APPLICATION FORM

Feather Care Ltd.
39 Turner Road,
Colchester, Essex,
England, CO4 5LA
Ph:02030212425 / 07746921003

(Please complete as appropriate in block capitals)

POSITION APPLIED FOR | **APPLICATION No** (office use only)

PERSONAL DETAILS

Title:	Mr		Miss		Mrs		Ms		Other	
First Name:				Surname:					
Address:									
City:							Post Code:		
Phone No:					Mobile No:				
National Insurance No:							E-mail:		
Emergency contact name :			Relation :			Mob :			

WORK REQUIRMENT

Flexible agency work		Short term contract		Long term contract (12mths+)							
Fulltime hours		Part time hours		Adhoc shift		Have own transport?:	Yes		No		
When are you available to start work?				Able to travel long distance for bulk duty?:			Yes		No		
Where would you perfer to work?(which town/city/county)											
Which clinical area/specialty do you wish to work in?:	ITU/HDU		A&E		RESIDENTIAL HOME		THEATERS				
MENTAL HEALTH		MEDICAL		SURGICAL		NURSING HOME		OTHER			
Do you have full UK driving licence?:	Yes:		No								

EDUCATION QUALIFICATION

Place of Study	Qualification	Date Qualified
Use an additional sheet if necessary		

PROFESSIONAL REGISTRATION DETAILS

Professional Body	Registration Number	Expiry Date

TRAINING

Course Name	Date Attended	Expiry Date	Details (if necessary)
			Use an additional sheet if necessary

CURRENT AND PREVIOUS EMPLOYMENT

Please list most recent employer and provide us with 10 years of history, accounting for any gaps in employment of over one month. If necessary to do so, please continue on a separate sheet.

Name and address of hospital/employer	Position,Grade and Specialty	From (Month/Year)	To (Month/Year)

Use an additional sheet if necessary

REFERENCE

Please give the names and contact details of two referees. One should be your previous Employer.

Name:		Name:	
Job Title:		Job Title:	
Company Name:		Company Name:	
Address:		Address:	
Tel:		Tel:	
Email:		Email:	

EQUAL OPPORTUNITY MONITORING FORM

The information on this form will be used in fatal confidence and accordance with current data protection legislation. It will help to ensure that the company properly monitors and confirms with its policies relating to equality of opportunity. Information will be used for monitoring only. Our commitment aims to allow our staff to develop their skills and realize their maximum potential as individuals without any wish on the part of the company to limit their opportunity.

PLEASE TICK THE RELEVANT BOX

White ☐ Mixed ☐ Asian ☐ Black ☐ Chinese ☐ Other ☐

Gender: Male ☐ Female ☐

Please Indicate your age range by ticking one of the boxes below:

16-21 ☐ 22-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-50 ☐ 51-60 ☐ 61-65 ☐

Do you consider yourself to have a disability of some kind?

Yes ☐ No ☐

If Yes, give details

PROTECTION OF CHILDREN AND VULNERABLE ADULTS DECLARATION

Has any Social Service Department or Police Service ever conducted an enquiry or investigation into any allegations or that you may pose an actual or potential risk to children or vulnerable adults? Yes ☐ No ☐

Have you ever been convicted of any offence relating to children or vulnerable adults: Yes ☐ No ☐

Have you ever been the subject of any disciplinary procedure or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child or vulnerable adult? Yes ☐ No ☐

If no please sign the declaration below. If yes to any of these questions above, please give details.

HEALTH CHECK QUESTIONNAIRE (optional/to be filled upon selection)

GP contact details:

Please answer all the following questions by giving relevant details

1. Have you ever suffered from any of the following:

   a) Depression, anxiety state, nervous illness or breakdown No ☐ if Yes,

   b) Epilepsy or disease of the nervous system No ☐ if Yes,

   d) Spinal problem (backache) No ☐ if Yes,

   e) Arthritis, Rheumatism or Gout etc No ☐ if Yes,

   f) Any heart or circulatory, including blood problems No ☐ if Yes,

   h) Diabetes No ☐ if Yes,

   i) Skin disorder No ☐ if Yes,

2. Are you presently taking medication or undergoing treatment. If so give details:

4. Are you a registered disabled person? Yes ☐ No ☐

5. Details of any industrial disablement benefit received:

6. How many working days have you been absent from working during the last 12 months (apart from holidays)

8. Additional details: (if necessary) Yes ☐ No ☐ N/A ☐

VACCINATION HISTORY

Immunization & Blood Tests	YES	NO	Dates & Result
Hepatitis B primary Course			
Hepatitis B Booster/s			
*Hepatitis B Antibody Blood test?			
Typhoid			
Rubella			
Varicella IgG (or history of chicken pox)			
BCG (protection against TB)?			if "YES" do you have a BCG scar?

Have your employment ever been terminated on the ground of ill health ? Yes ☐ No ☐

Do you have any current illness/impairment/disability(physical or psychological) which may affect your work ? Yes ☐ No ☐

Do you think you may need any adjustment or assistance to help you to do the job ? Yes ☐ No ☐

if you answered yes to any question please provide details below

----------DATA PROTECTION Act 1998----------

Feather Care Ltd will record and use the information which you provide for the purpose of dealing with your application, and the information will not be kept any longer than is necessary for that purpose. By submitting an application for an employment, you are consenting to the recording and use of information that you supply.

--------DECLARATION ----------

In the event of you being successful in your application, failure to complete the application form accurately to the best of your knowledge may render you liable to action being taken against you under the disciplinary procedure with a possibility of dismissal. The information provided in all parts of this application form is true and correct to the best of my knowledge.

Signature:

Name : Date:

FOR OFFICIAL USE ONLY (Application Check List)

Address with Post Code: ☐	Telephone & E-mail: ☐	Qualification Certificates: ☐	NI Number: ☐
Emergency Number: ☐	Passport Details: ☐	Visa Details: ☐	Next of Kin: ☐
References: ☐	Training: ☐	DBS: ☐	PVG: ☐
If student, Course details: ☐			

NOTES

Checked by ☐ Date ☐