



Westhope Care Ltd  
Application for Employment

Please return completed form to:

Katie Kelly  
Westhope Care Ltd  
11 Kings Court  
Harwood Road  
Horsham  
West Sussex  
RH13 5UR

**Please ensure you use correct postage**

**Position applying for:** Support Worker  Care Worker  Community Support Worker   
Manager  Senior

**Hours required:** Full time  Part time  Community Support Worker (flexible)

**Preferred Shifts:** Days  Waking Nights  Sleep in Nights

**Where did you hear about this vacancy?** \_\_\_\_\_

**Please tell us about yourself**

**Surname:** \_\_\_\_\_ **Title:** Mr, Mrs, Miss, Ms, Other \_\_\_\_\_

**First Names:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Home telephone No:**

**Work telephone No:**

**Mobile telephone No:**

**E-mail:**

Are you related to any present or former employees of Westhope?

**Yes / No**

May we ring you at work?

**Yes / No**

## References

Please give us the details of **two** people who will provide us with a reference. One should be your **current employer**. If this is not the case, please tell us why not. The other should be a **previous employer**. We will not contact your employer before an interview, but we will contact them before appointment. **Failure to complete this in full may result in your application not being considered.**

### Reference 1

#### Current Employer

**(If reference is employer, you must state business address and telephone)**

**Name:**

**Position:**

**Name of Organisation:**

**Address:**

**Post code:**

**Is this address: Business or Private? (please circle)**

**Tel. work:**

**Tel. other:**

**e-mail:**

**Is this your current employer? Yes / No**

**Are they related to you? Yes / No**

### Reference 2

#### Previous Employer

**(If reference is employer, you must state business address and telephone)**

**Name:**

**Position:**

**Name of Organisation:**

**Address:**

**Post code:**

**Is this address: Business or Private? (please circle)**

**Tel. work:**

**Tel. other:**

**e-mail:**

**Is this your current employer? Yes / No**

**Are they related to you? Yes / No**



## Education and Training

Please tell us about your education and training. Please list any qualifications gained.

School / College	From	To	Qualifications (include dates and grades)

If you have undertaken any training or voluntary work to improve your employment prospects, please give details below

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## Full Employment History

Failure to complete this in full may result in your application not being considered.

Please tell us about **all** the jobs you have had starting with your present or most recent job. If there are any gaps in employment, please tell us why e.g. unemployment, travelling, bringing up family etc.

**Please also indicate your reasons for leaving each job.**

Employer	Job title and description of duties	Salary / wages	From	To	Reason for leaving

If your application is successful, would this be your only job? YES / NO

If No, please provide details of any other work: \_\_\_\_\_

\_\_\_\_\_



## Further Information

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have. Please feel free to continue on a separate sheet of paper if necessary.

***Do you hold a current, clean and full driving licence? YES / NO***



## Declaration of Convictions / Disclosure of Information

Successful applicants will be asked to provide disclosure information as required under section 113 of the Police Act 1997.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining the position applied for.

No offer of employment will be withdrawn without discussion with the applicant.

Note that false declarations may be reported to the police.

Do you have any criminal convictions?  
If yes, please give details

**YES / NO**

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## Working in the UK

Are there any working or living restrictions regarding your employment in the UK?  
E.g. do you require a Work Permit?

**YES / NO**

Do you have a VISA?

**YES / NO / STUDENT**

If yes to any of the above, please supply details

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In May 2004, the Government introduced changes to the types of documents that employers have to check to avoid illegal working.

In order for us to comply with this legislation, you may be required to provide original documents from a list which will be provided if you are offered a position with us. We will photocopy and keep a copy of the documents that you provide.

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_



# Health Questionnaire

Regulation 19 (5) of the Care Homes Regulations 2001 requires that all employees who work in care homes are both physically and mentally fit to undertake their duties.

**Please answer the following questions:**

How many days were you absent from work due to sickness in the last year? _____ <b>Days</b>	
Over how many occasions? _____ <b>Occasions</b>	
Have you ever suffered from: Allergies, eczema, dermatitis or other skin troubles?	<b>Yes / No</b>
Do you suffer from: Epilepsy, migraine, asthma, angina, heart trouble or any other condition requiring long-term medical help or a strict medication timetable?	<b>Yes / No</b>
Have you ever suffered from: Mental illness including anxiety, depression or nervous debility?	<b>Yes / No</b>
Have you ever required treatment for: Hernia or rupture, rheumatism, back problems, slipped disc, sciatica or repetitive strain injury (RSI)?	<b>Yes / No</b>
Do you suffer from: Diabetes, ulcers, stomach or other intestinal disorders?	<b>Yes / No</b>
If you have answered yes to any of the questions above, please provide further details below. If successful, you may be asked for confirmation from your GP that your health will not prevent you carrying out the required duties.	

## Declaration

**I hereby confirm that I know of no reason, in relation to either my physical or mental health, why I would be unable to undertake the duties required for the post applied for.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

