

**ILS24 HEALTH CARE LTD
APPLICATION FOR EMPLOYMENT**



**ILS24 HEALTH CARE IS AN EQUAL OPPORTUNITIES
EMPLOYER**

All information provided will be treated in the strictest confidence.

Home Care, Live-In Care, Palliative Care, Severe Learning, Difficulties, Challenging Behaviour, Mental Health Care, Autism, Private Personal Care, Supply of Health Care Assistants, Support Workers & Nurses, Shopping Services, Dementia Care, Sit-In & Sleep in Services, Cleaning Services, Escorting Services & many more. Call us now on 0113 831 3613.

Please use the appropriate mixture of capital and lowercase letters in standard written text. Where there is YES/NO circulate the right answer.

Position applied for	
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Section A: Personal Details				
Title (Mr/Mrs/Miss/Ms/Other)				
Surname				
Forename(s):				
Previous Names				
Address Line 1				
Address Line 2				
Postcode/Zip Code:		City		Country
Email Address:				
Tel Mobile:		Tel : Home (optional)		
Preferred telephone number to be contacted on:				
ILS24 can send text messages to UK registered mobiles for key activities associated with applications. Do you wish to receive updates by text message?				Yes <input type="checkbox"/> No <input type="checkbox"/>
UK National Insurance Number:				

How did you hear about us? Website [] Advert [] Friend or Colleague [] Referral []			
Name of the site/publication/event/person:			
Section B: Right to Work in the UK			
<p>The Asylum & Immigration Act 1996 makes it illegal to employ a person who is not entitled to live or work in the U.K. Are you entitled to live and work in the UK or Republic of Ireland, and if appointed would you be able to produce acceptable documents to prove this?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? If No move to next section.</p>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>N.B Acceptable documentation includes a passport showing that you are either a British citizen or a national of an EEA country or passport or other document endorsed to show that you currently have the right to live and work in UK. Acceptable documentation also includes a document showing your permanent NI number combined with one of the following: a birth certificate issued in UK or Republic of Ireland a letter or immigration Status Document issued by the Home Office indicating you currently have the right to live and work in UK or republic of Ireland a certificate of registration or naturalization stating you are a British Citizen.(Please note that there are other forms of documentation that are acceptable. Management will provide a list of these if you do not have any of the above listed documents).</p>			
<p>If you answered no, please select the category that relates to your current immigration status. This status will be subject to checking before interview.</p>			
Indefinite leave to remain/enter	<input type="checkbox"/>	Dependent/ Spouse Visa	<input type="checkbox"/>
Highly skilled Migrant Programme/Tier 1	<input type="checkbox"/>	Working Holiday Visa/Tier 5 Youth Mobility	<input type="checkbox"/>
Work permit /Tier 2	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
Clinical Attachment Visa	<input type="checkbox"/>	Visitor	<input type="checkbox"/>
Tier 5 Temporary Workers	<input type="checkbox"/>	Tier 4 Student	<input type="checkbox"/>
Post Graduate Doctors & Dentist	<input type="checkbox"/>	Other Please specify	<input type="checkbox"/>
Visa Number :		Issue Date:	
		Expiry Date:	
Section C: Next of Kin Details:			
Name			
Relationship to you		Contact Number	
Email Address			
Tick if they can be contacted in case of emergency <input type="checkbox"/>			
Address			
		Post Code	
SECTION D: QUALIFICATIONS			
Details entered in this part of the form will be held by the recruiting employer and will be made available to the short-listing panel			

Education & Professional Qualifications: Please provide all relevant training and qualifications also indicate subjects currently being studied and expected year of qualification. All qualifications disclosed will be subject to a satisfactory check.

School/College/University	Course taken	Year	Qualifications gained

Training History/Professional Status

Please indicate the current training certificates held: (All current certificates will need to be provided to ILS24 Health Care for verification.)

Course Title	Location Details	Year	Notes

Please supply copies of certificates/membership details

Short Courses Attended

Subjects & Year	Location & Provider

SECTION E: PREVIOUS EMPLOYMENT DETAILS

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Current or Recent Employer Name	Location
Start Date	End Date
Employer address	

		Postcode	
Brief description of your duties and responsibilities.			
Reason for leaving (if applicable)		Salary / Rate	
Name Employer 2		Location	
Start Date		End Date	
Employer address			
		Postcode	
Brief description of your duties and responsibilities.			
Reason for leaving (if applicable)		Salary/rate	

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Name Employer 3		Location	
Start Date		End Date	
Employer address			
		Postcode	
Brief description of your duties and responsibilities.			
Reason for leaving (if applicable)		Salary/rate	
Additional Employers please use blank sheet and follow the format above.			
Other Roles			
Please give details of relevant experience. This maybe paid work, voluntary work, charity or your own home.			
SECTION F : REFERENCES			
<p>Please give us the details of two people who will provide us with a reference. One should normally be your current employer and the other a character reference. If this is not the case, please tell us why not. If you are student please contact details of your school teacher, college or university. Please note that personal references such as friends or family members are not acceptable. References must include at least two positions with separate employers and, as a minimum, cover a period of three years employment and/or training history, where this is possible. Please note that all reference requests will be followed up and verified by the recruiting manager.</p>			
Type of Reference:	Current Employer <input type="checkbox"/>	Education <input type="checkbox"/>	Professional <input type="checkbox"/> Personal or Character <input type="checkbox"/>
Name of Company			
Email Address			

Job Title		Title (Mr/Mrs/Miss/Ms/Other	
Surname		Name	
Relationship			
Telephone			
Address			
Postcode			
Character Reference	Current Employer <input type="checkbox"/> Education <input type="checkbox"/> Professional <input type="checkbox"/> Personal or Character <input type="checkbox"/>		
Name of Company			
Email Address			
Job Title		Title (Mr/Mrs/Miss/Ms/Other	
Surname		Name	
Relationship			
Telephone			
Address			
Postcode			
3RD REFERENCE	Current Employer <input type="checkbox"/> Education <input type="checkbox"/> Professional <input type="checkbox"/> Personal or Character <input type="checkbox"/>		
Name of Company			
Email Address			
Job Title		Title (Mr/Mrs/Miss/Ms/Other	
Surname		Name	
Relationship			
Telephone			

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Address	
Postcode	
If you do not wish for your referees to be contacted prior to the interview please state, YES <input type="checkbox"/> NO <input type="checkbox"/>	
Supporting Information: Give your reasons for applying for this role and additional information which demonstrates that you have read the job description and person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.	

CONFIDENTIAL DECLARATION FORM

Before you can be considered for appointment in a position of trust with ILS24 Health Care we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this declaration Form. If you require further information, please contact

ILS24 HEALTH CARE LTD

NON OPTIONAL SECTION – Applicants Declaration – Read and understand before signing.

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice
2. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability to work

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

Signature: _____ Date _____

Mabgate Business Centre
93 – 99 Mabgate
Leeds
West Yorkshire
LS9 7DR
Tel: 0113 831 3613
All enquires will be treated in confidence.

ILS24 Health Care aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or offending history. We undertake not to discriminate unfairly against on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe has a bearing on your suitability for the position. If we do not raise information with you, this is because we do not believe that it should be taken into account. In that event, you remain free to discuss any of that information or any other matter that you wish to raise. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The Data Protection Act 1998 requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing destruction and retaining information.

Sensitive personal data includes any of the following information: criminal offences, criminal convictions, criminal proceedings, disposal or sentence. The information that you provide in this Declaration Form will be processed in accordance with Data

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Protection Act 1998, and will only be used for the purpose of determining your applicant for this position. Once a decision has been made concerning your appointment, we will not retain this Declaration Form longer than is necessary.

This Declaration Form will be kept securely and in confidence, and access to it will be restricted to designated persons within ILS24 Health Care and other persons who need to see it as part of the selection process and who are authorised to do so.

Please ensure that you read the "Guidance Notes for Applicants" that accompanied your application form carefully before completing this Declaration Form. They provide you with further and more detailed information concerning how your application will be processed, and include details for which information about you will be processed, the persons to whom it will be disclosed and the checks that will be undertaken to verify the information provided before you are offered a position if your application is successful.

Please will you answer all of the following questions. If you answer 'Yes' to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary and you may attach supplementary comments should you wish to do so.

The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered "spent". With the exception of question 8 answering 'Yes' to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.

1. Are you currently bound over or have you ever been convicted of any offence by a court or court-Martial in the United Kingdom or in any other country?

Note: You do not need to tell us about parking offences.

NO/YES

If **YES**, please include details of the order bounding you over and/or the nature of the offence, the penalty, sentence or order of the court and the date and place of the Court hearing.

2. Have you ever received a police caution, reprimand or final warning?

NO/YES

If **YES**, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with parking offences.

NO/YES

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged and details of any on-going proceedings by a prosecuting body.

4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?

NO/YES

If **YES**, please include details of the nature of the allegations made against you and if known to you, any action to be taken against you by the police.

5. Have you ever been dismissed by reason of misconduct from any employment office or other position previously held by you?

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us now on 0113 831 3613

NO/YES

If **YES** please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

6. Have you ever disqualified from the practice of a profession or require to practice subject to specified limitations following fitness to practice proceedings by a regulatory or licensing body in the United Kingdom or in any other country?

NO/YES

If **YES** please include details of the nature of the disqualification, limitation or restriction, the date and the name and address of the licensing or regulatory body concerned.

8. Are you subject to any other prohibition, limitation, or restrictions that means we are unable to consider you for the position for which you are applying?

NO/YES

If **YES** please include details of the nature of the prohibition, restriction, or limitation when and by whom it was made.

If you have answered "**YES**" to **any** questions above, please use this space to provide details. Please indicate **clearly** the num

DECLARATION

I have read the "Guidance Notes for Applicants" that accompanied my application form, and I consent to the information provided in this Declaration Form being used by ILS24 Health Care Home Health Care Services Ltd for the purpose of assessing my application.

I confirm that the information that the information that I have provided in the Declaration Form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or if I am appointed in my dismissal.

Please sign and date this form.

SIGNATURE _____

NAME (in block capitals)

DATE _____

Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact ILS24 Health Care Health Care Services on: 0113 831 3613

The Company, ILS24 Health Care Home Health Care Services Ltd is opposed to discrimination on any grounds. In particular, we oppose discrimination on the grounds of race, religion, ethnic origin, sex, sexuality, marital status, disability or age. ILS24 Health Care is committed to ensuring that ability and potential for the job are criteria used for all staff selection.

Monitoring

The Company has adopted the provisions contained in the Code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection decisions to assess whether equal opportunities is being achieved. **For this purpose you are asked to complete and return the form below with your application form.** This information is for statistical reasons only and will be treated as confidential.

Applicant Details:

Post Applied For: _____ Location: _____

My Sex Is:

Male

Female

My Marital Status Is:

Single

Married

Separated

Divorced

Widowed

Co-Habiting

Other _____

I would describe my ethnic origin* as:

White

- White British
- White Irish
- White Other _____

Black or Black British

Caribbean

African

Other _____

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other

Chinese or other Ethnic Group

Chinese

Other _____

Do you consider yourself to have a disability?

- Yes
- No

“Ethnic Origin” refers to a racial group defined by the Race Relations Act 1976 as a group of persons described by reference to colour, race, nationality or ethnic origin.