

London Imperial Care Ltd.  
**Application Form**

|                          |  |      |  |  |
|--------------------------|--|------|--|--|
| POSITION APPLIED FOR     |  | DATE |  |  |
| FULL NAME                |  |      |  |  |
| DATE OF BIRTH            |  |      |  |  |
| LANGUAGES YOU CAN SPEAK? |  |      |  |  |

**CONTACT DETAILS**

|                                 |  |                    |                    |  |
|---------------------------------|--|--------------------|--------------------|--|
| HOME ADDRESS                    |  |                    |                    |  |
| CITY                            |  | POST CODE          |                    |  |
| NEXT OF KIN NAME                |  | RELATION WITH YOU? |                    |  |
| DO YOU UK /EEA DRIVING LICENCE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |                    | DO YOU HAVE A CAR? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MOBILE NO:                      |  | HOME TELEPHONE     |                    |  |
| EMAIL ADDRESS                   |  |                    |                    |  |

**EMERGENCY CONTACT DETAILS**

|  |  |
|--|--|
| HAVE YOU BEEN DISMISSED FROM ANY EMPLOYMENT?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER BEEN OR CURRENTLY SUBJECT TO ANY INVESTIGATION OR DISCIPLINARY ACTION? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**WORK EXPERIENCE FOR LAST 15 YEARS**

If you have worked before applying this job, you must write the employer's details as referee on next page.  
 We will not accept any personal reference in case you have a work history. If you never worked before  
 please write what you have been doing last 15 years.

|  |  |                |  |
|--|--|----------------|--|
| (most recent)<br>COMPANY NAME            |  | YOUR JOB TITLE |  |
| START DATE OF<br>THIS JOB                |  | END DATE       |  |
| MAIN DUTIES                              |  |                |  |
| REASON FOR<br>LEAVING THIS JOB           |  |                |  |
| ANY GAP BETWEEN THIS<br>AND PREVIOUS JOB |  |                |  |
| REASON FOR GAP                           |  |                |  |

|  |  |                |  |
|--|--|----------------|--|
| (most recent)<br>COMPANY NAME            |  | YOUR JOB TITLE |  |
| START DATE OF<br>THIS JOB                |  | END DATE       |  |
| MAIN DUTIES                              |  |                |  |
| REASON FOR<br>LEAVING THIS JOB           |  |                |  |
| ANY GAP BETWEEN THIS<br>AND PREVIOUS JOB |  |                |  |
| REASON FOR GAP                           |  |                |  |

**We need to know your last 15 years history, what you have been doing for last 15 years**



## REFERENCES

**Professional Reference:** (if you have worked before, your reference should be from your most recent employer.)

**Personal Reference:** Your reference should be from someone who knows you for 1 year or more, Referee should not be your relative or best friend, your referee should be a professional person

**Institutional Reference:** It could be from your Institution (college, University, Training Centre, supervision, assessor, trainer or a teacher).

| REFERENCE NO 1 :   |                                       |                                   |  |
|--|---------------------------------------|-----------------------------------|--|
| Please tick what reference is this                         | PROFESSIONAL <input type="checkbox"/> | PERSONAL <input type="checkbox"/> | INSTITUTIONAL <input type="checkbox"/> |
| REFEREE TITLE & FULL NAME                                  |                                       | COMPANY NAME                      |  |
| REFEREE JOB TITLE  |                                       | REFEREE CONTACT NUMBER            |  |
| FULL WORK ADDRESS  |                                       |                                   |  |
| EMAIL ADDRESS  |                                       |                                   |  |
| IN WHAT CAPACITY / RELATIONSHIP HAVE YOU KNOWN THE REFEREE |                                       |                                   |  |
| HOW LONG HAVE YOU KNOWN ABOVE MENTIONED PERSON?            |                                       |                                   |  |

| REFERENCE NO 2   |                                       |                                   |  |
|--|---------------------------------------|-----------------------------------|--|
| Please tick what reference is this                         | PROFESSIONAL <input type="checkbox"/> | PERSONAL <input type="checkbox"/> | INSTITUTIONAL <input type="checkbox"/> |
| REFEREE TITLE & FULL NAME                                  |                                       | COMPANY NAME                      |  |
| REFEREE JOB TITLE  |                                       | REFEREE CONTACT NUMBER            |  |
| FULL WORK ADDRESS  |                                       |                                   |  |
| EMAIL ADDRESS  |                                       |                                   |  |
| IN WHAT CAPACITY / RELATIONSHIP HAVE YOU KNOWN THE REFEREE |                                       |                                   |  |
| HOW LONG HAVE YOU KNOWN ABOVE MENTIONED PERSON?            |                                       |                                   |  |

|  |  |
|--|--|
| <b>DO YOU ALLOW US TO CONTACT ABOVE MENTIONED PERSONS?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

