

Johnson Care "Group" Ltd
And all associated organisations
Application Form (Section 1) [total 3 sections]



<p align="center">NOTES:</p> <p>1. <i>Please complete all sections of this form legibly in black ink.</i></p> <p>2. <i>Completing this application form fully will assist us in evaluating your application in relation to our requirements. (Section 1)</i></p> <p>3. <i>You are also required to fill in:</i> a) <i>pre-employment medical questionnaire. (Section 2)</i> b) <i>an equal opportunities monitoring form. (Section 3)</i></p> <p>4. <i>Attach Curriculum Vitae if available.</i></p>		<p align="center">We are committed to Equal Opportunities In order to comply with directives of legal employment the following are required prior to commencing the post.</p> <p align="center"><u>Originals must be presented and photocopies will be taken at interview.</u></p> <p align="center">You may also complete this form online by visiting www.strathmorecare.com / www.essexcccl.com / www.lccl.eu and clicking on apply</p> <hr/> <p align="center">If you are applying online you will be required to bring a signed application with you to the interview.</p>
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<p>Please submit the following where appropriate: (VERIFICATION LIST)</p>	
<p>a) 3 most recent Passport size photographs of yourself.</p> <p>b) Birth Certificate or Marriage Certificate.</p> <p>c) Recent P45, P60 or Payslip.</p> <p>d) National Insurance Card or Letter.</p> <p>e) Bank details.</p> <p>f) Certificates or Qualifications and Courses Attended.</p> <p>g) Current DBS and POVA check.</p> <p>h) 2 proofs of current address, ie: bank statement, utility bills, council tax etc.</p>	<p>l) Passport or driving license.</p> <p>j) Confirmation that you are a European Union National.</p> <p>k) Letter of confirmation to work in the UK from the Home Office including hours of work permitted.</p> <p>l) Original letter/document from other Statutory Authority.</p> <p>m) For students, an original copy of CAS form from your college or university with details of your course, ie name and duration of course, hours or expected attendance, practical placement etc.</p>

Your application form should contain the following: 1. Job Description 2. Information of the Company

*For applicants in Essex return to: Personnel Officer, Central Office, 57 Avenue Road, Westcliff on Sea, Essex SS0 7PJ, UK
Tel: 01702 433335 Fax: 01702 436536*

*For applicants in Leicestershire return to: Personnel Officer, Curtis Weston Management Centre, Aylestone Lane, Wigston, Leics LE18 1AB, UK
Tel: 0116 288 7799 Fax: 0116 281 1978*

YOU ARE REQUIRED TO COMPLETE THIS FORM IN FULL (DO NOT STATE REFER TO CV)

<p>Post Applied For: _____ <i>Your employment will be within the Group of Companies/Home</i></p>	<p>Full Time (Please tick box)</p>	
	<p>Part Time (Please tick box)</p>	<p>Hours</p>

1. PERSONAL DETAILS

Title:	Surname:	Forenames:	
Previous Surname/Maiden Name:		Also Known As:	
Address:			
Tel No. (Home): (Landline)		Mobile No:	
Tel No. (Work):		E-mail Address:	

<p>Date of Birth: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Age: <input style="width: 30px; height: 25px;" type="text"/> Years <input style="width: 30px; height: 25px;" type="text"/> Months</p>	<p>Place of Birth: _____</p> <p>Next of Kin: (Emergency Contact only)</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Relationship: _____</p> <p>Tel Home: _____</p> <p>Mobile No: _____</p> <p>Tel (Work): _____</p> <p>E-mail Address: _____</p>
<p>National Insurance Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>Nationality: _____</p> <p>Date of arrival in the UK: _____</p> <p>Visa Expiry Date: _____</p> <p>Current status of stay in the UK: _____</p> <p>Ethnic Origin: _____</p>	

2. CURRENT EMPLOYMENT

<p>Company Name: _____</p> <p>Present Post/Title: _____</p> <p>Place of Work: _____</p> <p>From: _____ To: _____</p> <p>Salary: £ _____ £ _____ (Per Annum) (Per Hour)</p> <p>Notice required: _____ weeks/months</p>	<p>Employers Name: _____</p> <p>Position: _____</p> <p>Employers Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel No: _____</p> <p>Reason you wish to leave: _____</p> <p>_____</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <p>Do you hold a driving licence: YES/NO</p> </td> <td style="width: 50%; padding: 2px;"> <p>Are you a car owner/driver: YES/NO</p> </td> </tr> </table> <p>Have you ever had any driving convictions If yes, give details of offence and number of points on separate sheet. YES/NO</p>	<p>Do you hold a driving licence: YES/NO</p>	<p>Are you a car owner/driver: YES/NO</p>	<p>When can you start work with the Company? Date: _____</p>
<p>Do you hold a driving licence: YES/NO</p>	<p>Are you a car owner/driver: YES/NO</p>		
<p>Please provide summary of your main duties in your current post. (Please use reverse of this sheet if needed).</p>			

