



*Outstanding care in the Community*

Tel : 02476598603, 07735417109, 07886593645

email :manager@reglinecare.com

www.reglinecare.com

**APPLICATION FORM**

**PLEASE NOTE: WE WILL NEED TO SEE THE ORIGINALS OF ANY DOCUMENTS AND ENCLOSE WITH THIS APPLICATION. THESE CAN BE BROUGHT TO THE INTERVIEW (IF SELECTED)  
WE WILL ALSO NEED TO SEE PROOF OF YOUR NATIONAL INSURANCE NUMBER AND ELIGIBILITY TO WORK WITHIN THE UK**

**Personal Details**

**Please complete this section in BLOCK letters**

SURNAME:	FORENAMES:
TITLE:	NATIONALITY:
DATE OF BIRTH	N.I

ADDRESS:
POSTCODE:

TELEPHONE NO:	
NMC NO;(NURSES ONLY)	
MOBILE NO.	
E.MAIL ADDRESS:	
POSITION APPLIED FOR:	

<b><i>DETAILS OF NEXT OF KIN</i></b>	
NAME	
RELATIONSHIP TO YOU	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
E MAIL ADDRESS	

Are you Legally Entitled To Work In The UK ?

Yes  No

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**SECTION THREE: Education and Qualifications**

**Start with the most recent work backwards. ( Please use a separate sheet if needed)**

Qualification Gained (or being sought)	Dates (from and to)	Name of Schools/Colleges/Training Providers	Dates(s)Passed

Please list any other training courses you have attended:

Details	Dates	Qualification

***Skills & Experience :***

**To enable us to match your previous experience and skills to a client's care needs, please indicate which of the following areas of care work you have experience of from the list below. Nurses you can add extra trainings and attach certificates with your application.**

Peg Feeding	Yes/No	Colostomy care (changing bag only)	Yes/No
Learning difficulties	Yes/No	Medication Administration	
Parkinsons	Yes/No		
Palliative Care	Yes/No	HIV/AIDS	Yes/No
Urinary incontinence	Yes/No		
Personal hygiene (washing etc.)	Yes/No	Faecal incontinence	Yes/No
		Mental illness care	Yes/No
Client aggression(verbal &physical)	Yes/No	Stroke	Yes/No

Have you been taught Moving and Handling techniques? Yes /No

Please state where .....

Have you been taught to use a hoist Yes/No

Please state where .....

**Please give details of any experience you have had in a caring capacity, either on a paid, voluntary or personal basis.**

Please give details of any hobbies you enjoy

**Any other relevant information**

Have you applied to or worked for Regline Care Limited before? Yes/No

If yes please give details (dates etc.)

**Health Records**

All applicants are required to make a statement with regards to their physical and mental fitness. Please answer all the questions listed below and provide details for the relevant answers:

Are you suffering , or have you ever suffered from any of the following	Yes	No
a)Back or neck pain?		
b) Rheumatic or arthritic conditions?		

c) Hernia?		
d)Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome?		
e)Fits ,fainting attacks, epilepsy?		
f)Depression, anxiety or nervous illness?		
g)Typhoid , paratyphoid, dysentery or food poisoning?		
h)Tuberculosis or hepatitis?		
i)Any illness or medical condition not specified above? If so give details on separate sheet.		
Have you undergone psychiatric treatment of any kind in the last five years?		
Are you currently undergoing any treatment, medical /psychiatric?		
Have you taken significant time off work for medical reasons over the last two years?		
If Yes, how long did you take off?		
<i>If you answered “Yes” to any of the above questions, please provide details on a separate sheet.</i>		

***Health Statement: Please use the space below to make a statement as to whether or not you consider yourself physically and mentally fit for the position for which you have applied.***

I can confirm on (today’s date ) ...../ ...../.....that I am not(Delete as appropriate ) physically, mentally and emotionally fit for the position I have applied for, as detailed in the job description provided by Regline Care Ltd.

Signed:.....

Date .....

**Criminal Convictions:** Due to the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975. Applicants are therefore required to disclose any “spent” or unspent convictions, cautions, reprimands, penalty notices and final warnings that they have received. In accordance with the Health and Safety Care Standards Act 2000, we are also required to

obtain an Enhanced Disclosure from the Criminal Records Bureau which checks your details against the Police National Computer, Local Police records, matters currently under investigation and any lists held by the Department of Health and the Department of Education which detail individuals considered unsuitable to work with children or vulnerable adults. Failure to disclose details of anything listed below could result in dismissal if the Disclosure obtained in your name does not correspond with the details you provide. You must truthfully to the questions below, as they will appear on your Enhanced Disclosure.

