

Please print carefully with BLACK INK in BLOCK CAPITALS and return on full completion.

ATTACH
MEMBER PHOTO

Position Applied for: _____

The information that I give in this registration form is, to the best of my knowledge factual in all aspects. I understand that knowingly giving false information will disqualify me from registration with Lydian Care.

PERSONAL DETAILS:

Surname: _____ Title: _____

Previous Surname (if any): _____ Maiden Name: _____

Forenames in full: _____

Address: _____

_____ Postcode: _____

Telephone Number: Home: _____ Mobile: _____

Email: _____

Nationality: _____

Are you 18 years of age or over: _____

(You must be 18 years of age or over to work for Lydian agency)

National Insurance Number:

Next of Kin to be notified in case of emergency:

Name: _____ Relationship to you: _____

Address: _____

Telephone Number: Home: _____ Work: _____ Mobile: _____

Additional Details:

Do you have computer skills? Yes/No If yes, please provide details:

Please state which language you speak, including an indication of fluency:

Do you write in this language? Yes/No

Do you have evidence of language proficiency testing? Yes/No

If yes please detail below:

Do you hold a current driving licence? Yes/No

What transport do you have access to? Car/Public Transport/Bicycle/Other

How did you first hear about Lydian Care?

Walking Past? _____ Online? _____

Recommendation? _____ by whom? _____

Newspaper Advert? _____ Poster? _____ Other? _____ Please State _____

ALL CARERS Please Complete

Tell us about your practical experience, qualifications/Courses

Please give details and dates of training courses you have attended (e.g. Manual Handling)

Course	Date	Location	Certified Y/N

Please note your training records will be made available to clients if requested.

To assist us in finding, suitable work for you, please tick all the care tasks you have experience:

Personal Hygiene

Immersion Bath/ Shower _____

Bed bath _____

Use of bath aids _____

General personal care _____

Toileting/ Continence Care

Use of continence pads _____

Bedpans/commodes etc _____

Changing a catheter bag _____

Attaching a night bag _____

Oral Hygiene	_____	Applying a sheath	_____
		Emptying a catheter bag	_____
		Stoma Care	_____

Care Duties

Pressure area care _____

Simple dressing _____

Terminal care _____

Mobility

Moving & handling course _____

Use of hoists (man./elec) _____

Use of walking aids _____

Moving and handling clients _____

Administrative Abilities _____

Dealing with confidentiality

Report writing _____

Recording instructions _____

From Senior Nurse _____

Nutrition

preparing meals _____

assisting with meals _____

Food Handling _____

Practical Tasks

Bed making/changing a bed _____

Recording of blood pressure _____

Recording of temperature _____

Recording of respiration _____

Observing/recording changes in Clients
Condition _____

ALL APPLICANTS

What kind of work are you interested in?

Please indicate which types of work you would prefer by ticking all the relevant boxes – this will help us to find your appropriate work placements:

Type of work: Days ____ Nights ____ Visits ____

Do you currently work for other nursing/care agencies? Yes/No

Which ones?

Are there any work areas you are not suited for? _____

Why do you want to work with Lydian Care? _____

MEMBERSHIP DETAILS OF PROFESSIONAL BODIES, OR ORGANISATIONS? (ie NISCC)

Membership Body _____

Membership Body _____

Type of Membership _____

Type of membership _____

Certificate seen Yes / No

Certification seen Yes / No

Expiry Date _____

Expiry Date _____

Secondary / Further Education				
From	To	Type of School (e.g. Grammar)	Subjects	Results
University / Higher Education				
From	To	University / College	Title of Degree / Diploma	Result
Details of any other Training Courses taken				
Date	Organising Body	Name of Course	Result	

EMPLOYMENT HISTORY

Please complete details of all your employment history in chronological order, starting with your present and most recent position. (Any gaps in employment must also be listed, and reasons why noted)

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

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Reasons for leaving _____

Date from _____ Date to _____

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Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY – THERE MUST BE NO GAPS IN YOUR
EMPLOYMENT HISTORY FROM SCHOOL – COLLEGE TO PRESENT DAY.**

REHABILITATION OF OFFENDERS ORDER 1979

Do you have any convictions that are not "protected" as defined by the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979, as amended in 2014? Please write your answer

Are you currently the subject of any criminal proceedings (for example charged or summonsed but not yet dealt with) or any police investigation? Please write your answer

If you answer to either of the above questions is YES, please give details below:

Date	Nature of conviction, caution, charge allegation or investigation	Court	Result

Access NI operates under the provisions of Part V of the Police Act 1997. All nurses and care staff will be asked to apply for an Access NI Enhanced Disclosure as part of the recruitment and selection process. Any additional information relevant after commencement of employment must correspond to Lydian Care:

I agree to the above:

Signed _____ Date _____

CONFIDENTIALITY DECLARATION

Registration implies acceptance of our code of confidentiality.

