



**LEOCRYS CARE**  
GEMSTONE HOMES

Please complete this application form and call us for an appointment.

**You will need to bring the following documents with you:**

- 1. Passport or Birth Certificate for European Union Citizen**
- 2. For Non-European Union Citizens, your passport must contain the following status:**
  - a. Indefinite leave**
  - b. Exceptional Leave to Remain**
  - c. Covering letter from the Home Office confirming the status**
  - d. Work Dependent Stamp Holders**
  - e. Students must bring in their passport, College enrolment letter, and Student ID Card**
- 3. Two (2) Proofs of your current address, within the last 3 months.**
- 4. Two (2) passport-sized photographs (one to be retained on your file and one for your ID Badge)**
- 5. Proof of National Insurance Number, (NI Card/Letter/Payslip/P45/P60).**
- 6. Contact names and business addresses, including e-mail addresses of two referees at the management level for current and previous employers.**
- 7. Employment/Background History for the past Ten years, (Updated CV).**
- 8. Enhanced Disclosure from the Disclosure and Barring Service (DBS), a fee will be charged for DBS checks.**
- 9. Relevant Certificates of training, including all certificates of Specialist Training undertaken and mandatory 12 monthly training.**
- 10. Driving Licence (if available).**
- 11. Health Declaration**

Please make sure you bring originals of all requested documentation when you come to register as we are required to verify all documents.

It is our company's requirement that you are able to read, write, speak and understand the English language.

**(Leocris Care Ltd is an Equal Opportunities employer.)**



**EMPLOYMENT APPLICATION FORM**

<b>Please read this application form carefully before completing all sections of the form to ensure that you provide all of the information requested. Please print and sign before returning to us.</b>			
<b>POSITION APPLIED FOR:</b>			
<b>SECTION 1 – PERSONAL DETAILS</b>			
Title:	Surname:	Previous Names (If any):	
Forename[s]:			
Address:			
Postcode:			
<b>If less than 5 years, please provide previous addresses:</b>			
Address:			
Postcode:			
Home Telephone:	Mobile Tel:	NI Number:	
Date of Birth:	Place of Birth:	Nationality:	
Email Address:			
Home Tel:	Work Tel:	Mobile Tel:	
Religion (if any):	Nationality:	Languages Spoken:	
Passport No:	Expiry Date:	Gender:	
Next of Kin:	Relationship:	Telephone:	
Are you free to remain and take up employment in the UK?			<b>YES</b> <b>NO</b>
Please state the type of visa you have and details of endorsement/restrictions (if applicable)			
<b>SECTION 2 GENERAL INFORMATION</b>			
Are you a car driver with a UK driving License?			<b>YES</b> <b>NO</b>
Do you have a car?			<b>YES</b> <b>NO</b>
Do you intend to use your car for business, do you have the required insurance coverage?			<b>YES</b> <b>NO</b>



(If yes, you will be required to produce both your driving license and motor insurance certificates).	
How did you hear about Leocrys Care Ltd Recruitment?	

**SECTION 3 – EDUCATION/QUALIFICATION AND TRAINING** (Including refresher courses) Please start with the most recent.

Name of College/University/Training body	Name of Course	Date From (MM/YY)	Date To (MM/YY)	Result/Qualification

Are you a member of a Union or Professional Organisation? **YES/NO** (If yes, please state):

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**SECTION 4 – EMPLOYMENT HISTORY AND WORK EXPERIENCE**

Please give details of your employment since leaving full-time education commencing with your most recent job and including any agencies worked for. Where applicable please explain any gaps in your employment and provide evidence e.g. maternity, looking for work, studying, unemployed etc.

Name & Address of Employer	Positions Held Including Duties	Date From	Date To	Reason for leaving
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		(MM/YY)	(MM/YY)	
Postcode:				
Postcode:				
Postcode:				
Post Code:				

You are required by law under the Care Standards Act to state if you have worked with children in the past 10 years. Please state where you worked, in what capacity, and your reason for leaving (if applicable):

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Please state your Current Salary:	Monthly Rate:	Hourly Rate:

**OTHER SKILLS:** Please give details of your skills, knowledge, and experience gained in employment, voluntary or somewhere else that may be relevant for your application. If you need more space, please use additional sheets.