Have you any previous spent or unspent Criminal Convictions given by the Courts/Police	Yes/No	Are you currently under investigation or do you have any Prosecutions pending by the Courts/Police?	Yes/No
Have you ever been cautioned or received a reprimand by the Courts/Police?	Yes/No	Have you ever received a Penalty Notice from the Police?	Yes/No
Have you ever received a final warning by the Courts/Police?	Yes/No	To your knowledge, are you named on any lists held by the Departments of Health or Education?	Yes/No
Have you ever been questioned by the Police regarding a criminal offence?	Yes/No	If you answered “yes” to any of the above questions then you are required to provide full details on a separate sheet and send them in with your application in a sealed envelope.	Yes/No

**Equal Opportunities**

Regline Care Ltd is an Equal Opportunities Employer. The aim is to ensure that no job applicant receives less favourable treatment on the grounds of race, nationality, ethnic or national origin, religious belief , political opinion or affiliation, gender, marital status ,sexual orientation or disability ,or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected on the basis of their relevant merits and abilities. All employees are given equal opportunity and are encouraged to progress within the organisation.

To ensure that this policy is fully and fairly implemented and for no other reason , would you please provide the following information:

<b>Please select a category and tick the box that is appropriate to you:</b>									
White		Mixed		Asian/Asian British		Black/Black British		Chinese/Other	
British		White /Caribbean		Indian		Caribbean		Chinese	
Irish		White/African		Pakistani		African			
		White/Asian		Bangladeshi					
Other: specify below				Other: specify below					
Place of Birth:					Nationality:				
Languages:									
What is your first Language					Do you speak any other languages? Yes/no				

**Employment History (Recent Work history for the last 5 years starting with the most recent job). Please use separate sheet if necessary)**

<u>Employer</u>	<u>Dates</u>	<u>Duties</u>	<u>Reasons for Leaving</u>
<b>Are there any gaps in your employment history? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
<b>If Yes ,please give details:</b>			

**PLEASE NOTE:** We cannot accept PRIVATE addresses for references except for character references.

**References: Regline Care Limited needs 3 references of which 2 are from employment and one for character:**

**Employment Reference 1**

**Employment Reference 2**

<b>Name:</b>	<b>Name:</b>
<b>Company Name:</b>	<b>Company Name:</b>
<b>Tel Number:</b>	<b>Tel Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>Address:</b>	<b>Address:</b>
<b>How do you know the applicant?:</b> <input type="checkbox"/>	<b>How do you know the applicant?:</b> <input type="checkbox"/>
<b>Reference may be contacted prior to interview: Yes / No</b> <input type="checkbox"/>	<b>Reference may be contacted prior to interview: Yes /No</b> <input type="checkbox"/>

**3.CHARACTER REFERENCE:**

**Name:**

**Job Title:**

**Email:**

**Telephone no:**

**Mobile no:**

**Address:**

**How do you know the applicant and for how long?**

**Working Time Regulations(1998)**

I agree that I can be required to work for more than 48 hours on average per the duration of the contract made between the Client (and/ **or Regline Care Ltd**) and myself because of the continuous nature of the services provided to the Clients.

I understand that I can change my mind four weeks written notice to (Regline Care Ltd ) and I agree to provide a copy of that notice to Regline Care Ltd.

**Rehabilitation of Offenders Act 1974 and Exemptions order 1975**

Because of the nature of the work which you are applying, you must provide any information about any convictions. In the event of being employed, in connection with this application, any failure to disclose convictions could result in dismissal or disciplinary action.

We would like to remind all applicants that, should employment be offered with us, a Criminal Record Bureau Enhanced Disclosure, will be sought on your behalf..

Please would you sign the statement below , thank you,

I confirm that the information I have given on this form is true and correct.

Signed.....

Date .....

**Thank you very much for contacting Regline Care Ltd, we look forward to hearing from you. Please send your completed application form to:**

**Regline Care Limited**

**41, Randle Street  
Coventry  
West Midlands  
CV6 1LU**