

1. Application form

Position applied for	
Date available to take up employment	
Salary expectations	

2. Prepared for work

Full time	YES / NO	Part time	YES / NO	Shift work	YES / NO
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3. Personal details

Full name			Title	DOB
Address				
Telephone numbers	Home			
	Mobile			
Email address				
National insurance number	DBS NO;			
Passport number			Issue Date	
Do you own a car?	YES / NO	Have a current licence?		YES / NO
If yes, licence type	Provisional / Full			
Driving licence number				
Do you have any current driving convictions	YES / NO	If yes, give details including dates		

4. Secondary education

School name, address and date attended	Examinations (subject, result, etc.)

5. Further education and training

University/College and date attended	Type of course	Subjects	Qualification or class of degree

6. Occupational qualifications

College/Institute or other name and date attended	Qualification/Level

7. Membership of professional body

Name	Level	Date

8. Previous employment

A full work history is required explaining any gaps in employment.

Present/last employer				
Address				
Job title				
Duties/responsibilities				
Start date		End date		
Reason for leaving				
Employers name & address	Job title	From	To	Reason for leaving
		(month & year)		

9. Permission to work in the UK

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?	YES / NO
If you are successful in your application would you require permission to work in the UK?	YES / NO

10. Community/volunteer experience

Name and address of organisation	Position/title	Duties

11. Next of kin

Emergency contact name	
Relationship to you	
Contact number	
Emergency contact name	
Relationship to you	
Contact number	

12. Referees

Work reference 1 (most recent employer) – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	

Email address	
Work reference 2 – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	
Email address	
Work, personal or educational – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	
Email address	

The Data Protection Act 1998 requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Extra house help adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Extra house help.

Please tick to show your agreement to this.

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Date of previous application	
Previous position applied for	
Did the application go through to interview	YES / NO

If yes, what was the outcome

Criminal Record Check

I have completed an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name.....

Signature.....Date.....

Working with Extra Health Care Agency

It is Extra house help's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Extra Health Care Agency to obtain references to support this application once an offer has been made and accepted and release extra house help and referees from any liability caused by giving and receiving information.

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name.....

Signature.....Date.....

Please complete the additional form: equal opportunities monitoring form

You are under no obligation to complete the above mentioned additional form

Thank you for completing the application form. Please return this document to:

Extra health Care Agency

Regards,

Manager

Alternatively you may email the completed application form to: extrahousehealthcare.co.uk

If you need to discuss any questions within this application form please contact Extra house help; 02079986846



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Mob: 07419 392 302
info@extrahealthcare.co.uk
www.extrahealthcare.co.uk

HEALTH DECLARATION

1. Personal Details

Title Dr /Mr /Ms /Miss

Other

Forename.....Surname; ,,,.,.....

D.O.B.....Gender Male/Female/Other

Mobile.;..... Email.

Grade.....Speciality.

GP Name.....

GP Address.....

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Post Code Tel.

2. Medical History.

Do you have any illness , impairment or disability (physical or psychological)
that may affect your ability or work Y/N

Have you ever had any illness, impairment or disability (physical or psychological)
that has been made worse by your work Y/N

Are you having or are awaiting for treatment or investigations at present? Y/N

Do you think you may need any adjustments or assistance to help you do the job Y/N

Have you ever had chicken pox or shingles? Y/N

Have you ever come into contact with any BBV's? Including needle stick injuries? Y/N

If you have answered yes to the above, please provide details below

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Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control
(NICE 2006) Y/N

Have you had any vaccinations for any communicable diseases in the last twelve months? Y/N

Have you lived continuously in the UK for the last year (Include Holidays/Vacations) Y/N

If you answered NO to the above, please list all of the Countries that you have lived in visited over the last year, including holidays and vacations. This MUST include duration of stay and dates of this form will be rejected.

Have had a BCG vaccination in relation to Tuberculosis? Y/N if yes please state date.....

Do you have any of the following

A cough which has lasted for more than 3 weeks Y/N

Unexplained weight loss Y/N

Unexplained fever Y/N

Have you had tuberculosis (TB) or been in recent contact with TB Y/N

EVD Ebola or Shingles Y/N Date

If you have answered YES to any of the questions to the above, please list all of the countries that you have lived in/visited in the last 21 days including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Chicken Pox Shingles

Have you ever had chicken pox or Shingles Y/N Date

Immunisation			
Have you had any of the following immunisations		Yes	No Date
Triple vaccination as a child (Diphtheria/Tetanus/ Whooping cough)			
Polio			
Tetanus			
Hepatitis B (if YES is ticked please give dates below)			
Course	1	2	3
Boosters	1	2	3

Proof of Immunity (Please send the following		
Varicella ; You must provide a written statement to confirm that you have had chicken pox Or shingles however we strongly advise that you provide serology test result showing varicella immunity		
Tuberculosis; we require an occupational health/Gp certificate of a positive scar or record of a positive skin test result (Do not self Declare)		
RUBELLA,MEASLES & MUMPS; Certificate of TWO MMR vaccinations or proof of a positive antibody for Rubella and measles		
HEPATITIS B; You must provide a copy of the most recent pathology report showing titre levels of 1001u/1 or above		
Proof of Immunity; Please send the following; EPP Candidates Only		
Hepatitis B Evidence of a negative Surface Antigen Test ,Report must be an identified Surface Antigen validated sample.(IVS)		
Hepatitis C; Evidence of a negative antibody test Report must be an identified validate sample (IVS)		
{HIV}; Evidence of a negative antibody test Report must be an identified validated sample (IVS)		
Will your role involve	Exposure Prone Procedures	Y/N
Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers o the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Healthier Business UK Ltd recommendations to my employer.		
Name	Sign.	Date