



THOROUGHHEALTHCARE
SOLUTIONS LTD.

265 Anlaby Road, HU3 2SE , HULL

T: 01482 210932

E: info@thoroughrecruitment.co.uk



APPLICATION FORM

Position applied for: _____ Location: _____

Title: _____ Surname: _____ Forename(s): _____

Any Previous Name(s) _____

Address: _____ Town: _____

Postcode: _____ Home Tel. No: _____

Mobile Tel. No: _____ Email: _____

Are you legally eligible for employment
in the UK?

Do you Hold a current driving license

Do you require a work permit?

Have you access to a motor vehicle?

EDUCATION

School/college/Further Education	Qualification	Year Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other information

If you consider yourself as disabled, is there any support that you require for your interview? (Please specify if applicable)

Employment and Experience

From	To	Name and address of employer	Job title/duties
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		

Experience

<u>Client group</u>	<u>Year/Months</u>	<u>Client group</u>	<u>Years/Months</u>
Adolescent's	_____	Mental Health	_____
Autism	_____	Palliative care	_____
Auxiliary/Hospital	_____	Physical disability	_____
Dom care / Homecare	_____	Rehabilitative care	_____
Respite care	_____	Sensory Impairment	_____
Learning Disability	_____		

Training

<i>Course title</i>	<i>complete Yes/No</i>	<i>Year</i>	<i>Course title</i>	<i>complete Yes/No</i>	<i>Year</i>
Manual Handling/ Hoist training	_____	_____	Health and safety Awareness	_____	_____
Infection control	_____	_____	Restraint Training	_____	_____
Basic life Support	_____	_____	Physical Intervention techniques	_____	_____
Food hygiene	_____	_____	NVQ-2/3/4	_____	_____
Makaton	_____	_____	Medication	_____	_____
Dementia Awareness	_____	_____			
Challenging Behaviour Management	_____	_____	Mental Health Awareness	_____	_____

Experience, Knowledge and Skills

Please tell us why you will succeed in this position, giving a brief outline of your experience and skills and how these meet the requirements of the enclosed job specification. You may also provide any other information that you think is relevant to this position.

References

Provide four professional references for any past/previous employment. This may include educational references i.e. tutor or train instructor.

Friends and family members are not acceptable referees.

1. Name _____

2. Name _____

Position _____

Position _____

Address _____

Address _____

Postcode _____ Tel: _____

Postcode _____ Tel: _____

Email address: _____

Email address: _____

Relationship to applicant _____

Relationship to applicant _____

3. Name _____

4. Name _____

Position _____

Position _____

Address _____

Address _____

Postcode _____ Tel: _____

Postcode _____ Tel: _____

Email address: _____

Email address: _____

Relationship to applicant _____

Relationship to applicant _____

Rehabilitation of Offenders Act 1974 – Notice to ex-offenders

Due to the nature of the work you have applied for, you are exempt from section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? Yes/No

Health Screening

This appointment will be subject to satisfactory completion of the Health Declaration overleaf.

I declare that the information given is correct to the best of my knowledge and that omissions or false statements may disqualify me from employment or lead to dismissal. I will give Thorough Healthcare Solution Limited permission to contact referees or any previous employers.

Signature _____

Date _____

Personal Health Questionnaire

Please tick if you are currently receiving treatment or have ever received treatment for:

- | | |
|------------------|-------------------------|
| Asthma | High Blood Pressure |
| Back trouble | Mental Illness |
| Deafness | Muscle/Joint trouble |
| Diabetes | Recurring Bowel trouble |
| Eye Trouble | Recurring Chest Disease |
| Fainting attacks | Recurring Headaches |
| Fits or Blackout | Stomach Trouble |
| Heart Trouble | Shortness of breath |

Do you have any medical condition which may affect your ability work?

Are you currently consulting a doctor about a specific problem?

If answered Yes to the above, please give details:

In the last three years, have you had anytime off work for any health related reason?

If Yes, how many days were taken off ? _____

Inoculations

Type	If Yes, give date		
Rubella	_____	Polio	_____
Tetanus	_____	Tuberculosis	_____
Hep B	_____	Varicella	_____

MRSA & COVID-19 Disclosure

I confirm that to the best of my knowledge I am clear of MRSA or Covi1d 19 at present. Should I come into contact or have any suspicion that I may have come into contact with any person with MRSA or displaying symptoms of Covid-19. I will inform Thorough Recruitment limited immediately.

I certify that I am in good physical and mental health. I declare that all information declared herein are true and correct to the best of my knowledge and that I have not omitted relevant details. I agree to inform you of any changes in my health and personal circumstances and that if false statements have been made, then it may result in the termination of my employment contract should my application process further.

Print Name: _____ Sign: _____

Signed: _____ Date: _____