



## Application Form

Comfort care group believe in the following values as an employer -

**C**ompassion, **A**spire, **R**espect, **E**quality

If you believe you can support and work within our values, then please complete the application form attached.  
We look forward to receiving your commitment to C.A.R.E.

Name - .....

Date - .....

Position applying for - .....

Home applying for - .....

**\*Please note Comfort Care Group is informed, conscious and totally dedicated to the Safeguarding of Vulnerable Adults, and will not tolerate any form of abuse to any Resident within the Company. Any such allegations will be reported and/or investigated under the Safeguarding process.**

**Comfort Care Group:**  
**All details supplied will be treated as strictly confidential**

Name - .....

Post Applying for - .....

Email Address - .....

Telephone Number - .....

Current Address - .....

.....

Post Code - .....

NI Number - .....

Nationality - .....

Do you wish to work FULL or PART Time **\*Please delete where applicable**

Do you wish to work DAYS or NIGHTS or BOTH DAYS & NIGHTS **\*Please delete where applicable**

Name and address of present or last employer - .....

.....

Contact Name of Present employer - .....

Telephone No. of present or last employer - .....

Employed as - .....

Dates employed here from - .....to.....

**\*Please be-aware your present employer will be contact BEFORE your interview if you do NOT wish this to happen please mark a cross here**

Please give two character references below:

Name of Referee - ..... Name of Referee.....

Address - ..... Address - .....

.....

Post Code - ..... Post Code - .....

Tel - ..... Tel - .....

Who has known me for - ..... Who has known me for - .....

Relationship to you - ..... Relationship to you - .....

**\*Please note referees must NOT be relatives**

It is a requirement of the Care Quality Commission (CQC) that we are supplied with your work history for the previous 10 years. Please start with the most recent position.

Start	Finish	Position	Name and Address	Telephone

**Relevant qualifications, training or experience**

Subject	Grade	Subject	Grade

Experience if applicable

This section is for RNs, RMNs, RGNs and ENs.

Training Establishment \_\_\_\_\_

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

NMC Pin Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**A next of kin must be provided in case of emergency:**

Name - .....

Address - ..... Post Code - .....

Tel - ..... Mobile - .....

Relationship - .....

**Personal Declaration Regarding Criminal Convictions**

I understand the position offered is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and is subject to disclosure under the Care Standards Act 2000.

I declare that I do not, nor have ever possessed a criminal record, nor have I been subject to any conditional discharges, bind-overs or cautions.

Signed - ..... Print Name - .....

Date - .....

If you are unable to sign the above declaration please list any convictions, conditional discharges, bind-overs or cautions.

Sign: Date:

I declare the above information to be true and I understand that providing false information would lead to my employment being terminated immediately.

Please note that, because of the nature of work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold any information about convictions. Any information given will be kept in strict confidence. A Disclosure from the Disclosure and Barring System (DBS) will be required to be processed.

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

If yes please give details: Sign Date

I declare that to the best of my knowledge and belief the information given is true. I understand that employment will be considered subject to the particulars being correct. I further understand that if any of the information given in this document is incorrect or untrue, the Company reserves the right to terminate immediately my employment with them.

Sign - .....Date - .....

DBS and First Check charges are applicable. Should you be successful in your application you will be required to pay a non-refundable charge of £20 deposit towards your fees. The further amount of £44 will be deducted from your wages.

Confidentiality

- In accordance with the policy of Comfort Care Group Companies, all staff must sign a statement of confidentiality as a condition of employment. All documentation relating to the business must not be disclosed to any third party or anyone within the business without the express authority of one of the partners.

- Information regarding clients both past and present must not be disclosed to any third party without the express authority of one of the directors or the matron manager.
- All records relating to clients both past and present must be kept in a secure way within the building. Daily records must be kept in the relevant staff office.
- Information regarding co-workers both past and present must not be disclosed to any third party without the express authority of the individual concerned.
- Staffs handling drugs records must ensure that they are kept up to date and that all records are secure in the Drug Cabinet.

I have read and understood the above. Sign - .....Date - .....