3. EDUCATIONAL ATTAINMENT

<p>Educational qualifications you have achieved.</p>	<p>GDPR Johnson Care 'Group' Ltd including associated organisations take your privacy seriously. We will only use your personal information to administer your data/account as an employee of our company.</p>
<p>Training Courses you have attended relevant to this work. (copies of certificates will be taken).</p>	<p>The information you have supplied will not be disclosed to any third party without your prior consent. However, we may need to use your personal information to set up your E-learning platform (eLFY e-learning for you training provider) as part of your employee training. Please confirm your acceptance and agreement by signing and printing your name.</p>
<p>Do you have computer/word processing experience? Yes <input style="width: 30px; height: 25px;" type="text"/> No <input style="width: 30px; height: 25px;" type="text"/></p>	<p>I understand and accept that my personal information will be used to set up my E-learning platform. Name: _____ Sign: _____</p>

4. EMPLOYMENT HISTORY (since leaving school)
 (You may include here unpaid/voluntary work or work at home)

Previous Employment (begin with CURRENT EMPLOYMENT) Unaccounted time must be specified with dates and reason (use separate sheet).				
Name of Employer	Post Held	Period	Brief details of your job	Reason for Leaving
*current		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
Secondary Schooling History (Ages 11 – 16) School:		From	Qualifications obtained:	
		To		
School:		From	Qualifications obtained:	
		To		
Higher Education Period (Ages 16+) College/University:		From	Qualifications obtained:	
		To		

(for additional space use reverse side)

5. HEALTH SUMMARY
 (You are required to fill a separate Health Questionnaire)

Do you suffer from:	
Back Pain: Yes <input type="checkbox"/> No <input type="checkbox"/>	Muscle Weakness: Yes <input type="checkbox"/> No <input type="checkbox"/> Allergic Condition: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details:	
Is there any work you cannot do for health reasons? e.g. Moving and Handling of residents (If YES, please give details below) <input type="checkbox"/> YES <input type="checkbox"/> NO	
How many days' sick have you had in the last six months? <input type="checkbox"/>	Certified by Doctor <input type="checkbox"/> Uncertified <input type="checkbox"/>
Please provide reasons for sickness in the last 6 months:	
<u>Health Requirements & Working Pattern (for all grades of personnel)</u>	
<p><i>Your employment will be Monday to Sunday flexible including bank holidays. Shift patterns are worked as follows: AM shift, PM shift, including evenings, long days and night shifts. Internal rotation incorporating the above shifts of 8 weeks days and 4 weeks nights (in some cases singular night shifts are acceptable until internal weekly contracted hours for 4 weeks are met) is a requirement. You are required to adapt to these shift patterns. Similarly staff on permanent nights may have to attend periodic day shifts for holistic care and training.</i></p>	
Do you require any adjustments for the interview/job (You may give prior notification) If yes, give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Company has a No Smoking Policy Do you smoke Yes <input type="checkbox"/> No <input type="checkbox"/> Smoking is not permitted in the compound and vicinity of the Company	State carry forward of statutory leave eg: maternity, paternity leave outstanding:
Have you applied or previously worked for the Company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give dates: From: _____ To: _____ Grade Employed: _____	
Reason for leaving: _____	

This post is exempt from the Rehabilitation of Offenders Act 1974 and Amendment Order 1986, section 4.2. THEREFORE, YOU ARE NOT ENTITLED TO WITHHOLD ANY INFORMATION WHATSOEVER ABOUT CONVICTIONS IN THE PAST OR PENDING IN THE UK AND OTHER COUNTRY.

Do you have any unspent convictions, cautions, warnings, bound over, bailed, ASBO or reprimanded for any offences, civil action pending investigation, court order issued or pending court appearance. Yes No Date: _____

If 'YES', please give details on the reverse of this page. Each incident will be given individual consideration. (Failure to disclose at any time prior and during employment will result in dismissal).

