy of passport and work permit

PENSION

Do you currently contribute to a Pension Policy? Yes/No

United Care (UK) Ltd operates a pension scheme applicable to your employment; do you want to proceed? Yes/No

REFERENCES

Please provide the names of at least two people, one of whom **MUST** be your present or last employer, who may be asked for a reference. All applications for references will be made in the strictest confidence after first having obtained your permission.

Delete Information which is not applicable

NAME:
ADDRESS:
Telephone: E-mail:
Type of reference - School/College/Employer/Character

NAME:
ADDRESS:
Telephone: E-mail:
Type of reference - School/College/Employer/Character

NAME:
ADDRESS:
Telephone: E-mail:
Type of reference - School/College/Employer/Character

DETAILS OF SKILLS/EXPERIENCE

Please state the reason why you are applying for this post and give details of any experience/training/skills that you have which you think are relevant together with any other information in support of your application, including details of your present post. (use additional A4 sheets if needed.)

Declaration

I confirm that I have read and understood this document.

I understand that the completion of this form does not guarantee employment.

I certify that all the information given on this form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment, and the termination of any employment.

I understand that any offer of employment made is subject to the receipt of satisfactory references and an Enhanced Criminal Records Bureau/Disclosure and Barring Services Checks.

I understand that **United Care (UK) Ltd** is an Equal opportunities employer and that an offending record is not necessarily a bar to employment.

As this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, I hereby undertake to advise **United Care (UK) Ltd** of any criminal offence which I may be convicted of during my employment with **United Care (UK) Ltd**.

Date:.....

Signature of Applicant:

Data Protection Information:

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.

The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.

FOR OFFICE USE ONLY:

Comments on application form:

Further information required:

Action taken:

References checked:

Signed(Registered Manager or Appointed Deputy):

Date: