



# ILS24 HEALTH CARE LIMITED

## APPLICATION FORM

**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

**ILS24 HEALTH CARE LIMITED**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DETAILS**

**Please write in clear BLOCK CAPITALS  
Where there is YES/NO circulate the right answer**

POSITION APPLIED FOR	
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**PERSONAL DETAILS**

Surname		Title:	Mr / Mrs / Miss / Ms Other title.....
Forename(s)		Date and place of birth:	
Preferred Name			
Address:		Tel. (Home) Tel. (Mobile) Work(optional)	
E-mail address		National Insurance Number .....	
Do you hold a current full driving licence? <u>YES</u> <u>NO</u>		Do you have any current endorsements? <u>YES</u> <u>NO</u>	

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?	<u>YES</u> <u>NO</u>
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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)

**EDUCATION AND TRAINING**

**EDUCATION**

School/College/University	Examinations Passed/Qualifications gained
	Please supply copies of certificates

**TRAINING HISTORY/PROFESSIONAL STATUS**

Date of Graduation/Qualification	Location/Details	Notes
		Please supply copies of certificates/membership details

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### Short Courses Attended

Subjects	Location
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<b>PREVIOUS EMPLOYMENT DETAILS</b>
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Current/Last first. Must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

<b>Name and address of your recent/last employer</b>	
<b>Date Employed</b>	
<b>Nature of business</b>	
<b>Position held and reason for leaving</b>	
<b>Salary / Rate</b>	
<b>Previous employment</b>	
<b>Name and address of Employer prior to the employer listed above</b>	
<b>Date Employed</b>	
<b>Salary / Rate</b>	

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<b>Previous Employment</b>	
<b>Name and address of employer prior to the employer listed above</b>	
<b>Date Employed</b>	
<b>Nature of business</b>	
<b>Position held and reason for leaving</b>	
<b>Salary / Rate</b>	
<b>Other Roles (use additional sheet)</b>	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

ADDITIONAL INFORMATION

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying?

YES      NO

If yes, please give details:

What adjustments (if any) need to be made to the working environment to accommodate your disability?

Please give details of **all** absences from work in the last 12 months, except holidays

Please give details of any illness/accidents/injuries in the last 2 years

What skills do you have to offer this company?

## REFERENCES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please inform your interviewer immediately

### Current or most recent employer

Name:	
Address:	
Tel No:	
Email Address:	
Job Title:	

### Previous employer to the one above

Name:	
Address:	
Tel No:	
Email Address:	
Job Title:	



## Character reference

Name:	
Address:	
Tel No:	
Email Address:	
Relationship to you:	

### **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 \_\_\_\_\_

Any appointment to the vacancy for which you are applying will be subject to a satisfactory Standard of Enhanced Level Disclosure form the Criminal Records Bureau/DBS. A conviction will not necessarily be a bar to obtaining the position.

# ILS24 HEALTH CARE LTD

## 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

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 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 remain 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”.**

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**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?**

**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 number(s) of the question that you are answering:

**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 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)**

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**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

## EQUAL OPPORTUNITIES

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.