A DISCLOSURE BARRING SERVICE AND POVA CHECK WILL BE CARRIED OUT BEFORE STARTING EMPLOYMENT. Therefore you will be required to complete a 'Disclosure Application Form'. This will be completed following successful interview. A fee will be payable by the applicant initially and for all subsequent periodic checks during your period of employment with the company. All activities during employment must be divulged to PIC. Your employment is defined as a Regulated Activity under the Safeguarding Vulnerable Groups Act 2006.

Overseas nationals must provide a police check from their country of origin before employment; this is not required should the applicant have been in the UK for more than three years.

Name & address of two referees (one of whom must be your present/previous employer). <i>Relatives/friends unacceptable.</i>					
1. Name:			2. Name:		
Position:			Position:		
Address:			Address:		
Capacity known as:			Capacity known as:		
How long:	years	months	How long:	years	months
Tel No.			Tel No.		
E-mail address:			E-mail address:		

Please give reasons why you want to work in this particular job, and any other facts you think would be useful in considering your application.

Declaration

I declare that the information I have given on this form is, to the best of my knowledge, correct, true and accurate and that I have not omitted any facts which may have any bearing on my application. I understand that falsification of my qualification or any other information may lead to the withdrawal of any offer of employment, or dismissal where employment has already commenced.

By signing this form I agree to Johnson Care Group including associated organisations, using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information.

I also confirm that I have not directly or indirectly approached an employee of Johnson Care Group including associated organisations, to support me in making this application as this would disqualify me as a candidate.

I understand that if I don't tell you about any relationships with any members or employees of Johnson Care Group including associated organisations, or I neglect to tell you about my criminal convictions/cautions/reprimand/final warnings and pending prosecutions, and this is discovered after appointment and during employment, I could be dismissed without notice.

I also understand that satisfactory references, DBS disclosure, medical clearance and evidence of the right to work in the UK are required before any final offer of employment can be made.

Once I have commenced, I will give notice to leave this employment. I agree and give consent to that failure to adhere will result in the Company recovering a fixed Administration Cost (deducted from my wages), details of which I acknowledge is provided in the Employee Handbook.

Your personal data will not be disclosed to any third party without your prior consent. The Company adheres to the General Data Protection Regulations.

Signature: _____ **Date:** _____

7. FOR EMPLOYERS USE ONLY

INTERVIEWED BY:

① _____

Date: _____

② _____

③ _____

<p>Original documents checked, copies taken as per verification list from page 1.</p> <p style="text-align: center;">(Tick)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">a)</td><td style="width: 100px;"></td></tr> <tr><td>b)</td><td></td></tr> <tr><td>c)</td><td></td></tr> <tr><td>d)</td><td></td></tr> <tr><td>e)</td><td></td></tr> <tr><td>f)</td><td></td></tr> <tr><td>g)</td><td></td></tr> </table> </td> <td style="width: 50%; border: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">h)</td><td style="width: 100px;"></td></tr> <tr><td>i)</td><td></td></tr> <tr><td>j)</td><td></td></tr> <tr><td>k)</td><td></td></tr> <tr><td>l)</td><td></td></tr> <tr><td>m)</td><td></td></tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">a)</td><td style="width: 100px;"></td></tr> <tr><td>b)</td><td></td></tr> <tr><td>c)</td><td></td></tr> <tr><td>d)</td><td></td></tr> <tr><td>e)</td><td></td></tr> <tr><td>f)</td><td></td></tr> <tr><td>g)</td><td></td></tr> </table>	a)		b)		c)		d)		e)		f)		g)		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">h)</td><td style="width: 100px;"></td></tr> <tr><td>i)</td><td></td></tr> <tr><td>j)</td><td></td></tr> <tr><td>k)</td><td></td></tr> <tr><td>l)</td><td></td></tr> <tr><td>m)</td><td></td></tr> </table>	h)		i)		j)		k)		l)		m)		<p>Medical Form satisfactory for employment</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Subject to:</p> <hr/> <p>Medical Screening Required</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Signature _____</p> <p>Designation _____</p>
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<p>Summary of interview to include: personality, capability, skills, interpersonal skills, attitude to care, communication skills.</p>	<p>Prior employment booked holiday for the year and/or statutory leave.</p> <p>Dates:</p> <p>① _____</p> <p>② _____</p>																												
<p>Applicant engaged Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours <input type="checkbox"/></p>	<p>Rate of pay: £ _____ Per hour/per year</p> <p>Title of Post: _____</p>	<p>Uniform size <input type="checkbox"/></p>																											
<p>Confirmation: Interim Appointment Letter given Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____</p>																													
<p>START DATE: _____ HOME: _____ DATE: _____</p>																													
<p>DBS/POVA Check initiated:</p> <p>Date: _____ Fee Paid: £ _____</p>	<p>POVA Received Date: _____</p> <p>DBS Received Date: _____</p>																												
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2) Principle Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
3) Employee Handbook	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
<p>Notes on this appointment:</p>	<p>FILE completed by</p> <p>Print Name: _____</p> <p>Date: _____</p>																												

