

# Sigma Care Limited

17 India Street, Accrington. BB5 1SD

Tel: 07578277567

Post Applied for:     RGN\_\_\_\_\_ RMN\_\_\_\_\_ Care Assistant\_\_\_\_\_

|   |                  |   |                                     |
|---|------------------|---|-------------------------------------|
| Full Name (Mr/Mrs/Ms)   |                  |   |                                     |
| Address and postcode  |                  |   |                                     |
| Telephone Home:   |                  | Telephone Work                              | Mobile Number                       |
| Date of Birth   | Age              | National Insurance Number                   |                                     |
| Nationality/Ethnic Origin   |                  | Do You Smoke?<br>YES/NO                     | Do you have a disability?<br>YES/NO |
| Name of next of kin and relationship  |                  | Contact details for the next of kin         |                                     |
| If you are successful in your application would you require permission to work in the UK?<br>YES/NO |                  |   |                                     |
| Are you currently<br>Employed? YES/NO   |                  | If Yes please give details.                 |                                     |
| Availability & Access:  |                  |   |                                     |
| Full Time   | Part Time        | Desired Hrs per week                        | Desired starting date               |
| Weekdays? YES/NO  | Weekends? YES/NO | Evenings? YES/NO                            | Night Shift? YES/NO                 |
| Can you Drive?  | Own Transport?   | What locations would you prefer to work in? |                                     |

**Full Employment History with most recent first:**

|   |         |                           |                    |
|---|---------|---------------------------|--------------------|
| Please continue on a new sheet if necessary |         |                           |                    |
| Position held and<br>main duties            | From-To | Employer's Name & Address | Reason for leaving |
|   |         |                           |                    |
| Position held and<br>main duties            | From-To | Employer's Name & Address | Reason for leaving |
|   |         |                           |                    |
| Position held and<br>main duties            | From-To | Employer's Name & Address | Reason for leaving |
|   |         |                           |                    |

Education

| School/College/University | Dates From-To | Qualifications |
|---------------------------|---------------|----------------|
|                           |               |                |
|                           |               |                |

Health and Fitness at work

Have you been vaccinated for the following? If YES please give details

|             | YES | NO |  |
|-------------|-----|----|--|
| TB          |     |    |  |
| POLIO       |     |    |  |
| TETANUS     |     |    |  |
| TYPHOID     |     |    |  |
| RUBELLA     |     |    |  |
| HEPATITIS B |     |    |  |

Are you physically in good health and have you suffered from any of the following conditions in the past or at present.

| Condition  | YES | NO | If yes please give details: |
|--|-----|----|-----------------------------|
| Any Joint Pain   |     |    |                             |
| Varicose Veins   |     |    |                             |
| Diabetes   |     |    |                             |
| Arthritis  |     |    |                             |
| Epilepsy or Fits   |     |    |                             |
| Heart disease/Problems   |     |    |                             |
| Hernia/Bank Problems/Injuries  |     |    |                             |
| Vertigo or Dizziness   |     |    |                             |
| Mental Illness   |     |    |                             |
| Nervous Breakdown  |     |    |                             |
| Asthma   |     |    |                             |
| Any Drug or Alcohol Dependency   |     |    |                             |
| Any Defect of Hearing  |     |    |                             |
| Eczema   |     |    |                             |
| Skin Problems/Dermatitis   |     |    |                             |
| Surgery/Operations   |     |    |                             |
| Serious Accident   |     |    |                             |
| Tropical Disease   |     |    |                             |
| Cancer or Tuberculosis   |     |    |                             |
| Have you had a period of two weeks or more absence in the past 12 months |     |    |                             |
| Receive Treatment by A and E of a Hospital in the past 12 month period   |     |    |                             |
| Do you smoke Cigarettes/tobacco? If so how much per day                  |     |    |                             |
| Do you drink alcohol? If so how much per day                             |     |    |                             |
| Have you had more than three spells of Absence in the past 12 months?    |     |    |                             |
| High Blood Pressure  |     |    |                             |
| Kidney Problem   |     |    |                             |

Are you currently being treated for any other medical conitions? If so please give details?

|  |
|--|
|  |
|--|

References:

Please list below the name, address & contact details of three referees. There should be two from your last employer and one from an employer in a Care Industry.

