

APPLICATION FORM

Domiciliary/Healthcare Assistant



<p>Registration Details</p> <p>Date:</p> <p>Time:</p> <p>Location:</p> <p>Kingdom Healthcare Rep:</p>

<p>PHOTO HERE <i>(To be attached by office staff)</i></p>

Please complete this form accurately. Shortlisting will be based information gathered from the form, in conjunction with the job description.

Position Applied for:							
Job Location:		Job Reference No		Where did you see the job advertised?			
Availability (Please tick which apply to you)							
I am able to work days	<input type="checkbox"/>	I am able to work nights	<input type="checkbox"/>	I am able to work weekends	<input type="checkbox"/>	I can't start before (AM)	<input type="checkbox"/>
						I can't work after (PM)	<input type="checkbox"/>
PREFERRED AREA(S) OF WORK: NHS <input type="checkbox"/> Nursing/Residential <input type="checkbox"/> Supported Living <input type="checkbox"/> Homecare <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disability <input type="checkbox"/>							
DATE AVAILABLE TO COMMENCE:				GEOGRAPHICAL AREA YOU WOULD LIKE TO WORK:			

PERSONAL DETAILS			
TITLE	FORENAME	MIDDLE NAME	SURNAME
PREVIOUS SURNAME		NATIONALITY	
FULL ADDRESS			
		POSTCODE	
HOME TELEPHONE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS		NATIONAL INSURANCE NUMBER:	
DO YOU HOLD A FULL & CURRENT UK DRIVING LICENSE Yes <input type="checkbox"/> No <input type="checkbox"/>		DO YOU HAVE DAILY USE OF A CAR? Yes <input type="checkbox"/> No <input type="checkbox"/>	

NEXT OF KIN (TO BE NOTIFIED IN CASE OF EMERGENCY)	
FULL NAME	RELATIONSHIP
FULL ADDRESS	
POSTCODE	EMAIL
HOME TELEPHONE NUMBER	MOBILE NUMBER

REGISTRATION & MEMBERSHIP	
Are you registered with the Nothern Ireland Social Care Council (NISCC) Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, membership number:
If you are not registered with NISCC, do you agree to register upon offer of employment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a member of a union? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which union? Membership No & Expiry Date:
Are you registered with any other regulatory body? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which body?	Have you ever been refused registration from a regulatory body? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which body?

EMPLOYMENT HISTORY

GIVE DETAILS OF YOUR COMPLETE EMPLOYMENT HISTORY FROM THE DATE YOU LEFT FULL TIME EDUCATION WITHOUT GAPS IN DATES. INCLUDE REASONS FOR ANY GAPS IN EMPLOYMENT. CONTINUE ON A SEPERATE SHEET IF NEEDED.

Secondary Education	From	Day:	Month:	To	Day:	Month:
		Year:			Year:	
Further/Higher Education <i>if applicable</i>	From	Day:	Month:	To	Day:	Month:
		Year:			Year:	

NAME & ADDRESS OF EMPLOYER	POSITION	FROM	TO	REASON FOR LEAVING
		Day: Month: Year:	Day: Month: Year:	
		Day: Month: Year:	Day: Month: Year:	
		Day: Month: Year:	Day: Month: Year:	
		Day: Month: Year:	Day: Month: Year:	
		Day: Month: Year:	Day: Month: Year:	
		Day: Month: Year:	Day: Month: Year:	

Continue Employment History on a separate sheet if necessary

QUALIFICATIONS			
Name of Establishment		Course/Degree	
Date of Attendance	From:	To:	Qualifications Gained:
Name of Establishment	Course/Degree		
Date of Attendance	From:	To:	Qualifications Gained:

REFERENCES

Please give the names of three professional people, of a senior grade/position to you, including your current or most recent employer, whom we may approach for a reference (not relatives or friends). They must be able to provide a credible comment on your ability to undertake the duties of the post applied for. If the references do not cover the last five years of work, please supply additional referee details on a separate sheet.