(SECTION 2)
 Pre-Employment Health Questionnaire
TO BE COMPLETED BY THE APPLICANT
 The contents of this questionnaire will remain confidential.

Surname:		Mr/Mrs/Miss/Ms
Forename(s):		Male/Female
Maiden Name (if applicable):		D.O.B:
Address:		Postcode:
Place of Birth:	Telephone Number:	
Job Applied for:	Interviewed By:	
Home (for posting):	Full time/Part Time:	Day/Night Work/Both
Name and Address of your current or last employer:		

OCCUPATIONAL HISTORY		
Have you in the past worked in the Care Home Industry? If so, please give date:		
Previous Occupation:		
Have you had any prescribed Occupational Diseases outlined in the RIDDOR Regulations 1995 i.e Asbestosis, Occupational Asthma, Pneumoconiosis, Hepatitis, Vibration White Finger, Occupational Related Cancer?		
Have you ever sustained an injury at work, which was reportable under RIDDOR 1995?		
Have you ever been retired on the grounds of Ill Health? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'YES' please give details	
Do you have any infection, illness, condition which may affect your ability to undertake the proposed job or jeopardise the safety of residents or colleagues? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have an impairment as outlined in the Disability Discrimination Act 1995 that requires any workplace adjustments? YES <input type="checkbox"/> NO <input type="checkbox"/>	
What is your height?	What is your weight?	
Do you smoke? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'YES' how many per day?	How many ounces of tobacco per week?

Do you drink alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'YES' how much per day/week?
Family history – Has any close relative suffered from Diabetes, Heart Disease, High Blood Pressure or serious hereditary conditions?	

Please answer the following questions and tick the appropriate box. If the answer is 'YES' please give details in the space provided alongside or attach a separate sheet of paper. Please give details of illnesses, hospital in which you were treated, length of absence from work etc.

		YES	NO	COMMENTS
1.	Have you ever failed a medical examination (or had special conditions imposed) for any employment?			
2.	Have you any physical or mental condition which may affect your ability to perform your duties fully in the proposed job?			
3.	Have you had any time off work/school due to illness in the last two years? If so, why and how long?			
4.	Are you at present under medical supervision or taking any tablets or medicines?			
5.	Have you any defect of hearing or do you wear a hearing aid?			
6.	Have you any defect of sight or do you wear spectacles or contact lenses?			
7.	When did you last have your blood pressure checked? Was it normal?			
8.	Have you undergone any surgery?			

DO YOU OR HAVE YOU EVER, SUFFERED FROM ANY OF THE FOLLOWING

Please give details, including approximate dates, using a separate sheet if necessary

		YES	NO	COMMENTS
1	Prolonged or severe backache or back injury?			
2	Prolonged pain, arthritis or injury or shoulder, arm, hand, foot, knee or hip?			
3	Severe injury or disability of shoulder, arm or hand?			
4	Severe injury or disability of leg, foot, knee hip?			
5	Fits, epilepsy, fainting attacks, blackouts or giddiness?			
6	Dermatitis, eczema or other skin complaints?			
7	Nervous breakdown, mental illness, depression or any psychological disorders e.g. phobias or eating disorders?			
8	Have you had any work related stress condition.			
9	Heart disease, angina, raised blood pressure, blood clots or heart attacks?			
10	Breathlessness, palpitations, swelling of the ankles?			
11	Allergies, including medicines, latex or hay fever etc?			
12	Asthma, bronchitis, pneumonia, tuberculosis or other chest illnesses?			
13	Rheumatism, rheumatic fever, arthritis or other joint problems?			
14	Cystitis, bladder, kidney trouble or painful periods?			
15	Indigestion, gastric, stomach disorder?			
16	Typhoid, enteric fever, food poisoning or prolonged severe diarrhoea?			
17	Diabetes, thyroid or gland disorders?			
18	Hernia, rupture or varicose veins?			
19	Migraine or frequent headaches?			
20	Jaundice or hepatitis?			
21	Recurrent tonsillitis or sinusitis?			
22	Ear infection or persistent discharge?			
23	Are you sensitive to any drugs or chemicals?			
24	Have you ever taken an overdose of drugs, prescribed or otherwise?			
25	Do you have an alcohol or drug dependency problem?			