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**SECTION 5 – VOLUNTARY WORK**

Organisation:	From:	To:	Position Held, Duties, & Achievements Number of Hours Per Week:	Reason for Leaving:



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**SECTION 6 – OTHER EXPERIENCE**

Please describe time spent since leaving full-time education. Full details of any period not accounted for by full or part-time employment should be given:

Other Experience:	Date From (MM/YY)	Date To (MM/YY)

**SECTION 7 – OTHER INTEREST**

Please list any further interests or achievements you may have. These include leisure activities, hobbies, public duties, or private business work:

**SECTION 8 – DISCIPLINARY**

Please list any employment disciplinary offenses and the disciplinary action you have received:

:

Offence(s):	Type of Disciplinary Action:	Outcome:	Date:	Name & Address of Employer:



### **SECTION 9 – PROFESSIONAL REFERENCES**

Please provide at least two referees who would give a reference on your character, work experience, and suitability for the post applied for. Referees must be in a senior position to you. Please be aware that we are unable to offer you work until satisfactory references have been obtained. Please also note we are required to obtain references for you on an annual basis.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Email address:	Email address:
Length of time known (MM/YY):	Length of time known (MM/YY):

May we contact your referees before your interview? **YES** **NO**

**PLEASE NOTE: If applying to work with young people; three professional references are required.**

### **SECTION 10 – REHABILITATION OF OFFENDERS ACT 1974 AND OTHER DISCLOSURES**

In view of the nature of the work for which you are applying, the post is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 as contained within the Exceptions Amendment Order 1986. Applicants are required to give details of all convictions for criminal offenses, including pending convictions and those which would otherwise be considered "spent". Failure to provide details of convictions could result in dismissal or disciplinary action. If there are no convictions, please state "none". Having a criminal record will not necessarily bar you from working with us. Leocrys Care Ltd complies fully with the DBS Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosures and Disclosure information. We make every subject of a DBS Check aware of the existence of the DBS Code of Practice and make a copy available on request.

Do you have any Spent or unspent convictions either in the UK or Overseas: **YES** **NO**

Are you currently or have you previously been the subject of an investigation alleging abuse of Vulnerable Adults or young people, either in the UK or overseas? **YES** **NO**

If yes, please give details (if you need more space please use separate sheet):



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In keeping with current industry standards and Government requirements, all staff members involved with the provision of Care to young people at risk are required to complete an Enhanced Disclosure form for the Disclosure and Barring Service (DBS). No applicant will be offered work with Anytime Recruitment Ltd prior to these DBS checks.

**Do you agree to apply for Enhanced DBS checks? (a fee will be charged for these checks) YES/NO**

Signature:

Date:

Have you any pending investigations?

**YES**

**NO**

If **yes**, please give details (if you need more space please use a separate sheet):

Signature:

Date:

**DISCLOSURE AND BARRING SERVICE (DBS) CHECK**

I authorise Leocrys Care Ltd to carry out a DBS check on my behalf as and when required, also to retain a copy of my DBS and update service checks. I understand that before I can commence work with Leocrys Care Ltd I need to have completed a DBS Check.

Signature:

Date:

**SECTION 11 - CONFIDENTIALITY**

During the course of your employment you may see, hear or have access to information on matters of a confidential nature relating to the work of the organisation, or to the health and personal affairs of clients. Under no circumstances should this information be divulged or passed on to any unauthorised person or organisation, either during the course of your employment or any time after. You have got a statutory obligation regarding this.

I have read and understand the above and agree that breach of such confidentiality will be regarded as gross misconduct, which could result in disciplinary action or dismissal.





Signature:

Date:

### **SECTION 12 – WORKING TIME DIRECTIVE**

The Working Times regulations 1998 (“The Regulations”) require Leocrys Care Ltd (“The Company”) to limit your average weekly working time to **48 hours** unless you agree with The Company that the limit shall not apply to you. The Company wished to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

- a. The 48-hour limit on average weekly time will not apply to you.
- b. You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at The Company to whom you usually report 4 weeks’ written notice. Under the Regulations, The Company must keep records relating to your working time. This is the case whether or not you reach an agreement with The Company about waiving working time limits.