## QUALIFICATIONS, SKILLS, EXPERIENCE AND COMPETENCY CHECK

|  |                           |
|--|---------------------------|
| <b>QUALIFICATION IN HEALTH AND SOCIAL CARE (QCF/ NVQ LEVEL 1, 2, 3,4 OR 5)</b><br>Please write only the highest qualification obtained | <b>Year of completion</b> |
| <br>   | <br>                      |

|  |  |
|--|--|
| <b>Have you completed Skill for Care "Care Certificate" before?</b> (If  |  |
| <b>Have you obtained any other day trainings in Health and Social Care?</b><br>If yes please provide the certificates. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <br>   | <br>   |
| <br>   | <b>If Yes, Year of completion?</b>                       |
| <br>   | <br>   |

|   |      |                                  |      |
|---|------|----------------------------------|------|
| <b>YOUR EXPERIENCE AND SKILLS IN HEALTH AND SOCIAL CARE / PROVIDING PERSONAL CARE</b><br>Please write the details of your highest education / qualification |      |                                  |      |
| <b>Qualification /Education</b>   | <br> |                                  |      |
| <b>Place of completion</b>  | <br> | <b>Year of completion</b>        | <br> |
| <b>Can you provide the evidence of this qualification</b>   | <br> | <b>If not, Write the reason?</b> | <br> |

|  |   |
|--|---|
| <b>Can you read and write English?</b> | <br>  |
| <b>Can you speak English?</b>          | <input type="radio"/> Basic <input type="radio"/> Fluently <input type="radio"/> First language <input type="radio"/> cannot speak at all |

### Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work. I understand that providing false/inaccurate information may result in the termination of employment.

If you are not selected, the application and documents will be destroyed safely.

|             |      |  |      |
|-------------|------|--|------|
| <b>NAME</b> | <br> | <b>SIGNATURE</b><br>Type name if sending by email  | <br> |
| <b>DATE</b> | <br> | <b>For office use (received by) HR Signature</b><br>If the person has been short listed, give the 2 <sup>nd</sup> part of application. | <br> |



## APPLICATION PART 2

| EQUAL OPPORTUNITY FORM         |   | Only successful applicants will be required to complete |  |  |
|--------------------------------|---|---|--|--|
| <b>Applicant Name:</b>         |   |   |  |  |
| <b>GENDER</b>                  | MALE <input checked="" type="checkbox"/>              | FEMALE <input checked="" type="checkbox"/>              | PREFER NOT TO SAY <input checked="" type="checkbox"/>  |  |
| <b>MARITAL STATUS</b>          | MARRIED <input checked="" type="checkbox"/>           | SINGLE <input checked="" type="checkbox"/>              | PREFER NOT TO SAY <input checked="" type="checkbox"/>  |  |
| <b>SEXUAL ORIENTATION</b>      | BISEXUAL <input checked="" type="checkbox"/>          | GAY <input checked="" type="checkbox"/>                 | HETEROSEXUAL <input checked="" type="checkbox"/>       |  |
|                                | LESBIAN <input checked="" type="checkbox"/>           | OTHER <input checked="" type="checkbox"/>               | PREFER NOT TO SAY <input checked="" type="checkbox"/>  |  |
|                                | IF "OTHER", PLEASE SPECIFY _____                      |   |  |  |
| <b>RELIGION</b>                | BUDDHIST <input checked="" type="checkbox"/>          | CHRISTIAN <input checked="" type="checkbox"/>           | CHURCH OF SCOTLAND <input checked="" type="checkbox"/> |  |
|                                | HINDU <input checked="" type="checkbox"/>             | JEWISH <input checked="" type="checkbox"/>              | ROMAN CATHOLIC <input checked="" type="checkbox"/>     |  |
|                                | MUSLIM <input checked="" type="checkbox"/>            | SIKH <input checked="" type="checkbox"/>                | NO RELIGION <input checked="" type="checkbox"/>        |  |
|                                | PREFER NOT TO SAY <input checked="" type="checkbox"/> | OTHER <input checked="" type="checkbox"/>               |  |  |
|                                | IF "OTHER", PLEASE SPECIFY _____                      |   |  |  |
| <b>ETHNIC ORIGIN</b>           | <b>ASIAN</b>  |   |  |  |
|                                | BANGLADESHI <input checked="" type="checkbox"/>       | CHINESE <input checked="" type="checkbox"/>             | INDIAN <input checked="" type="checkbox"/>             |  |
|                                | PAKISTANI <input checked="" type="checkbox"/>         | OTHER <input checked="" type="checkbox"/>               |  |  |
|                                |   |   |  |  |
|                                | AFRICAN <input checked="" type="checkbox"/>           | CARIBBEAN <input checked="" type="checkbox"/>           | OTHER <input checked="" type="checkbox"/>              |  |
|                                | WHITE <input checked="" type="checkbox"/>             |   |  |  |
|                                | EUROPIAN <input checked="" type="checkbox"/>          | OTHER <input checked="" type="checkbox"/>               |  |  |
|                                | PREFER NOT TO SAY <input checked="" type="checkbox"/> |   |  |  |
|                                | IF "OTHERS" PLEASE SPECIFY _____                      |   |  |  |
|                                | <b>DISABILITY</b>                                     | YES <input checked="" type="checkbox"/>                 | NO <input checked="" type="checkbox"/>                 |  |
| IF "YES", PLEASE SPECIFY _____ |   |   |  |  |
|                                |   |   |  |  |