26	Have you ever been admitted to hospital?			
27	Any illness, operation or serious injury not mentioned above? (Other than childhood illness)			
28	Have you any reason for requesting leave of absence on medical grounds in the near future?			
29	During past employment have you required Health Surveillance monitoring to any of the following?			
	Dust	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Working nights/shifts YES <input type="checkbox"/> NO <input type="checkbox"/>
	Noise	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Working in confined space YES <input type="checkbox"/> NO <input type="checkbox"/>
	Manual Handling	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Using vibrating tools YES <input type="checkbox"/> NO <input type="checkbox"/>
	Solvents or chemicals	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Working on VDU YES <input type="checkbox"/> NO <input type="checkbox"/>
30	Have you ever been vaccinated or screened for any of the following?			
		DATE		DATE
	Tetanus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____ Rubella YES <input type="checkbox"/> NO <input type="checkbox"/> _____
	Hepatitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____ Typhoid YES <input type="checkbox"/> NO <input type="checkbox"/> _____
	Polio	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____ HIV YES <input type="checkbox"/> NO <input type="checkbox"/> _____
	Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____ MRSA YES <input type="checkbox"/> NO <input type="checkbox"/> _____
	BCG (Mantoux/Heaf/Tine)	Scar Visible	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31	Have you lived abroad in the last year?	If so where and for how long?		
	YES <input type="checkbox"/> NO <input type="checkbox"/>			

The information given on any part of this form will not be disclosed to anyone without your permission, but an opinion based on this information about your fitness for employment will be given to management. Before answering the questions, you should read the declaration to be signed at the end of this form.

T.B INFORMATION

NAME	
D.O.B	
CARE HOME	
PROPOSED OCCUPATION	

- 1) Have you travelled abroad in the last year? YES NO
- 2) Have you had PORT OF ENTRY screening? YES NO

You are required to sign a Consent Form if you have had a PORT OF ENTRY screening

Result of last chest x-ray	Date	Place

3) Possible past or current infection with TB

		YES	NO
Have you ever had T.B?			
Do you currently have:	A persistent cough		
	A blood stained sputum		
	Low-grade fever		
	Excess sweating especially at night		
	History of breathlessness		
	Loss of appetite		
	Weight loss		
	History of fatigue		
	Swelling of glands		

If you have answered 'YES' to any of the above please give more details in the space provided below

4) Are you in good health? YES NO

5) During the last twelve months, have you been a resident in any of the following areas for more than 6 months?
(Please tick box as appropriate)

South East Asia	<input type="checkbox"/>	Middle East	<input type="checkbox"/>
Africa	<input type="checkbox"/>	South and Central America	<input type="checkbox"/>
Eastern European Countries	<input type="checkbox"/>	Western Pacific	<input type="checkbox"/>

6) How many working days (excluding holidays) consecutively and singly have you been absent from work during the last twelve months?

Consecutive days	<input type="text"/>	Single days	<input type="text"/>
------------------	----------------------	-------------	----------------------

Please read carefully before signing

I declare that the answers and information given are true and correct. I give a full and complete picture of my health in every respect. *I am mentally and physically fit to work within the care industry and I accept that I am fit to work the varying shift pattern each week as stated in Section 5.*

I am prepared to undergo medical examination if this is required during my period of employment.

I GIVE THE COMPANY PERMISSION TO CONTACT MY DOCTOR FOR FURTHER MEDICAL RECORDS DURING MY PERIOD OF EMPLOYMENT SHOULD THE COMPANY SO DECIDE. I ALSO GIVE CONSENT THAT I WILL ATTEND OCCUPATIONAL HEALTH SURVEYS AS AND WHEN NECESSARY.

I understand and accept that if the information given in this document is incorrect or untrue the Company reserves the right to immediately terminate my employment with them.

