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APPLICATION FOR EMPLOYMENT HCA / SUPPORT WORKER

KFF1A - PLEASE USE BLACK INK

Post Applied For

1 Personal Details	
Surname	e-mail address@.....
First Name(s)	Home Telephone No
Date of Birth/...../.....DD/MM/YYYY	Mobile Telephone No
NI Number-.....-.....-.....-.....	Do you require any form of permit/clearance to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	If yes, please give details and expiry date
Post Code/...../..... DD/MM/YYYY
We will need to see documentary evidence (original documents only)	

2 Training / Qualifications Continue on a separate sheet if required				
Course / Subject	Provider	Date Completed	Renewal Date (if appropriate)	Proof attached to this form?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

3 Work History - Current or most recent employment	
Name of Organisation	Position Held
Name of Line Manager / Supervisor	Date employment commenced...../...../.....
Address of Registered Office	Date employment ended/...../..... (if appropriate)
.....Postcode	Reason for leaving or wanting to leave:
e-mail Address/website:	We will require a reference from this employer prior to offering employment. May we obtain the reference before interview
Tel No: (Official company main line - NO Mobiles)	YES / NO
Fax No:	

3 Work History continued – previous employment Use a continuation sheet if necessary	
Name of Organisation	Position Held
Name of Line Manager	Date employment commenced...../...../.....
/ Supervisor	
Address of Registered Office	Date employment ended/...../.....
.....	Reason for leaving or wanting to leave:
.....Postcode
Name of Organisation	Position Held
Name of Line Manager	Date employment commenced...../...../.....
/ Supervisor	
Address of Registered Office	Date employment ended/...../.....
.....	Reason for leaving or wanting to leave:
.....Postcode
Name of Organisation	Position Held
Name of Line Manager	Date employment commenced...../...../.....
/ Supervisor	
Address of Registered Office	Date employment ended/...../.....
.....	Reason for leaving or wanting to leave:
.....Postcode
Name of Organisation	Position Held
Name of Line Manager	Date employment commenced...../...../.....
/ Supervisor	
Address of Registered Office	Date employment ended/...../.....
.....	Reason for leaving or wanting to leave:
.....Postcode
Name of Organisation	Position Held
Name of Line Manager	Date employment commenced...../...../.....
/ Supervisor	
Address of Registered Office	Date employment ended/...../.....
.....	Reason for leaving or wanting to leave:
.....Postcode

4 ADDITIONAL REFERENCES

Please supply details of 2 **other** people (**NOT** the company given under current employer) involved with you in a professional capacity whom we may approach for references. The first **must** be a previous employer and the second should be a previous employer, official manager or formal supervisor.

***Please note that we independently verify all references; including the referee’s position within their company and do not accept references from friends, relatives or co-workers.**

May we approach them before interview? (circle below Y=yes N=no)

If you do not specify, we will assume we may request a reference before interview. All references must be obtained before work may be undertaken.

	1	Y / N	2	Y / N
Name of Individual				
Relationship to you e.g. are/were they your employer/manager etc				
Name of Company				
Is this company listed in section 3 – previous employment?		Yes / No		Yes / No

If you have answered No above, please give the following information:

Please explain in what capacity you have worked with the referee		
Please provide the registered company address		
Company Tel. No. Do not give mobile or home numbers. Only business numbers are accepted		
Company Fax No.		
e-mail Address Do not give personal e-mail addresses. Only company addresses are accepted		

5 REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) (amendments) Order of 1986. Applicants are therefore required to give information about convictions that for other purposes are spent under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to the applications for positions to which the Order applies. **Any offer of employment will be subject to a satisfactory Enhanced Disclosure from the CRB.**

HAVE YOU AT ANY TIME BEEN CONVICTED OF ANY OFFENCE? YES/NO

IF YES, PLEASE GIVE DETAILS HERE (continue on a separate sheet if necessary)

6 Nursing Auxiliaries/Care/Support Workers Experience Checklist.

Please tick only the tasks in which you have experience – this will be used in conjunction with your referees confirmation of the same information.

Personal Hygiene	Observations
<input type="checkbox"/> Bath/Shower/Strip Wash	<input type="checkbox"/> Temperature
<input type="checkbox"/> Use of Bath Aids	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Mouth Care (incl Dentures)	<input type="checkbox"/> Pulse / Respiration
<input type="checkbox"/> Foot Care (exc Toe Nails)	<input type="checkbox"/> Urine Testing
<input type="checkbox"/> Dress/Undressing of Clients	

- Bed Bath
- Shaving
- Care of Hair
- Care of Finger Nails
- Care of Eyes

Toileting

- Care of Bladder & Bowels
- Use of Bed Pans/Commodes etc
- Recording Fluid Balance
- Emptying of Catheter Bag
- Changing a Colostomy Bag

Mobility

- Lifting & Transferring Clients
- Use of Walking Aids
- Use of Hoists
- Moving & Handling Course

Nutrition

- Preparation of Meals
- Assisting or Feeding the Client

General

- Pressure Area Care
- Giving Medication
- Bed Making
- Care of Terminal Clients
- 1st Aid
- Maintaining Confidentiality
- Simple Dressing Procedures
- Shopping
- Experience in a Hospice
- Experience with Dementia
- Experience with Learning Disabilities
- Experience with Mental Health
- Report Writing & Record Keeping

7 ADDITIONAL INFORMATION

Please use this space to give us any other relevant information, for example, voluntary experience. It is in your interests to fully complete this section in order that an accurate assessment of your application can take place. Continue on a separate sheet if necessary.

8 Declarations

I declare that the information given in this application is, to the best of my knowledge, accurate, and understand that giving false or misleading information will result in any job offer being withdrawn and may result in legal proceedings being taken against me. I understand that I must agree to an enhanced disclosure as a condition of employment.

Signed _____ Dated _____

Data Protection Declaration

The information supplied in support of your application is held for the purpose of assessing your suitability for the post and for no other reason. All personal information you supply on this application form and during the recruitment process will be kept confidential. In accordance with the DPA and Kwikfix's Confidentiality Policy, your personal information will be stored securely and appropriately with access restricted to those who need to see it as part of their job. If your application is not successful, your personal information will be securely destroyed after 6 months.

I agree that recruitment information about me may be processed in accordance with the Data Protection Act 1998

Signed _____ Dated _____

9 For Official Use Only – Registration Checklist

Engagmnt	EqualOps	Wrkng Tm	Medical	CRB	Ref 1	Ref 2	T&C's	Induction
KFF21	KFF22	KFF23	KFF24	KFF25	KFF26	KFF27	KFF28	KFF29

