# **C:\Users\Lawrence Mushayahemb\Desktop\logo jaan.png Application Form**

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| ***POSITION APPLIED FOR:*** |  | ***NATIONAL INSURANCE NUMBER:*** |  |

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| **Personal Details:** |

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| **Mr / Mrs / Miss / Ms** | **Forename:** |  | | |
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|  | **Surname:** |  | | |

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| **Address:** | |  | | | | | | | | |
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| **Telephone Numbers:** | | | **Home:** |  | | |  | **Mobile:** |  |  |

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| **E-Mail Address:** |  |
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| **Date Of Birth:** |  |

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| **References:** |  |

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| Please provide details of two professional referees we can contact, one of which must be your current / most recent employer. At least one reference must be from a similar background to the job that you are applying for. Please note, we will **NOT** accept reference from family members or friends. | | | | | | | | | | |
| **Reference 1 - Current / Most Recent Employer** | | | | | | | | | | |
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| Referee Name: |  | Position: | |  | | | Employer: | |  |  |
|  |  |  | |  | | |  | |  |  |
| Address: |  | | | | | | | | |  |
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|  |  | | | | | | | | |  |
| County: |  | | Post Code: | |  | | | | |  |
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| Contact No: |  | |  | | E-Mail: |  | | | |  |
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| **Reference 2** | | | | | | | | | | |
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| Referee Name: |  | Position: | |  | | | Employer: | |  |  |
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| Address: |  | | | | | | | | |  |
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| County: |  | | Post Code: | |  | | | | |  |
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| Contact No: |  | |  | | E-Mail: |  | | | |  |
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| **Additional Information:** |  |

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| **Where did you hear about JAAN Services?** | |  | | | | | | |  | | |
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| **Do you hold a current Driving Licence** | | Yes / No | |  | | | | | | | |
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| **Do you have access to a car?** | | Yes / No | |  | | |  | |  | | |
| **Are you eligible to work in the UK** | | Yes / No | | | | | | |  | | |
| **Work Pattern Preferences** | | | | | | | | |  | | |
| ***Please tick which shifts you would be able to work:***  **Mornings Afternoons Evenings Days**    **Nights Sit-In Waking Nights**  ***Please state the area in which you would be able to travel to for work:*** | | | | | | | | | |  | |
| **Employment History:** | | | | | | | | |  | | |
|  | | | | | | | |  | | | |
| Please provide 10 years Continuous Employment History. Where the previous employment is **NOT** Continuous and there are gaps in employment, please provide a full explanation in the section provided below.  *Current / Most Recent Employer First* | | | | | | | | |  | | |
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| **Position** | **Employer and address** | | **From** | | **To** | **Reason Left** | | |  | | |
| 1. |  | |  | |  |  | | |  | | |
| 2. |  | |  | |  |  | | |  | | |
| 3. |  | |  | |  |  | | |  | | |
| 4. |  | |  | |  |  | | |  | | |
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| 6. |  | |  | |  |  | | |  | | |
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| 8. |  | |  | |  |  | | |  | | |
| 9. |  | |  | |  |  | | |  | | |
| 10. |  | |  | |  |  | | |  | | |
| ***Explanation of any gaps in Employment:*** | | | | | | | | |  | | |
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| **Competency & Experience:** | | | | | | | | |  | |  |

**Please tick all the areas in which you have gained knowledge and experience;**

Nursing & Residential Homes: Domiciliary Care: Learning Disabilities:

Palliative Care Mental Health

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| Care of the Elderly | Care of Adults | Care of Young Children | Physical Disabilities |
|  |  |  |  |
| Sensory Impairment | Assist with Personal  Hygiene | Shaving | Cleaning of Mouth  / Dentures |
|  |  |  |  |
| Care of feet / hair / nails | Use of commodes  / bed pans / urinals | Care of Urinary Sheath | Catheter Care |
|  |  |  |  |
| Colostomy Care | Peg Feed | Stoma Care | Urostomy |
|  |  |  |  |
| Use of Overhead Hoist | Walking Aids | Use of Standard Hoist | Slide Sheets |
|  |  |  |  |
| Meal Preparation | Dementia | Multiple Sclerosis | Muscular Dystrophy |
|  |  |  |  |
| Cerebral Palsy | Epilepsy | Autism | Depression |
|  |  |  |  |
| Diabetes | Strokes | Asperger Syndrome | Downs Syndrome |
|  |  |  |  |
| Acquired Brain Injury | Mental Health Issues | Drug & Alcohol Misuse | Challenging Behaviour |
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| Pressure Sore | Oxygen | Special Observations  (e.g. one to ones etc) | Record Keeping |

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| General Medical | General Surgical | Adult Nursing | Paediatric |
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| Midwifery | Mental Health | Learning Disabilities | ITU |
| Neurology | Oncology | Forensic | CIU |
|  |  |  |  |
| MAU | Stroke | Eating Disorders | Urostomy |
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| Patient Observations | BM’s | BP’s | Record Keeping |
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**Please provide written details of the areas in which you have gained experience and competency in, Please ensure you state where you gained (including the length) this experience** (Please continue on an additional sheet if required).