Employee Signature: _____

Date: _____

Employers Notes and Recommendations:

Date: _____

Notes written by: _____
Designation: _____

Equal Opportunities

(Section 3)

The Company is committed to a Policy of Equal Opportunities for all its employees, both current and prospective.

All staff employed by the Company and applicants for employment will be given equal opportunities in all aspects of employment and training. All decisions in relation to recruitment and selection are based on the jobs requirements and an individual's ability to do the job based on a person specification/job description.

An essential part of Equal Opportunity Policy is the monitoring process which is carried out to check the Company's legal obligations and its procedural requirements are met. The monitoring process allows both qualitative and quantitative analysis of employment practices.

To facilitate this process records of gender, age, marital status, disablement, sexual orientation, dependent and the ethnic origin, among others of all employees and job applicants are maintained. It is necessary, therefore, to ask you to complete appropriate forms periodically.

This essential information is accessible only to those concerned with short listing, and interviewing as part of the selection process.

In addition the Company welcomes diversities in the people it provides a service to and in its workforce. Diversity is not just seen as something to aim for but as something to be valued and an asset in delivering services to different people.

The Company recognises that certain groups and individuals may be discriminated against in society and we are committed to ensuring that equal opportunity becomes an integral feature of all its activities.

As an equal opportunity employer the Company aims to eliminate discrimination, through the process of recruitment, employment, training, compensate and promote without regard to race, religion, creed, colour, national origin, ethnicity, nationality, age, gender, sexual orientation, sexual preference, gender assignment, HIV/AIDS status, marital status, disability, veteran status, politics, history of mental health and addiction problems or any other basis protected by the applicable law.

All employees are required to comply with the Company's Equal Opportunities Policy and co-operate with measures introduced by the Company to implement and monitor the same. Failure to do so will result in disciplinary action.

Any employee having a complaint or discrimination or harassment is encouraged to raise the matter under the Company's Grievance Procedure. The complaint will be fully examined and all possible action taken to eradicate the problem.

All appointments and promotions will be made in accordance with the Equal Opportunities Policy.

Johnson Care 'Group' Ltd
Revised 25th May 2018

Equal Opportunities Monitoring Form

[Section 3]

We are committed to eliminating unlawful discrimination from employment and selection practices. We will take steps to ensure that employees are recruited, trained and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service. To monitor this policy, we require the following information which will only be used for this purpose. It will form no part of the selection process, will not be available to anyone concerned with scoring or interviewing, and will be treated in strict confidence. This sheet will be part of your application form.

Post Applied for: _____ Date of Birth: _____

Surname: _____ Other Names: _____

Please fill in all the sections – (Tick one box where appropriate)

1.	Preferred Title:	<input type="checkbox"/> MR	<input type="checkbox"/>	<input type="checkbox"/> MRS	<input type="checkbox"/>	<input type="checkbox"/> MISS	<input type="checkbox"/>	<input type="checkbox"/> MS	<input type="checkbox"/>	<input type="checkbox"/> DR	<input type="checkbox"/>	<input type="checkbox"/> OTHER	<input type="checkbox"/>
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2.	I am:	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to state	<input type="checkbox"/>
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3.	I am:	<input type="checkbox"/> Single	<input type="checkbox"/>	<input type="checkbox"/> Married	<input type="checkbox"/>	<input type="checkbox"/> Divorced	<input type="checkbox"/>
		<input type="checkbox"/> Living with partner	<input type="checkbox"/>	<input type="checkbox"/> Separated	<input type="checkbox"/>	<input type="checkbox"/> Widow	<input type="checkbox"/>
		<input type="checkbox"/> I do not wish to disclose	<input type="checkbox"/>	<input type="checkbox"/> Legal Registration	<input type="checkbox"/>	<input type="checkbox"/> Civil Partnership	<input type="checkbox"/>

