#### APPLICATION FORM

#### **Domiciliary/Healthcare Assistant**



**Registration Details** 

Date:

Time:

Location:

Kingdom Healthcare Rep:

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 Re	eferen	ce No			Where did you see the job advertised?				
Availibility (Please tick which apply to you)												
I am able to		I am able to work I am a		I am able to	able to work		I can't start			l can't work		
work days		nights		weekends		before (A		e (AM)		after (PM)		
PREFERRED AREA(S) OF WORK: NHS Nursing/Residental Su					ntal Suppo	orted Liv	ving	Homec	are Me	ntal Health	Learning Disa	bility
DATE AVAILABLE TO COMMENCE:				GEOGI	RAPHIC	AL AREA	YOU W	OULD LIKE 1	TO WORK:			

PERSONAL D	DETAILS								
TITLE	FORENAME MIDDLE NAM			ME SURNAME					
PREVIOUS SURNAME				NATIONALITY					
FULL ADDRESS									
		POSTCOD	E						
HOME TELEPHONE	NUMBER			MOBILE NUMBER					
EMAIL ADDRESS					NATIONAL INSURANCE NUMBER:				
DO YOU HOLD A FU	ILL & CURRENT UK DRIVIN	IG LICENSE	Yes N	10	DO YOU HAVE DAILY USE OF A CAR? Yes No				
NEXT OF KIN	I (TO BE NOTIFIE	D IN CA	SE OF EN	/IERGI	EN	CY)			
FULL NAME				RELATIONSHIP					
FULL ADDRESS						·			
POSTCODE		EMAIL							
HOME TELEPHONE NUMBER				MOBILE NUMBER					

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

PHOTO HERE (To be attached by office staff)

## **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 Eduction	From Day: Year:	Month:	To Da Ye	y: Month:
Further/Higher Education if applicable	From Day: Year:	Month:	To Da Ye	
NAME & ADDRESS OF EMPLOYER	POSITION	FROM	то	REASON FOR LEAVING
		Day:	Day:	
		Month:	Month:	
		Year:	Year:	
		Day:	Day:	
		Month:	Month:	
		Year:	Year:	
		Day:	Day:	
		Month:	Month:	
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		Day:	Day:	
		Month:	Month:	
		Year:	Year:	
		Day:	Day:	
		Month:	Month:	
		Year:	Year:	
		Day:	Day:	
		Month:	Month:	
		Year:	Year:	
	1			

Continue Employment History on a separate sheet if necessary

QUALIFICATIONS Please provide deatils of your further Education/Training					
Name of Establishment			Course/Degree		
Date of Attendance	From:	To:	Qualifications Gained:		
Name of Establishment			Course/Degree		
Date of Attendance	From:	То:	Qualifications Gained:		

### REFERENCES

Please give the names of three profess current or most recent employer, who must be able to provide a credible com	m we	may approach	for a reference (not	relatives or friends). They
If the references do not cover the last	five y	ears of work, pl	ease supply additior	nal referee details on a
seperate sheet.				
<b>REFERENCE 1 - CURRENT/MOST RECEI</b> Name of Referee:	NT EN	APLOYER/ORGA	<b>NISATION</b> Referee's Position:	
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 c	luties:
<b>REFERENCE 2 - HOME ADDRESSES OF</b>	REFE	REES 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 c	luties:
<b>REFERENCE 3 - HOME ADDRESSES OF</b>	REFE	REES ARE NOT	ACCEPTABLE	
Name of Referee:			Referee's Position:	
Company Name	Comp	any Address:		
				Postcode:
Telephone Number:		Email Address:		
Your position with this company:		Brief description of	your responsibilities and c	luties:
WORKING TIME DIRECTIVE				
The European Union has laid down guideline	os for			
safe to work. The current limit is 48 hours p be compelled to work more than 48 hours p that you have read and understood this info <b>box.</b>	er we	ek. As you are un ek but you may cl	der no obligation to ac noose to do so. Please	cept work offered, you will never would you sign below to confirm
be compelled to work more than 48 hours p that you have read and understood this info	er we er we rmatio	ek. As you are un ek but you may cl on and please ind	der no obligation to ac noose to do so. Please icate your preferences	cept work offered, you will never would you sign below to confirm
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be compelled to work more than 48 hours p that you have read and understood this info <b>box.</b> I <b>DO NOT</b> wish to work more than 48 hour	er we er we rmatio	ek. As you are un ek but you may cl on and please ind week	der no obligation to ac noose to do so. Please icate your preferences	cept work offered, you will never would you sign below to confirm by <b>ticking the most appropriate</b> han 48 hours per week

