

# Job Application Form

## PRIVATE & CONFIDENTIAL

Passport Photos  
x2

Date of Application

Position

Employment Type

		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract
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### Personal Information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			
Full Name			Nationality
Address			
Phone	Email		DoB
Driving License	<input type="checkbox"/> No <input type="checkbox"/> Yes	Years of work	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married, number of dependent(s)		

Next of Kin		Relationship
Address		
National Ins No.		
Do You Have Permission To Work In The UK?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Have A Valid Passport?		<input type="checkbox"/> Yes <input type="checkbox"/> No
You Have A Valid Work Permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mobility</b>		
Do You Have Access To A Car?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Which Can be Used For Work Purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have business insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Hold A Full UK Driving Licence?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Send it via email to [manager@lotushcs.co.uk](mailto:manager@lotushcs.co.uk)

☎ 07920 265432

✉ [manager@lotushcs.co.uk](mailto:manager@lotushcs.co.uk)

🌐 [www.lotushcs.co.uk](http://www.lotushcs.co.uk)

**Educational Background**

Degree / Course	University / Institute	Year of Graduate	Grade	City

Relevant Training/Qualifications in Health Care		Certificates Date
Manual Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health and Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic Food Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma in Social Care (NVQ)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others (Please List)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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### Employment History

Employer Name, Address & Tel no.	Position held, Duties and Responsibilities	Start & Finish Date	Reason for Leaving

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## References

**1a) Must be your most recent employer (of at least 3 months duration) which must correspond with your employment history.**

Name of Employer

Address of Employer

Phone

Email

Mobile

**1b) Another of your Employers in the last 3 years:**

Name of Employer

Address of Employer

Phone

Email

Mobile

**2) Must be a fellow health care professional who does not live with you and is able to supply a character Reference of your personal and professional profile.**

Name of Employer

Address of Employer

Phone

Email

Mobile

*To assist us in finding suitable work for you, please place a tick next to all specialties of which you have significant recent experience and are confident to carry out such duties.  
Please keep us informed from time to time of all developments in your career as the work we assign to you depends on accurate, up to date information*

### Work Preference: (Please tick)

FullTime / Part Time ☐ Full Time ☐ Part Time

If you are part time, how many hours per week do you want to work

Home care and pop-in visits

Hospitals

Nursing/Residential Homes

Morning / Day / Evening / Night Sleeper duty

### Live-In Care

Please state if you can work as a 24-hour Residential (live-in) Carer. ☐ Yes ☐ No

If YES, would you like: Long or short assignments? ☐ Long ☐ Short

Would you accept a live-in assignment some distance from your home? ☐ Yes ☐ No

If NO, please specify preferred areas:

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## References

Lotus HomeCare Services Ltd aims to be an equal opportunities employer. Employees are therefore put forward for work / shift irrespective of race, ethnic origin, disability, age and gender.

In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Name		
Age Group		
<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-35	<input type="checkbox"/> 36-50 <input type="checkbox"/> 50+
Registered Disabled <input type="checkbox"/>	Unregistered Disabled <input type="checkbox"/>	No Disability <input type="checkbox"/>
<b>Please tick appropriately which best describes your Ethnic Origin:</b>		
White European	<input type="checkbox"/>	
White Other	<input type="checkbox"/>	
Black African	<input type="checkbox"/>	
Black Caribbean	<input type="checkbox"/>	
Black Other	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
How did you hear about the post?		
Are you related or do you know any member of staff at Lotus HomeCare Services Ltd?		

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**REHABILITATION OF OFFENDERS ACT 1974**

*You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act'. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.*

*You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information which you may give will be strictly confidential and will be considered only in relation to this or a similar position for which you may be considered with Lotus HomeCare Services Ltd.*

Have you ever been convicted of a criminal offence? ☐ Yes ☐ No

If **yes**, please give details of all convictions and cautions, including spent convictions and cautions: (please use a separate sheet if necessary)

*You are required to complete the Disclosure and Barring Service (DBS) Disclosure form. All health professionals registered with Disclosure and Barring Service are subject to this disclosure process in the interests of all parties concerned.*

**DECLARATION**

*I Declare that:*

*(i) All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and safety at work Act.*

*(ii) I have never been charged with or convicted of an offence under any legislation dealing with Residential care or any offence involving dishonesty or violence.*

*(iii) I have been issued with a staff handbook and informed of the importance of reading and understanding it.*

Signature

Date

**Disclosure and Barring Service – ENHANCED DISCLOSURE**

Forenames

Surname

*I understand that before I can commence work with Lotus HomeCare Services Ltd, I will need to be in possession of a DBS Enhanced Disclosure.*

Signature

Date

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## DOCUMENTS NEEDED FOR REGISTRATION

<b>Please tick if these documents are attached to the job application:</b>	
<b>VALID WORK PERMIT</b> (Or if Student, College ID and Student Visa,)	<input type="checkbox"/>
<b>BRITISH PASSPORT</b> (or other current Home Office Document authorising you to work in UK)	<input type="checkbox"/>
<b>NATIONAL INSURANCE (NI) CARD</b> (Or P45 or P60 or letter confirming you have applied for NI)	<input type="checkbox"/>
<b>PROOF OF ADDRESS &amp; TRAINING CERTIFICATES</b> (E.g. Driving License, Utility Bill, or any formal letter with your name and address)	<input type="checkbox"/>
<b>2 CURRENT PASSPORT SIZE PHOTOGRAPHS</b>	<input type="checkbox"/>
<b>DISCLOSURE BARRING SERVICE CERTIFICATE (DBS)</b> (You will apply with us)	<input type="checkbox"/>
<b>TRAINING CERTIFICATES</b> (e.g. Moving & Handling, Basic Aid etc. If you do not have the certificates, we can provide training)	<input type="checkbox"/>

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