



**Westhope**  
it's not a house, it's a home

**APPLICATION  
FOR  
EMPLOYMENT**

NAME \_\_\_\_\_

# Westhope Care Ltd

## Application for Employment



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

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

**Preferred Shifts:** Days  Nights  Weekends

### Please tell us about yourself

Surname: _____ Title: _____	
First Names: _____	
Preferred Name: _____	
Home Address: _____	
_____ Post Code _____	
Home Tel No:	Mobile Tel No:
Work Tel No:	E-mail:
May we ring you at work?	<b>YES / NO</b>
Are you related to any present or former employees of Westhope?	<b>YES / NO</b>
Have you applied to Westhope for employment in the past?	<b>YES / NO</b>
Do you hold a full driving licence?	<b>YES / NO</b>
Where did you hear about this vacancy?	



## 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.

*Please note, failure to complete this in full may result in your application not being considered.*

### Reference 1

Current Employer		(You must state business address and telephone)
Name:		
Referee's Position:		
Name of Organisation:		
Address:		
Is this a business address? YES / NO <i>If No, please tell us why not</i>		
Tel. work:	Tel. Other:	
e-mail:		
Is this your current employer? YES / NO Are they related to you? YES / NO		

### Reference 2

Previous Employer		(You must state business address and telephone)
Name:		
Referee's Position:		
Name of Organisation:		
Address:		
Is this a business address? YES / NO <i>If No, please tell us why not</i>		
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 / University	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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What, if any, certificates do you hold? (You may be asked to provide these if successful)

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## Full Employment History

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.**

*Please note, failure to complete this in full may result in your application not being considered.*

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.



## 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 spent or unspent criminal convictions? **YES / NO**  
If yes, please give details

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## Working in the UK

Is 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, my employment may be terminated.

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 _____ <b>Occasions</b>	
<b>HAVE YOU EVER SUFFERED FROM OR RECEIVED TREATMENT FOR:</b>	
Allergies, eczema, dermatitis or other skin troubles?	<b>YES / NO</b>
Epilepsy, migraine, asthma, angina, heart trouble or any other condition requiring long-term medical help or a strict medication timetable?	<b>YES / NO</b>
Mental illness including anxiety, depression or nervous debility?	<b>YES / NO</b>
Hernia or rupture, rheumatism, back problems, neck pains, slipped disc, sciatica or repetitive strain injury (RSI) or tenosynovitis?	<b>YES / NO</b>
Diabetes, ulcers, stomach or other intestinal disorders or any condition requiring long-term medical help and / or strict medication timetable?	<b>YES / NO</b>
Typhoid, paratyphoid, dysentery or food poisoning?	<b>YES / NO</b>
Tuberculosis or hepatitis?	<b>YES / NO</b>
Eye problems? (e.g. partially sighted, blindness) Ear problems? (e.g. ruptured eardrum, deafness)	<b>YES / NO</b>
Specific learning difficulties? (e.g. dyslexia)	<b>YES / NO</b>
Any illness or medical problems not specified above?	<b>YES / NO</b>
What is your smoking status per day?	
What is your average weekly alcohol intake?	
Have you ever lost time from work as a consequence of one of the above conditions?	<b>YES / NO</b>





Are you currently taking any medication, or undergoing treatment?	<b>YES / NO</b>
If you have answered 'YES' to any of the 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.	
If there is anything else you wish to add to the medical questionnaire, please specify below:	

**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 \_\_\_\_\_

Please return completed form to:  
**Katie Kelly**  
**Westhope Care Ltd**  
**11 Kings Court**  
**Harwood Road**  
**Horsham**  
**West Sussex**  
**RH13 5UR**



# Westhope Care Ltd

## Equal Opportunities Monitoring Form

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that Westhope properly monitors and conforms with its policies relating to the equal opportunity.

Information will be used for monitoring and no other purpose.

Our committed aim is to allow our staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the home to limit their opportunities.

Please place a tick in the relevant box or boxes:

I would describe my race or cultural origin as:

<b>Asian or Asian British:</b>	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
<b>Black or Black British:</b>	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>
<b>Chinese</b>	
<input type="checkbox"/>	<input type="checkbox"/>

<b>Mixed:</b>	
White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other mixed background	<input type="checkbox"/>
<b>White:</b>	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other white background	<input type="checkbox"/>
<b>Other background (please specify):</b>	
<input type="text"/>	

Are you Male?  Female?

Please indicate your age in the ranges below:

18-21  22-25  26-30  31-35  36-40  41-50  51-60  61-65

Do you consider that you have a disability? Yes  No

If Yes, please indicate the nature of the disability:

Name \_\_\_\_\_ Date \_\_\_\_\_