You should safeguard the privacy of clients and not disclose ANY information about them to anyone other than those involved in their care, without agreement of the client or someone authorised to act on their behalf.

If you are worried by any information you have obtained and consider that you should disclose it to someone else please contact **Lydian Care**.

Failure to observe confidentiality will be regarded as Gross Misconduct, which could result in your membership being terminated.

I have read and I understand the above and I agree to abide by the contents therein:

Signed: _____ Date: _____

DECLARATION

The information that I have given in this registration form is, to the best of my knowledge, complete and accurate in all aspects. I understand that giving false information will knowingly disqualify me from membership with **Lydian Care**. I also understand that the RQIA have the right to access my personal record.

Name: _____ Signed: _____

Position applied for: _____ Area: _____

WORKING TIME DISCLAIMER

You have the choice to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulations 1998.

Yes, I wish to work 48 hours or more: ____

No, I wish to work up to 48 hours: ____

I understand that I may end this agreement by giving one week's notice in writing to Lydian Care, at any time.

Signed: _____ Date: _____

REFERENCES

Please give the names of three people; **one must be your current or most recent employer**, whom we can approach for a reference

1. *Can we contact your referee before your interview?* Yes / No

Name: _____ Position/Job Title: _____

Address: _____

Postcode: _____ Tel No: _____ Fax Number: _____

Email: _____

2. *Can we contact your referee before your interview?* Yes / No

Name: _____ Position/Job Title: _____

Address: _____

Postcode: _____ Tel No: _____ Fax Number: _____

Email: _____

3. *Can we contact your referee before your interview?* Yes / No

Name: _____ Position/Job Title: _____

Address: _____

Postcode: _____ Tel No: _____ Fax Number: _____

Email: _____

** Please note character references can only be accepted if you have not been employed – and only suitable from professionals on a professional register for example a doctor, nurse, or solicitor. For a full list of suitable character references please contact Lydian Care.*

EQUAL OPPORTUNITIES MONITORING FORM

Please print carefully with BLACK INK in BLOCK CAPITALS and return on completion

TO BE COMPLETED BY THE JOB APPLICANT

Lydian Care has an Equal Opportunities Policy and will not unlawfully discriminate against Staff members or Job Applicants on the grounds of: disability; sex (including marital status, pregnancy & gender reassignment); age religion or belief; race (including colour; nationality & ethnic/national origins); sexual orientation; political opinion; part time/ fixed term status; or trade union membership/ non-membership. This form is used to help the company ensure that its recruitment and employment practices comply with Equal Opportunities policy.

You do not have to answer on this form. Any information you do provide will be treated completely confidentially and will be used solely for the purposes of equal opportunities monitoring. If you do wish to complete the form, please complete this as fully as possible.

Please fill in, or tick, the boxes as applicable.

Ref: LCHCW 2015 Unique Code: _____ Job Applied for: Home Care Worker

Date Applied: _____

Where did you first hear of this vacancy?

Jobcentre _____ Advertisement _____ please state the publication: _____

Careers Office _____ Internet _____ Please state which website: _____

Age: Under 21 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51-65 _____ over 65 _____

Sex: Male _____ Female _____

Status: Single _____ Married/ Civil Partnership _____ Other _____

Ethnic Origin

White: British _____ Scottish _____ English _____ Welsh _____ Irish _____

Other _____ (Please specify) _____

MIXED: White/Black Caribbean _____ White/ Asian _____

White/ Black African _____ Other _____ (Please specify) _____

ASIAN/ ASIAN BRITISH Filipino _____ Indian _____ Pakistani _____ Bangladeshi _____

Chinese _____ Other _____ (Please specify) _____

BLACK/ BLACK BRITISH African _____ Other _____ (Please specify) _____

OTHER ETHNIC BACKGROUND? (Please specify) _____

Disability

Do you consider yourself to have a disability according to definition below? Yes / No

General speaking, we consider a disability to be: a physical or mental impairment which has a substantial and long term (12 months or more) adverse effect on a persons ability to carry out normal day to day activities, or a progressive condition such as cancer, HIV or MS?

If 'Yes' please give brief details:

I would perceive myself to be a member of the Roman Catholic community: ____

I would perceive myself to be a member of the Protestant community: ____

I would not perceive myself to be a member of either of the above communities: ____

TO BE COMPLETED BY THE ADMINISTRATOR

Rejected before interview ____ Rejected after interview ____ Offered Job ____ Other ____

Date form forwarded to Monitoring Officer _____

Administrator's signature _____