**HEALTH MONITORING**

**ONLY SUCCESSFUL APPLICANTS WILL BE REQUIRED TO COMPLETE A DETAILED MEDICAL QUESTIONNAIRE.**

|   |  |
|---|--|
| DO YOU HAVE ANY PHYSICAL OR MENTAL HEALTH CONDITIONS THAT MAY AFFECT YOUR PERFORMANCE FOR THE APPLIED POSITION?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU BEEN REFUSED OR DISMISSED FROM ANY EMPLOYMENT BECAUSE OF HEALTH REASONS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU PREVIOUSLY OR CURRENTLY UNDERTAKEN ANY MEDICAL OR THERAPEUTIC TREATMENT?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU ALLERGIC TO ANY CHEMICALS OR ANY OTHER SUBSTANCES? YOU MAY USE CLEANING CHEMICALS AT WORK.  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU PREGNANT?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU HAVE ANY CONTAGIOUS INFECTION / DISEASE?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY STRESS RELATED DISORDERS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER ATTENDED HOSPITAL ANYTIME?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU RECEIVING ANY MEDICAL TREATMENT?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY OTHER HEALTH, PHYSICAL OR MENTAL PROBLEMS?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER LEFT EMPLOYMENT FOR HEALTH REASONS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU WISH TO DISCUSS ANY ISSUES REGARDING YOUR HEALTH RELATED TO THE APPLIED POST WHICH YOU THINK IT IS A RISK TO CARRY OUT THE JOB ON YOUR OWN OR YOU MAY BE A RISK TO THE VULNERABLE SERVICE USERS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| THE CARE ASSISTANT JOB MAY INVOLVE HOIST AND MANUAL HANDLING SERVICE USERS. WOULD YOU BE ABLE TO DO THIS AFTER APPROPRIATE TRAINING WITHOUT ANY HEALTH RISKS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU IMMUNISATIONS UP TO DATE? If not please contact your GP   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NUMBER OF DAYS SICKNESS ABSENCE IN THE LAST 2 YEARS:  | <input type="text"/>                                     |
| PLEASE EXPLAIN HERE   |  |
| <input type="text"/>  |  |
| <input type="text"/>  |  |
| <input type="text"/>  |  |
| SURGERY NAME  | <input type="text"/>                                     |
| SURGERY TELEPHONE NUMBER  | <input type="text"/>                                     |



