

Expression of Interest

Position Applied For:

Job Reference:

Applicant Reference Number:

Please note: Canvassing will disqualify. Please complete all sections of the application form. Complete in Black Ink or Typescript. All information will be treated in the strictest of confidence.

Personal Details

Title: Forename: Surname: Previous Surnames:

Home Address:

Postcode:

Please List All Previous Addresses:

Contact Number:

Mobile Number:

Email Address:

National Insurance:

Do you hold a current and full driving licence?:

Yes No

Do you have access to a car and if so are you willing to include business use on your insurance policy?

Yes No

How did you hear about Homecare?

Please Tick:

- | | |
|---|---|
| <input type="checkbox"/> NI Jobs | <input type="checkbox"/> Job Centre Online/Jobs & Benefits Office |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Local Newspaper |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Homecare Car/Van |
| <input type="checkbox"/> Internal Advert | <input type="checkbox"/> Homecare Website |
| <input type="checkbox"/> Other (Please specify below) | <input type="checkbox"/> Recommend a Friend Scheme |

For Office Use Only

Criteria	Availability	Contact	1st Stage	2nd Stage
Driver	Full-time	Contact 1	Invite to Interview	Successful
Access to own car	Part-time	Contact 2	No Longer Interested	Unsuccessful
	Every other weekend	Contact 3	Unsuccessful	Transferred to PAMS

Medical Conditions

Do you have any medical issues that would prevent you from caring for people, including lifting and handling:

Yes No

PLEASE NOTE: *If you are successful to the next stage, a medical questionnaire is to be completed.*

Availability

It is a requirement that staff should work at least one shift on their working day and work alternate weekends. Hours are not guaranteed and shift periods are for illustration only. Payment is made for 'contact time' only. IMPORTANT: This availability will form the basis of any employment offer and, if you are accepted, forms a commitment on your part.

Availability (Times listed are approximate)	Weekdays	Weekends <i>Minimum of alternate weekends</i>
Morning (From 6.30am Until 11am)	<input type="checkbox"/>	<input type="checkbox"/>
Toileting & Lunches (From 11.30am Until 2.30pm)	<input type="checkbox"/>	<input type="checkbox"/>
Toileting & Tea (From 3pm Until 7pm)	<input type="checkbox"/>	<input type="checkbox"/>
Night Run (From 6.30pm to 11pm)	<input type="checkbox"/>	<input type="checkbox"/>
Day Sits (Various times and durations)	<input type="checkbox"/>	<input type="checkbox"/>
Night Sits (10pm -7am)	<input type="checkbox"/>	<input type="checkbox"/>

Convictions / Offences

If successful, you will be required to declare details of any convictions, criminal records and this will be verified at a later stage.

Declaration of Applicant

I understand that an Access NI Disclosure Check must be carried out before my appointment can be confirmed. I am aware that spent convictions must be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

I understand and accept that all the particulars given on this application form are complete and correct to the best of my knowledge, and I understand that any candidate found to give false information or to have willfully suppressed any material or medical conditions will be liable to disqualification and if appointed, dismissal.

Signature _____

Date: _____

Please Return to Human Resources Department - Armagh Office:

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Email: recruitment@homecareindependentliving.com

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