REFERENCE 1 - CURRENT/MOST RECENT EMPLOYER/ORGANISATION

Name of Referee:	Referee's Position:
Company Name:	Company Address:
	Postcode:
Telephone Number:	Email Address:
Your position with this company:	Brief description of your responsibilities and duties:

REFERENCE 2 - HOME ADDRESSES OF REFEREES ARE NOT ACCEPTABLE

Name of Referee:	Referee's Position:
Company Name	Company Address:
	Postcode:
Telephone Number:	Email Address:
Your position with this company:	Brief description of your responsibilities and duties:

REFERENCE 3 - HOME ADDRESSES OF REFEREES ARE NOT ACCEPTABLE

Name of Referee:	Referee's Position:
Company Name	Company Address:
	Postcode:
Telephone Number:	Email Address:
Your position with this company:	Brief description of your responsibilities and duties:

WORKING TIME DIRECTIVE

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. As you are under no obligation to accept work offered, you will never be compelled to work more than 48 hours per week but you may choose to do so. Please would you sign below to confirm that you have read and understood this information and please indicate your preferences by **ticking the most appropriate box**.

I **DO NOT** wish to work more than 48 hours per week | I **DO** wish to work more than 48 hours per week

AGENCY WORKER REGULATIONS

Do you have any other employment?	If yes, how many hours per week:
Are you registered with any other agencies?	If yes, which agency

TRAINING

If you have attended any of the training courses below, please provide the month and year last attended. Insert N/A if not applicable.

Training Course	Date of Last Training	Training Course	Date of Last Training
Moving & Handling		Administration of Medication	
Fire Safety		Safeguarding Adults, Children and Young People	
Health & Safety (1974/1999 Acts including COSHH/RIDDOR)		Food Hygiene	
Infection Control		Physical Intervention and De-escalation (C&R) / MAPA	
Venepuncture		Mental Health Observations / Dementia	
Emergency First Aid & CPR		Other:	

Any other training completed which is relevant to this role:

DO YOU SPEAK ANY OTHER LANGUAGE AS WELL AS ENGLISH? YES NO

Language	Written			Verbal/Spoken		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
ENGLISH						
OTHER						
OTHER						

ABUSE POLICY

I understand that I must be aware of the prevention of abuse policies that are enforced by the Department of Health and Social Care in any placement that I may work. I have been advised that Kingdom Healthcare will retain a copy of these policies and I can access them at any time.

Signature:

Date:

DATA PROTECTION ACT 1998 & INSPECTION

We are required to hold personal information on staff e.g. National Insurance Number, Address, Qualifications. From time to time we may be required to release elements of this information when placing you in assignments; please be assured that we would only disclose information that is necessary. We would therefore be grateful if you would complete and sign the declaration below. If you have any concerns about this or want to discuss it further, please contact your branch manager.

I consent to the disclosure of information required to place me on assignments.

Signature:

Print Name:

Date:

DECLARATION

The information I have given in this registration form is, to the best of my knowledge, complete and accurate in all aspects. I understand that knowingly giving false information will disqualify me from registration with this agency. I also agree to keep Kingdom Healthcare advised of any updates to this information supplied.

Signature:

Print Name:

Date:

REHABILITATION OF OFFENDERS ACT 1974 & CRIMINAL RECORDS

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 **DO NOT APPLY** to any employment which is concerned with the provision of health services. You should therefore list all offences on a separate sheet even if you believe them to be 'spent' or 'out of date' for some other reason. Kingdom Healthcare have a policy on 'The recruitment of ex-offenders'. You are welcome to view this policy at anytime during the course of your employment with Kingdom Healthcare. Having a criminal record will not necessarily prevent an applicant from working with us. This will depend on the nature of the position and the circumstances and background of offences. All workers are required to advise Kingdom Healthcare if they incur a conviction or caution during the course of their employment.

Have you ever been convicted of a criminal offence? YES NO

Have you ever been cautioned or issued with a formal warning for any criminal offences? YES NO

Is there any reason you are aware of that would prevent you from working in regulated activity? YES NO

Signature of Applicant _____ Date _____

Signature of Consultant _____ Date _____

If you answered "YES" to either of the above, please attach a signed statement, including dates, on a separate sheet. This statement must be signed and dated.