**DBS FORM AND BANK DETAILS**

|   |  |  |  |
|---|--|--|--|
| TITLE   |  | FULL NAME  |  |
| COUNTRY OF BIRTH  |  | BIRTH TOWN   |  |
| HAVE YOU CHANGED YOUR BIRTH SURNAME   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| IF "YES", PLEASE ENTER YOUR SURNAME AT BIRTH ( EVEN IF IT IS THE SAME AS THAT ALREADY PROVIDED) |  |  |  |
| SURNAME AT BIRTH  |  |  |  |
| Mother maiden name  |  |  |  |
| THE YEAR YOU CHANGE YOUR SURNAME?   |  |  |  |
| NATIONALITY AT BIRTH  |  |  |  |
| HAVE YOU CHANGED YOUR NATIONALITY SINCE BIRTH?  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| IF "YES", WHAT IS YOUR CURRENT NATIONALITY?   |  |  |  |
| PLEASE PROVIDE YOUR ADDRESS HISTORY COVERING THE LAST 5 YEARS INCLUDING OVERSEAS                |  |  |  |
| CURRENT ADDRESS   |  | CITY   |  |
| POSTCODE  |  | COUNTRY  |  |
| FROM DATE (MM/YYYY)   |  | TO DATE (MM/YYYY)  |  |
| PREVIOUS ADDRESS 1  |  |  |  |
| CURRENT ADDRESS   |  | CITY   |  |
| POSTCODE  |  | COUNTRY  |  |
| FROM DATE (MM/YYYY)   |  | TO DATE (MM/YYYY)  |  |
| PREVIOUS ADDRESS 2  |  |  |  |
| CURRENT ADDRESS   |  | CITY   |  |
| POSTCODE  |  | COUNTRY  |  |
| FROM DATE (MM/YYYY)   |  | TO DATE (MM/YYYY)  |  |

If you have subscribed online DBS service, please do not fill DBS form.  
 We charge £60 for DBS which is none-refundable. We advise you to register your DBS online once you receive it.



**Is there anything you want to tell us about you?**

**Bank Details For Wages** (wage will be transferred to the above mentioned bank account and any error in the information provided will result in loss of pay and the company will not hold any responsibility.)

|                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <b>My name as per bank account:</b> | <b>Name of the bank:</b> |  |
|-------------------------------------|--------------------------|--|

|                        |                   |
|------------------------|-------------------|
| <b>Account Number:</b> | <b>Sort Code:</b> |
|------------------------|-------------------|

*Do you understand that we pay minimum national pay rate, our payment date is 25<sup>th</sup> of every month. You would not get paid if you would not submit your timesheets and daily logs within the 3 days after cut off. Our cut-off date is last Sunday of the month.*

**By signing this form you agree**

to provide personal care and support to Clients with a wide range of needs, illnesses and disabilities. Assisting with getting up in the morning and going to bed at night, wash, bath, shower, dress, undress, look after their skin, teeth, hair and nails, toileting, continence management, personal hygiene, support with their medication at the agreed level of support, prepare food and drink for the Client, being aware of the Client's choice, likes/dislikes, nutritional needs and cultural requirements and provide light general household domestic duties, including housework and laundry, as detailed in the care plan or instructed by Management

To use manual handling equipment safely and correctly, take responsibility for the safe handling of property and equipment belonging to the Client, maintain good communication and develop effective working relationships with Clients, provide companionship to the Client, actively talking and listening to them about their interests, help the Client to maintain contact with their family and friends, accompany the Client on trips into the community and to ensure as safe as possible the living environment for the Client, whilst respecting the Client's choice and rights.

**DECLARATION: I declare that the information given on this form is to the best of my knowledge and correct**

|             |  |   |  |
|-------------|--|---|--|
| <b>NAME</b> |  | <b>SIGNATURE</b><br>Type name if sending by email   |  |
| <b>DATE</b> |  | For office use<br><b>(received by) HR Signature</b> |  |



## London Imperial Care Ltd.

**We need following documents to process your application.**

1.  Passport
2.  Visa or biometric if you don't have British or EEU passport
3.  2 proofs of address (utility Bill or bank statements etc. one letter should not be later than 3 months.)
4.  National Insurance number Proof (NI card or any benefit letter)
5.  Previous DBS (must be online registered, if not we will apply one for you and you will meet the cost of £60)
6.  Training Certificates (if you have any)
7.  P45 (if there is any) if you don't have from previous employer, we will give you P46 to fill.
8.  2 referee details. (I will send the forms for referee to fill.)

London Imperial Care Ltd.