JOB REFERENCE

|                             |               |
|-----------------------------|---------------|
| Referee 1:                  |               |
| Contact Name:               | Organisation  |
| Full Address with Postcode: | Phone Number: |
| Relationship to applicant   |               |
| Other Information           |               |

JOB REFERENCE

|                             |               |
|-----------------------------|---------------|
| Referee 2:                  |               |
| Contact Name:               | Organisation  |
| Full Address with Postcode: | Phone Number: |
| Relationship to applicant   |               |
| Other Information           |               |

PERSONAL REFERENCE

|                             |               |
|-----------------------------|---------------|
| Referee 3:                  |               |
| Contact Name:               | Organisation  |
| Full Address with Postcode: | Phone Number: |
| Relationship to applicant   |               |
| Other Information           |               |

## Experience Assessment

Please indicate below any of the areas that you have experience in.

| Experience                     | None | Low | Moderate | High |
|--------------------------------|------|-----|----------|------|
| Adults Learning Disabilities   |      |     |          |      |
| Adults Physical Disablement    |      |     |          |      |
| Adult Mental Health            |      |     |          |      |
| Children Learning Disabilities |      |     |          |      |
| Children Physical Disablement  |      |     |          |      |
| Children's Home                |      |     |          |      |
| Community                      |      |     |          |      |
| Elderly                        |      |     |          |      |
| Hospitals                      |      |     |          |      |
| Nurseries                      |      |     |          |      |
| Schools                        |      |     |          |      |
| Shelters                       |      |     |          |      |
| Special Education Schools      |      |     |          |      |
| Autism                         |      |     |          |      |
| Alzheimer's                    |      |     |          |      |
| Cancer                         |      |     |          |      |
| Challenging Behaviour          |      |     |          |      |
| Diabetes                       |      |     |          |      |
| Epilepsy                       |      |     |          |      |
| Hoisting                       |      |     |          |      |
| Motor Neurone Disease          |      |     |          |      |
| Personal Care                  |      |     |          |      |
| Practical Care                 |      |     |          |      |
| Substance Misuse               |      |     |          |      |
| Other: Please List             |      |     |          |      |
|                                |      |     |          |      |
|                                |      |     |          |      |

## Equal Opportunities

Sigma Care Limited is committed to a policy of equal opportunities for all and require all employees to abide by and adhere to this general principle and to the requirements of the Code of Practice laid down by the Equal Opportunities Commission and the Commission for Racial Equality.

In particular in this organisation:

- (a) Discrimination on the grounds of race, colour, ethnic or national origin, religion, class, disability, special needs, on grounds of sex or marital status or membership or non-membership of a trade union will not be practiced or tolerated.
- (b) The organisation expects all employees of whatever grade or authority, to abide by and adhere to this general principle.
- (c) Staff will promoted, employed and treated fairly on the basis of their ability and merits and accordingly to their suitability and no one will be disadvantaged by a condition or requirement, which is not justified by the genuine needs of their job or of the proposed job.
- (d) The organisation is committed to challenge any form of discrimination it encounters.
- (e) In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the organisation will be based on merit, qualifications and abilities.
- (f) Employees or service users with questions or concerns about any type of discrimination in the organisation are encouraged to bring these issues to the attention of the Nurse Manager or Managing Director.
- (g) Any breach of this policy should be reported to the Nurse Manager or to a senior, responsible member of organisation staff, breaches will be dealt with through the organisation's disciplinary procedure.

**Recruitment of Ex-Offenders**

As an organisation using Criminal Records Bureau (CRB) Disclosure service to assess an applicant's suitability for positions of trust, Sigma Care Limited complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

Sigma Care Limited is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

We do not discriminate against ex-offenders and they will receive fair treatment throughout the recruitment process.

At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

We make every subject of a CRB Disclosure aware of the existence of the CRB Code of Practice and make a copy available on request. Having a criminal record will not necessarily bar you from working with Sigma Care Limited This will depend on the nature of the position and the circumstances and background of your offences.

I confirm that I have read and aware of this policy.

Have you ever been convicted of or cautioned for a criminal offence? YES / NO

If yes, please give details and dates:

\_\_\_\_\_

I certify that all the information provided on this form is correct to the best of my knowledge. I understand that any misrepresentation or withholding of relevant information on this form will be sufficient to invalidate this application and/or terminate any employment which may have begun.

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

**Note: Completed application packs should be posted to:**

Sigma Care Limited  
17 India Street, Accrington. BB5 1SD  
Tel: 07578277567

(All the information provided on this form will be processed under Data Protection Act)