

# DIGNUS HEALTHCARE LIMITED

PEAK HOUSE, FARM HOUSE WAY, GREAT BARR, B43 7SE

Tel: 0121 357 5049 Web: [www.dignushealthcare.com](http://www.dignushealthcare.com)



Please return this form to: **Aman Bajway – HR Administrator**

Application for the post of: \_\_\_\_\_

Location: \_\_\_\_\_

Title: \_\_\_\_\_

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Tel. No.: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you hold a current UK/EU driving license: Yes / No

Are you registered as disabled: Yes / No

How did you hear about our company? \_\_\_\_\_

Are you related to any Current or Former Employee of Dignus Healthcare Ltd?

YES / NO

## GENERAL EDUCATION

GCSE/CSE16+ETC   Subjects   Level   Grade   Year Obtained   Establishment

Please give details of study, profession qualifications, degrees, diplomas etc.

1. Held:

2. Being Studied for:

(Please place an asterisk against qualifications gained by examinations)

## CRIMINAL CONVICTIONS

“Because of the nature of the work for which you are applying, this post is exempt from any provision of Section 4 (2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act 1974, Exception order 1975. Applicants are, therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the authority. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

**Do you have any criminal cautions or convictions that may be current or spent that we need to know about?**

**Yes / No**

Details:

Signature.....

## EMPLOYMENT

Name and Address of present employer: \_\_\_\_\_

Tel No:

Job Title:

Date commenced:

Salary Scale:

Reason for leaving:

Please give full work history on enclosed sheet:

The applicant is invited there to give any additional information which appears relevant including details of appropriate experience and training. Continue if necessary on a separate sheet

## REFERENCES

A reference is normally sought from an applicant's present employer and if he/she has been with his/her present employer for 18 months or less from his/her previous employer. We do not accept family references. You should also clearly state if you have worked for a family business.

Can we contact your present employer?

1. Only if you are offered an interview
2. On offer of employment

Name and designation of person who will supply **employer's reference**

Name: \_\_\_\_\_

Job title of referee: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Name and address of one referee who may be approached and can be expected to provide credible comment on your ability to do the job (**character reference**)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

## OFFICE USE ONLY (Please leave blank)

Reference verified by telephone:

Reference 1 \_\_\_\_\_ Reference 2 \_\_\_\_\_

Please state how you became aware of this post: \_\_\_\_\_

I understand the appointment, if offered will be subject to the information given on this form being correct and that canvassing or failure to disclose relevant information will result in disqualification. I also understand that the appointment may be subject to a satisfactory medical examination.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## JOB HISTORY

To comply with the Care Quality Commission guidance and the Essential Standards we require a FULL employment history from each applicant. Please complete FULL employment history including names and addresses of previous employers since leaving school, include any breaks in employment along with reason for break.

Please list most recent employers first. For additional jobs please continue on reverse.

Name and Address of Previous Employer	Job title	From (Month and Year)	To (month and Year)	Reason for Leaving

## Medical Health History

Date: \_\_\_\_\_

Statement of Medical History to be completed by the applicant

**Strictly private & confidential**

Surname: \_\_\_\_\_ Mr/Mrs/Miss/Ms

Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Post Title: \_\_\_\_\_

Duties of Post:

\_\_\_\_\_

Please read the following statements carefully before proceeding to complete the questionnaire

1. The information recorded on this questionnaire will remain confidential to the manger and administration staff and will not be divulged to any other person
2. I consent to the medical officer, occupational health, or any doctor acting on his behalf, seeking medical information from any doctor who has attended me at any time, and hereby agree to the release of such information.
3. I understand and acknowledge that should I knowingly make a false statement regarding my medical history, either in answering the following questions, or in statements to the Medical Officer, or willfully conceal any material fact, I will if employed, be liable to the termination of my contract of service, or any offer of employment may be withdrawn.

**I HAVE READ AND UNDERSTOOD THE STATEMENTS LISTED ABOVE**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Information****1. Name and Address of Family Doctor**

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2. Do you usually enjoy good health? YES/NO

3. Do you smoke? YES/NO  
(If yes, quantity per day \_\_\_\_\_ Cigarettes/Cigars/Tobacco)

4. Do you wear spectacles? YES/NO

5. Can you see clearly, both near and distant objects? YES/NO

6. Are you colour blind? YES/NO

7. Do you think you can hear normally? YES/NO  
(If not do you wear a hearing aid YES/NO)

8. Are you registered Disabled? YES/NO

If Yes, nature of disablement \_\_\_\_\_

**Answer the following questions, ticking the appropriate YES/NO box. If the answer to any question is yes, then give details in the remarks column with relevant dates**