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| **Training & Development** |  |

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| School / College / University | Course | From | To | Qualification / Grade |
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Please tick all training that has been carried out within the last **12 months**. You will be asked to provide copies of certification if you are invited for interview. If successful and you do not possess copies, then you will be required to undertake the training again.

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| Moving & Handling | | Safeguarding Vulnerable Adults | Health & Safety | Fire Awareness |
|  | |  |  |  |
| Infection Control | | Food Hygiene | Medication | Epilepsy |
|  | |  |  |  |
| Breakaway Techniques | | PMVA  (Prevention & Management of Violence & Aggression) | Basic Life Support | Conflict Management |
| Care Certificate | | NVQ / QCF Health & Social  Care Level 2 | NVQ / QCF Health & Social Care Level 3 | NVQ / QCF Health &  Social Care Level 4 |
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| Other (Please State) |  | | | |
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| **Declaration Section:** |  |

I am able to confirm that the information I have given on this form relation to my experience, competency, length of experience, areas of clinical expertise and training undertaken for the specific areas selected is correct and complete, and any misleading statements or information may be sufficient in cancelling any agreements made. I am also aware that where I do not feel competent or feel that I require further training in a specific area, that I will declare this before accepting any placements in an NHS or similar hospital type setting or where specific expertise is required.

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| **Signature:** |  | **Name:** |  | **Date:** |  |

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| **Fitness to Practice:** |  |

I confirm that I know not of any impairment of my fitness to practise, including misconduct, lack of competence or ill health.

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| **Signature:** |  | **Name:** |  | **Date:** |  |

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*(Please provide details of your immunity – if successful, you will be asked to provide copies of your immunisation status)*

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| **IMMUISATION TYPE** | **HAD** | **VACCINATION DATE** | | | | **IMMUNE?** | **BOOSTER DATE** |
| MMR | YES NO | Dose 1 | | Dose 2 | | YES NO |  |
|  | |  | |
|  |  |  | |  | |  | |
| VARICELLA | YES NO | Dose 1 | | Dose 2 | | YES NO |  |
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| TB | YES NO | DATE | SCAR SEEN | | HEAF TEST | YES NO |  |
|  |  | |  |
|  |  |  | | | |  | |
| HEPATITIS B | YES NO | Dose 1 | Dose 2 | | Dose 3 | Titre Levels |  |
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| **Signature:** |  | **Name:** |  | **Date:** |  |

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| **Rehabilitation of Offenders Act 1974:** |  |

JAAN Services aims to promote equality of opportunity for all applicants with the right mix of talent, skills & potential. Having an ‘unspent’ conviction will not necessarily bar you from employment, this will depend on the circumstances and background to your offence(s).

As JAAN Services meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to an Enhanced Disclosure Check via the Criminal Records Bureau / Disclosure Scotland before appointment is confirmed. This includes details of cautions, reprimands or final warnings, as well as convictions.

Have you ever been convicted by the courts, cautioned, reprimanded, or given a final warning by the police?

#### Yes No *If yes, please give details of offences, penalties, and dates:*

Are you aware of any police enquiries undertaken following allegations made against you, which may have bearing on your suitability for this post?

**Yes No** *If yes, please give details*

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| **Signature:** |  | **Name:** |  | **Date:** |  |

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| **Data Protection:** |  |

I understand that the information I have provided to JAAN Services will be held securely and treated sensitively in accordance with The Data Protection Act 1998. In addition, I understand that there may be instances in which personal data held will be accessed for the purposes of external audits / inspections from Professional Bodies, such as CQC to ensure compliance with statutory and regulatory requirements. Should I work within the NHS I give permission for NHS PASA to access my file for auditing purposes.

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|  | **Signature:** |  | **Name:** |  | **Date:** |  |  |
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# **Equality and diversity monitoring form**

JAAN Services wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation’s Human Resources section.

G**ender** Male Female Non-binary Prefer not to say If you prefer to use your own term, please specify here:……………………………

**Are you married or in a civil partnership?** Yes No Prefer not to say

**Age** 16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+ Prefer not to say

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English Welsh Scottish Northern Irish Irish

British Gypsy or Irish Traveller Prefer not to say Other white background, please specify……………..

***Mixed/multiple ethnic groups***

White and Black Caribbean White and Black African White and Asian Prefer not to say Any other mixed background, please write in:

***Asian/Asian British***

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab Prefer not to say Any other ethnic group, please specify…………………………..

**Do you consider yourself to have a disability or health condition?**

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:………………………………………….

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual Gay woman/lesbian Gay man Bisexual

Prefer not to say If you prefer to use your own term, please specify…………………………….….

**What is your religion or belief?**

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say If other religion or belief, please specify…………………………………….