4.	Number of Dependent Children No:	Ages:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Which of these categories do you consider yourself to be (Ethnic Origin) – please read the alphabetical order categories through before ticking:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Asian</td></tr> <tr><td><input type="checkbox"/></td><td>Asian (Including Mixed Race)</td></tr> <tr><td><input type="checkbox"/></td><td>Bangladeshi</td></tr> <tr><td><input type="checkbox"/></td><td>Bengali</td></tr> <tr><td><input type="checkbox"/></td><td>Black – African</td></tr> <tr><td><input type="checkbox"/></td><td>Black – Caribbean</td></tr> <tr><td><input type="checkbox"/></td><td>Black – European</td></tr> <tr><td><input type="checkbox"/></td><td>Black – UK</td></tr> <tr><td><input type="checkbox"/></td><td>Black – others</td></tr> <tr><td><input type="checkbox"/></td><td>Cypriot Greek</td></tr> </table>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian (Including Mixed Race)	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Black – African	<input type="checkbox"/>	Black – Caribbean	<input type="checkbox"/>	Black – European	<input type="checkbox"/>	Black – UK	<input type="checkbox"/>	Black – others	<input type="checkbox"/>	Cypriot Greek	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td><input type="checkbox"/></td><td>Filipino</td></tr> <tr><td><input type="checkbox"/></td><td>Indian</td></tr> <tr><td><input type="checkbox"/></td><td>Irish</td></tr> <tr><td><input type="checkbox"/></td><td>Pakistani</td></tr> <tr><td><input type="checkbox"/></td><td>Somali</td></tr> <tr><td><input type="checkbox"/></td><td>Turkish</td></tr> <tr><td><input type="checkbox"/></td><td>White – British</td></tr> <tr><td><input type="checkbox"/></td><td>White – European</td></tr> <tr><td><input type="checkbox"/></td><td>White – Others</td></tr> </table>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	White – British	<input type="checkbox"/>	White – European	<input type="checkbox"/>	White – Others	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>White – UK</td></tr> <tr><td><input type="checkbox"/></td><td>Any other White</td></tr> <tr><td><input type="checkbox"/></td><td>White & Mixed African</td></tr> <tr><td><input type="checkbox"/></td><td>Gypsy/Traveller</td></tr> <tr><td><input type="checkbox"/></td><td>Other Mixed</td></tr> <tr><td><input type="checkbox"/></td><td>Any other mixed race – Specify</td></tr> <tr><td><input type="checkbox"/></td><td style="height: 20px;"></td></tr> <tr><td><input type="checkbox"/></td><td>I do not wish to disclose</td></tr> <tr><td><input type="checkbox"/></td><td>Other – Specify</td></tr> <tr><td><input type="checkbox"/></td><td style="height: 20px;"></td></tr> </table>	<input type="checkbox"/>	White – UK	<input type="checkbox"/>	Any other White	<input type="checkbox"/>	White & Mixed African	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>	Any other mixed race – Specify	<input type="checkbox"/>		<input type="checkbox"/>	I do not wish to disclose	<input type="checkbox"/>	Other – Specify	<input type="checkbox"/>	
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The above national and ethnic categories have been selected to reflect the Ethnic Minority groups of residents and those currently employed by the Company. Furthermore the Company as an equal opportunities employer would like to employ more disabled people as well as people from minority ethnic communities.

To plan the working environment and monitor our equal opportunities policy we need to know the proportion of disabled people as well as the ethnic origin of our present and prospective employees.

6.	If you do not wish to disclose your ethnic or national origin please tick here				
7.	NATIONALITY: if your nationality is not British, please state it (e.g. Chinese, French etc).				
8.	COUNTRY OF BIRTH				
9.	COUNTRY OF EDUCATION/TRAINING				
10.	Are you currently caring for a relative(s)?	YES		NO	

Under the terms of the Act, a disability is designed as a 'physical or mental impairment which has a substantial long term effect on a person's ability to carry out normal day to day activities'.

11.	Do you consider yourself to have a disability?	YES		NO		I do not wish to disclose	
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12.	If yes, does it affect your:	Hearing		Sight		Mobility(stairs)	
	Mobility (walking)		Mental Health/ Stress		Other - Specify		
	If yes, what is your registration number:				and expiry date:		

13.	Do you require reasonable adjustment due to your disability for interview/job or you wish us to take into account when considering your application. Give details.						
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14.	Please indicate your religion or belief:	Atheism		Islam		Jainism	
		Buddhism		Christianity		Judaism	
		Hinduism		Sikhism		Other	
		I do not wish to disclose			Specify		

15.	My sexual Orientation is:	Bi-sexual		Gay		Lesbian		Hetero-sexual	
		Prefer not to state		Other		Please specify:			

16.	Where did you see this vacancy?	Local Newspaper		Website		Word of mouth	
		Job Centre Plus		Other: Specify:			

Signature: _____ **Date:** _____