**Have you ever been:**

1. Refused the right or been restricted the right to carry on any profession for which specific license, registration or other authority is required? Yes / No
2. Investigated about allegations of misconduct or malpractice in connection with your professional activities which has resulted in a formal complaint being proved but no disciplinary order being made? Yes / No
3. The subject of disciplinary procedures by a professional body or employer resulting in a finding against you? Yes / No
4. Reprimanded, excluded, disciplined or publicly criticised by any professional body to which you belong or have belonged? Yes / No
5. Refused entry to or excluded from membership of any profession or vocation? Yes / No
6. Dismissed from any employment or requested to resign from any employment? Yes / No
7. Reprimanded, warned about future conduct, disciplined or publicly criticised by any regulatory body or any officially appointed enquiry concerned with a regulation of a professional activity? Yes / No
8. The subject of a court order at the instigation of any regulatory body or any officially appointed enquiry concerned with the regulation of a professional or other business activity? Yes / No
9. Are you currently undergoing any investigation or disciplinary procedure as described in 1 a) to h) above? Yes / No

I understand that I could be dismissed without warning if I knowingly make any false statement in this application for employment or breach any of the above statements.

Sign - .....Date - .....

**Health Check**

Please answer all the following questions. \* Please delete where applicable

**Have you ever suffered from any of the following –**

- A. Depression, anxiety state, nervous illness or breakdown. Yes / No
- B. Epilepsy or disease of the nervous system. Yes / No
- C. Ailment of the lungs or chest. Yes / No
  
- D. Spinal problems or back injuries. Yes / No
- E. Arthritis, rheumatism, gout, etc. Yes / No
- F. Any heart or circulatory (including blood) problems. Yes / No
- G. Illness of the digestive system. Yes / No
  
- H. Illness of the kidneys, bladder, liver or glands. Yes / No
- I. Diabetes. Yes / No
  
- J. Major accident, operation or physical defect. Yes / No
- K. Skin disorders Yes / No

Are you presently taking ANY medication? Yes / No If so, please give details

**Enter your daily intake of -**

Alcohol in units (    )

Cigarettes (    )

**N.B. All Comfort Care Group Companies operate a NO SMOKING rule for all staff throughout the establishments.**

**\*Please be aware that the smoking of substances other than tobacco is not permitted. Suspected behaviour will lead to disciplinary action or instant dismissal**

Are you a Registered Disabled Person? Yes / No

Details of any industrial disablement benefit if received:

Are you at present seeking any claim for any industrial or work related accident? Yes / No

Enter how many working days have you been absent from work during the last 3 years?

A. For sickness - total no. of days (    )

B. For work accidents - no. of days (    )

**Supporting Statement**



## Equal Opportunities and Discrimination Policy

We recognise that discrimination is not only unacceptable, it is also unlawful.

Our aim is to ensure that no job applicant or employee is discriminated against, directly or indirectly, on any unlawful grounds.

This policy is also included in the Employee Handbook to make all employees aware that we will act in accordance with all statutory requirements and take into account any relevant codes of practice.

All job applicants will be considered solely on their ability to do the job. Interview questions will not be of a discriminatory nature.

All promotions will be made on merit in line with the principles of the policy.

Employees who have a disability will receive the necessary help, within reason, to enable them to carry out their normal duties effectively.

This policy will be assessed at regular intervals to ensure that equality of opportunity is afforded to **ALL** employees.

### Equal opportunities monitoring

As part of our commitment to equality of opportunity, we need to obtain information about the ethnic origins and sex of our employees and job applicants.

This information enables us to examine, by ethnic origin and sex, the distribution of employees across the organisation, and the success rate of candidates for jobs, training, transfer and promotion, according to the type of job.

We hope that employees and job applicants will co-operate by completing the information overleaf, which will help us to assess whether the distribution of staff and the success rate of applicants reflects equal opportunities or reveals possible race or sex discrimination.

Any information provided will be kept confidential and will only be used for the purposes detailed above.

Name	<input type="text"/>	Post Applied for	<input type="text"/>
Signed	<input type="text"/>		<input type="text"/>

<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>
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<b>Employee</b>	<input type="checkbox"/>	<b>Job applicant</b>	<input type="checkbox"/>
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**What is your ethnic group?** Choose ONE section from A to E, and mark X in the appropriate box to indicate your cultural background.



**A White**

British

Irish

Any other White background, please write in

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**B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in

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**C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in

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**D Black or Black British**

Caribbean

African

Any other Black background, please write in

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**E Chinese or other ethnic group**

Chinese

Any other background, please write in

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