

**PR10 - Recruitment Pack – Individual Applicant Pack**

**INTERVIEW INVITATION**

**Homestay Care Ltd**

**C/O More Training LTD 49a-51 Clive Street Tunstall Stoke on Trent, ST6 6DA**  
**Kirstie@homestaycare.co.uk**

**01782 814475**

Date

To \_\_\_\_\_

Dear \_\_\_\_\_,

Thank you for applying for the post of \_\_\_\_\_ at our organisation.  
Please attend the above address at \_\_\_\_\_ on \_\_\_\_\_ for an interview. If  
you are unable to attend this appointment please telephone on the number listed above to arrange an  
alternative time and/or date.

You should bring the following items with you when you attend, or we will not be able to progress your  
application:

- Evidence of your National Insurance Number.
- Either
  - Your passport or a new style photographic driving licence;
- Or
  - Your birth certificate, in the name you are now using, with evidence of the name change if  
the name is now different.
- And, in addition to one of the above:
  - Proof of address, such as a recent utility bill, a credit card bill or bank statement, or council  
tax bill. If you have none of these, please ring to discuss alternative ways of establishing  
your identity, which is a process we are required to go through by regulation. Any evidence  
shown must be in your name, recent, i.e. no more than three months old, and we must see  
the original, not a copy;
  - Two recent „head and shoulders“ photographs of yourself;
  - Originals of any training or education certificates which you think may be relevant to your  
application.
- If you require a work permit to work in the UK, please bring the relevant documentation with you to  
establish that you are entitled to work in the UK.
- If you are a Registered Nurse, and will be working in that capacity, proof of your current NMC  
registration.

You will be given an application form when you attend, and time to fill it in before the interview begins.  
You should make arrangements to be with us for between 45 and 90 minutes in total.

Yours sincerely,

For and on behalf of **Homestay Care Ltd**

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**Carer STANDARDS**

**In order to guide the interview process, we would like you to indicate your personal philosophy of care by completing the following statement:**

I believe that the purpose of care from a care service is:	
If I were Service User in the Agency I would like:	
I believe that the Service User"s family and relatives would like from the Agency:	
I believe that I can support a Service User in the Agency because:	
As a member of the Agency care team I feel valued when:	
I believe that a good relationship between me and the Service User depends on:	
I believe that I learn best when:	
I believe that a good working team is made by:	
I believe that my role in relation to the Service User is:	
My other beliefs and values of relevance to my job are:	

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Application form  
 Homestay Care Ltd  
 C/O More Training LTD 49a-51 Clive Street Tunstall Stoke on Trent, ST6 6DA  
 Kirstie@homestaycare.co.uk  
 01782 814475

**The recruitment process within this organisation has a minimum of two stages.**

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

<b>Position applied for:</b>	
<b>Approx. no. of hours wanted</b>	
<b>Full-time / part-time</b> (please circle which you want to work)	<b>Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only</b> (please circle which you are able to work)
<b>Surname:</b>	<b>First name(s):</b>
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
<b>Current address:</b>	
Post code:	Moved to this address on (date):
<b>Previous address</b> Note: For Criminal Record check purposes, addresses covering the ten years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
<b>Telephone number</b> (home):	Telephone number (work - <i>will be used with discretion</i> ):
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
<b>Details:</b>	

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**EDUCATION**

School/College/University	Examinations Passed/Qualifications gained
	<i>(Please supply copies of certificates)</i>

**TRAINING HISTORY/PROFESSIONAL STATUS**

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

**SHORT COURSES ATTENDED**

Subjects	Location

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**EMPLOYMENT HISTORY**

Current/most recent first. Information 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 most recent/last employer:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of Employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of Employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Other roles</b> (use additional sheet):	

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.

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**HEALTH DETAILS**

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 <i>all</i> absences from work in the last 12 months, except holidays:	
Please give details of any illnesses/accidents/injuries in the last 2 years:	
GP's name:	
Tel no:	
Address:	
<i>(Your GP will not be contacted without your permission)</i>	

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**NEXT OF KIN**

Full name:	
Relationship:	
Tel no:	
Address:	

**IDENTITY DETAILS**

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

**CAPACITY TO WORK IN THE UK**

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No ( <i>delete as appropriate</i> )
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No ( <i>delete as appropriate</i> )

**Note: Minimum age** legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

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**REFEREES**

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 discuss the matter with us.

**Current or most recent Employer**

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

**Previous employer to the one above**

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

**Character reference**

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	

**CATERING WORKERS MEDICAL QUESTIONNAIRE**

This questionnaire is intended to identify whether you may have any medical conditions which affect your suitability to work in catering. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working in a catering setting, you will be offered a full, free, health assessment.

Complete only if you are applying for catering work, and wish to complete it.

However, all applicants for catering work **MUST** sign the declaration on this page.

Have you ever suffered from:	Delete as appropriate	Date	Details
Food poisoning	Y / N		



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Dysentery	Y / N		
Typhoid or Paratyphoid	Y / N		
Tuberculosis	Y / N		
Parasitic infections	Y / N		
Has any close family contact suffered from any of the above?	Y / N	Name:	
<b>Have you ever suffered from any of the following within the last two years?</b>			
Diarrhoea or vomiting	Y / N		
Skin rash	Y / N		
Recurring boils	Y / N		
Discharge from ear, eye or nose	Y / N		
Do you suffer from any other medical problems which may affect your employment as a food handler?	Y / N		
Have you been abroad within the last two years?	Y / N		
Should it be necessary, will you agree to provide such specimens as may be required by the Doctor to ensure you are not a carrier of any organism which may infect food?	Y / N	Name:	
<b>NON OPTIONAL SECTION – Applicants Declaration – Read and understand before signing</b>			
<p>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.</p> <p>2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.</p> <p>3. I agree that the employer reserves the right to require me to undergo a medical examination in order to assess my suitability for catering work.</p> <p>4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment. Delete as appropriate (i.e. either strike out 1, 2 and 3, or only 4).</p> <p>Signed: _____ Date: _____ Print name: _____</p>			

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**CATERING WORKERS MEDICAL QUESTIONNAIRE (continued)**

Employer's initial assessment (no further action required?):	Y / N
Further investigation or action required:	Y / N
Specify investigation or action required:	

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**NIGHT WORKER’S MEDICAL QUESTIONNAIRE**

This questionnaire is intended to assess your suitability for night work. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working nights, you will be offered a full, free, health assessment.

Complete only if you are applying for night work, and wish to complete it.

However, all applicants for night workers **MUST** sign the declaration on this page.

**OPTIONAL SECTION – Do you suffer from any of the following conditions, which may be made worse by night work?**

Diabetes, requiring insulin injections to a strict timetable?	Y / N
A heart or circulatory disorder which affects your physical stamina?	Y / N
Stomach or intestinal disorder, such as ulcers?	Y / N
Any other condition which makes the timing of meals of particular importance?	Y / N
A medical condition affecting sleep?	Y / N
A chronic chest condition?	Y / N
Any medical condition requiring medication to a strict timetable?	Y / N
Any other medical condition in which the symptoms get worse at night?	Y / N

Please give further details for any questions for which you have answered Yes above

**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. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.
3. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work.
4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment Delete as appropriate (i.e. either strike out 1, 2 and 3, or only 4).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Print name: \_\_\_\_\_

Employer’s initial assessment (no further action required?):	Y / N
Further investigation or action required: Specify investigation or action required:	Y / N