ACCESS NI CHECKS

ACCESSNI is responsible for conducting checks on criminal records. We are a registered body for receipt of Access NI disclosure information. Clients within the healthcare sector insist on agencies making informed recruitment decisions which require criminal record checks to be made on all staff every 3 years. It is a condition of proceeding with your application that you apply for Access NI disclosure. The disclosure will be compared with the information given below and any inconsistencies could invalidate your application. AccessNI have a Code of Practice which can be made available to applicants when requested.

APPLYING FOR ACCESS NI

AccessNI is the criminal history disclosure service in Northern Ireland. By law Kingdom Healthcare are required to check your criminal history before we offer employment. AccessNI searches your details against UK criminal records and police information. These searches may disclose any criminal history to Kingdom Healthcare. AccessNI produces a disclosure certificate for every check. This check costs £33.00 and should be paid to Kingdom Healthcare before the application is processed. **Disclosures should be applied for online using the following steps.**

1. Go to www.nidirect.gov.uk/apply-for-an-enhanced-check-through-a-registered-body
2. Select the green button to Apply for an enhanced check through a registered body.
3. Register your account by creating a user ID and password [keep these details safe as you will need them to track the progress of your case]. ***** Please ensure you apply for an ENHANCED CHECK. Applications will be returned if incorrect.**
4. Once you have successfully logged in, you will be taken to the on-line application.
5. Enter the PIN number below at Step 1 of the form completion: PIN
137468 - Hannah Lamph, Lurgan Office
455536 – Maria Downey, Downpatrick Office
6. Complete the remainder of the form and click on **confirm and proceed** to finish the on-line process

Please note: **Details must be completed on your Access NI as they appear on your valid documentation.**

Middle names are to be included with your forename.

Your application will not be submitted if you have not included all details at time of applying.

Application will not be sent until valid documentation from verified list is provided.

Applications will be returned if information contained is incorrect or incomplete.

NORTHERN IRELAND SOCIAL CARE COUNCIL

Registering with NISCC means that the public can be assured that a worker is safe and competent to practice. It is compulsory for workers in all Healthcare roles to be registered with NISCC. All Healthcare workers in Northern Ireland must be registered with NISCC and retain their registration to continue working in the Healthcare field

Applying for NISCC registration

1. Create your NISCC Online registration account at <https://niscconline.hscni.net/>
2. Keep your username and password safe as you will need these each year when renewing your registration.
3. Request or send us copies of your Photo ID and Birth or Marriage certificate for signature – we will then email these back to you signed and in a pdf. Document to attach to your online application.
4. Complete the online application form (this includes providing your contact details; employment history; induction or qualifications you have completed; criminal or disciplinary record/investigations and information about any health conditions.
5. Upload the signed photocopies of your birth/marriage certificate and a form of photographic ID.
6. Have your application form endorsed online. The online system will show you a list of people within Kingdom Healthcare who are approved to endorse applications.
7. Read and confirm that you agree to meet the standards set out in the NISCC Code of Practice for Social Care Workers.
8. Pay the appropriate Fee of £30.00 with an annual registration fee of £30.00 each year.

NISCC accept the following ID, **which must be validated (signed and dated)**:

- Birth Certificate
- Marriage Certificate
- Adoption Certificate
- Indian School Leavers Certificate

And

- Photographic ID page in applicant's passport
- Applicant's driving license
- Applicant's photo ID card from one of the armed forces
- Photo ID card (EU only)
- Electoral Card
- Residency Permit

If you do not have a birth certificate, you must provide 5 of the following:

- P45/P60 (issued within the past 12 months)
- Bank or Building Society Letter/Statement
- Utility Bill
- Valid TV License (issued within the past 12 months)
- Credit Card Statement (issued within the past 3 months)
- Mortgage Statement (issued within the past 12 months)
- Work permit or Visa (issued within the past 12 months)
- Correspondence/Documentation from the Benefits Agency, Employment Service or the Inland Revenue (issued within the past 3 months)
- Valid vehicle registration document
- Court Summons (issued within the past 12 months)
- Valid NHS Card
- Addressed pay slip
- National Insurance Number Card
- Exam Certificate (e.g. G.C.S.E, N.V.Q)
- Child Benefit Book (issued within the past 12 months)