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 Course       Date of Last         Training Course       Date of Last         Training Course       Administration of Medication         Fire Safety       Safeguarding Adults, Children and Young         People       People         Health & Safety (1974/1999 Acts       Food Hygiene         Indection Control       Physical Interventation and De-escalation         (C&R) / MAPA       Mental Health Observations / Dementia         Venepuncture       Mental Health Observations / Dementia         Emergency First Aid & CPR       Other:         DYOU SPEAK ANY OTHER LANGUAGE AS WELL AS ENGLISH       YES         OTUG       Written       Vebal/Spoken         Longuage       FLUENT       GOOD       FAIR         ENGLSH       Index       Index       Index         OTHER       Index       Index       Index         OTHER       Index       Index       Index         OTHER       Index       Index       Index         Understand that I must be aware of the preventation of abuse policies that are enforced by the Department of Health as copy o	TRAINING								
Training Course       Date of Last Training       Training Course       Date of Last Training         Moving & Handling       Administration of Medication       Training         Fire Safety       Safeguarding Adults, Children and Young People       People         Health & Safety (1974/1999 Acts including COSSI/RIDDOR)       Food Hygiene       Infection Control         Infection Control       Physical Interventation and De-escalation (C&R) / MAPA       Venepuncture         Wenepuncture       Mental Health Observations / Dementia       Infection Control         Emergency First Aid & CPR       Other:       Infection Control         DYOU SPEAK ANY OTHER LANGUAGE AS WELL AS ENGUSH?       YES       NO         CHER       Infection Control       Written       Vebol/Spoken         Language       FLUENT       GOOD       FAIR       FLUENT       GOOD         OTHER       Inderstand that I must be aware of the preventation of abuse policies that are enforced by the Department of Health and Social Care in any placement that I may work. Thave been advised that Kingdom Healthcare will retain a copy of these policies and 1 can access them at any time.         Signature:       Date:       Date:         DATA PROTECTION ACT 1998 & INSPECTION       We are required to hold personal 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		ning courses belo	ow, please pi	rovide the m	onth and yea	r last a	ttended.	Insert	
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Moving & Handling       Administration of Medication         Fire Safety       Safeguarding Adults, Children and Young         People       Food Hygiene         Including COSSH/RIDDOR)       Food Hygiene         Infection Control       Physical Interventation 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:       Doter:         DO YOU SPEAK ANY OTHER LANGUAGE AS WELL AS ENGLISH?       YES         NO       VENE         Medium Parket ANY OTHER LANGUAGE AS WELL AS ENGLISH?       YES         NO       VENE         ABUSE POLICY       GOOD         I understand that I must be aware of the preventation 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       Data:         Consent to the disclosure of 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 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	Training Course		Training	Course					
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I also agree to keep Kingdom Healthcare advised of any updates to this information supplied.	_	-			-	-			
Signature: Print Name: Date:					-				
	Signature:	Print N						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 seperate 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 D <u>ate</u>
Signature of Consultant Date
If you answered "YES" to either of the above, please attach a signed statement, including dates, on a seperate

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 consistencies 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.

- 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 Nothern Ireland must be registered with NISCC and retain their regisration 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)

# **Application Checklist**

Incomplete applications will not be accepted for processing.

Please bring the following documents to your registration meeting. Failure to provide the following may result in your application being delayed or cancelled:

Birth Certificate / Marriage Certificate
Photographic ID (Passport, Full Driving Licence inc Paper Part, Electoral Identity Card)
Confirmation of Car Insurance for Business Use (Domicilary Care Assistants)
Work Permit, Residency Permit, Indefinate Leave to Remain
Proof of National Insurance Number
Proof of Address (Utility Bill, Bank Statement)
4 Passport Photos
Confirmation of Vaccinations
£33.00 Cash or BACS Transfer as payment for Access NI Disclosure
Confirmation of NISCC status/Proof of Application

nterview Notes	