<b>Do you have any of the following;</b>	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Heart trouble or Palpitations			
Raised Blood Pressure			
Breathlessness			
Persistent Cough or Spitting Blood			
Asthma			
Tuberculosis			
Persistent Sore Throats			

<b>Do you have any of the following;</b>	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Discharge from the Ears			
Hemorrhoids (Piles)			
Any Disease of the stomach or digestive tract			
Frequent attacks of Diarrhea			
Any Disease of the Bladder or Kidneys			
Arthritis			
Rheumatism			
Back Strain or Slipped Disc			
Foot trouble or Varicose Veins			
Nervous or Psychiatric Illness or Nerves			
Fainting Attacks			
Paralysis			
Diabetes			
Thyroid or any other Glandular Illness			
Any Allergies including Sensitivity Rashes			
Are you allergic to any drugs			
Disease of the skin			
Any Illness or injury not mentioned above			
Are you at present prescribed from your Doctor any Pills, Medicines, Tablets or Injections			
Are you attending or waiting to attend any Hospital for treatment or investigation			
Have you ever had an operation			
Have you ever had your chest X-rayed at a Hospital			
During the past two years have you been absent from school/work due to illness for a period of more than two weeks			



## EQUAL OPPORTUNITIES MONITORING FORM

DIGNUS HEALTHCARE is an equal opportunity employer. This information is used for monitoring purposes only. It is not considered during shortlist or selection procedures, and is held in confidence. It is our aim to select our staff members on the basis of suitability and capability to do the job, and to ensure that all prospective employees are treated solely on the grounds of merit, irrespective of age, gender, sexual orientation, marital status, disability, religious belief, nationality or ethnic origin. DIGNUS HEALTHCARE is fully committed to the active promotion of equal opportunity in the provision of all its services and to the community as a whole.

### Please tick the appropriate boxes:

To which gender identity do you most identify?

- Male
- Female
- Transgender
- Gender Variant/Non-conforming
- Other
- Prefer Not to Answer

### Ethnic Origin

#### **White**

- British       Irish       Other European Union please write in below
- Any other White background, please write below

#### **Mixed**

- White and black Caribbean       White and Black African
- White Asian       Any other mixed backgrounds please write below

#### **Black or Black British**

- Black Caribbean       Black African       Any other Black background please write below

#### **Asian or Asian British**

- India       Pakistani       Bangladeshi
- Any other Asian background, please write in here or see next section below

#### **Other Ethnic Group**

- Chinese       Middle Eastern/North African please specify below
- Other background please specify \_\_\_\_\_

### **Disabilities**

Do you have any disabilities? Yes/No

If yes, please give details \_\_\_\_\_

Would you require this organisation to make any reasonable adjustments under the terms of the Disabilities Discrimination Act in order for you to be able to undertake the duties of this post? Yes/No

(If yes, please outline the range and type of assistance that may be required, continue overleaf if necessary).

## **JOB DESCRIPTION – SUPPORT WORKER**

1. To provide service users with the highest standard of person centered care and support, in accordance with the Company's philosophy and policies and procedures. Ensuring that all documentation is completed within individual support plans on a daily basis. This will include daily diaries, activity charts etc.
2. To ensure confidentiality regarding the service users and the home, at all times.
3. To promote the good reputation of the home at all times.
4. To build good relationships with service users with whom they work, and to provide them with daily support to help them maintain and improve, where possible, their independence, individuality and choice.
5. To assist service users to carry out activities of daily living, including preparing food, cooking, cleaning, washing etc.
6. Ensure that all service user's cultural needs are met, e.g. diet, dress and religion.
7. To ensure the security of the service users' property and the Company's property and premises. Report and hand in any lost property.
8. Carry out all such duties in such a way as to ensure the economic and safe use of resources and equipment.
9. Participate in the programme of activities for service users.
10. Assist trained staff in the admission of new service users.
11. Assist trained staff, under supervision and where appropriate, to carry out their clinical responsibilities for service users.
12. Assist trained staff with the ongoing assessment of service users, reporting any changes or anything unusual to the unit manager.
13. Adopt a neat, clean and tidy appearance at all times.
14. Maintain the highest level of personal and work cleanliness and hygiene.
15. Help and be courteous to all relatives and visitors.
16. To report all compliments comments and complaints.
17. To report any defects, damage, theft, breakages and hazards.
18. Check duty rotas and sign for actual hours worked.
19. Adhere to the Company's policies and procedures.
20. Adhere to the Code of Conduct for Social Care Workers
21. Attend statutory training and staff meetings.
22. To carry out other duties as will, from time to time, be directed.