If, however, you do wish to agree to this opt-out, then please sign where indicated on the statement below. You may withdraw your agreement by a 4 weeks’ notice in writing, and you will not be subjected to any detriment if you do not give your agreement.

Signature:

Date:

### **SECTION 13 – BANK DETAILS (Complete all sections accurately – your money will be paid directly into your bank account)**

Account Holders Name:

Bank Name:

Account Number:

Sort Code:

Signature:

Date:



<b>SECTION 14 – SKILLS EVALUATION</b>				
Please tick the box to indicate your level of competence:				
a. <i>I am experienced and competent in this.</i>				
b. <i>I am familiar with this procedure but do not have experience.</i>				
c. <i>No Knowledge of this procedure</i>				
<b>Personal Hygiene:</b>	A	B	C	Comments
Assisting with washing, Shaving				
Eye Care				
Mouth Care				
Stoma Care				
<b>Toileting:</b>	A	B	C	Comments
Continence Care				
Catheter Care				
Use of Commode, Bed pan				
Recording fluid balance sheets				
<b>Observations:</b>	A	B	C	Comments
Blood Sugar Testing				
B/P Recording				
TPR Recording				
Urinalysis				
<b>Nutrition:</b>	A	B	C	Comments
Feeding Patient				
Meal preparation				
<b>Mobility:</b>	A	B	C	Comments
Use of Hoist				
Transferring, Mobilising a Patient				
<b>Other:</b>	A	B	C	Comments
Report Writing				
Pressure Area Care				



<b>SECTION 15 –MANDATORY TRAINING FOR CHILDREN HOME</b>		
<b>COURSE</b>	<b>Date Attended:</b>	<b>Expiry Date:</b>
Anti-Bullying Children’s Home		
ADHD and LD		
Child Sexual Exploitation (CSE) Foundation Level Mandatory		
COSHH Children’s Homes		
Covid-19 – Where are we now? Children’s Homes		
Deprivation of Liberty (DoLS)		
Equality, Diversity, and Cultural Competence		
Female Genital Mutilation (FGM) Children’s Homes		
Fire Safety Children’s Homes		
First Aid Emergency/Basic Life Support Children’s Homes		
Food Safety and Hygiene Foundation and Advanced Children’s Homes		
GDPR Children’s Homes		
Health & Nutrition Children’s Homes		
Health & Safety Advanced Children’s Homes		
Infection Control Children’s Homes		
Internet Safety Children’s Homes		
Manual Handling Children’s Homes		
Mental Capacity Acts & Deprivation of Liberty (DoLS) Children’s Home		
Medication Foundation/Advanced Children’s Homes		
Psychological First Aid: Supporting Children and Young People Children’s Homes		
Radicalisation and Extremism Children’s Homes		
Reporting and Recording Children’s Homes		
Risk Management and Safer Caring Children’s Homes		
Safeguarding Children 1, 2, & 3 Children’s Homes		
Safeguarding Children with Learning Disabilities Children’s Homes		
Self-Harming Behaviours Children’s Homes		



<b>SECTION 16 - YOUR AVAILABILITY FOR WORK</b>							
How many hours would you like to work each week				Hours:			
Which areas would you be able to work in?				Please List			
Please indicate the times and days you would be available for work:							
SHIFT PATTERN	MON	TUE	WEDS	THURS	FRI	SAT	SUN
Long day							
Waking Night							
Sleep – in							
Sitting Service							
Live-in Care							
Do you have any other work commitments which may impair your ability to carry out your duties for Leocris Care Ltd? <b>YES</b> <span style="margin-left: 150px;"><b>NO</b></span>							
If Yes (please give details)							

<b>SECTION 17 - EQUAL OPPORTUNITIES MONITORING</b>				
Nationality				
Language Spoken				
Age group (please indicate)	16 – 20	21 – 35	36 – 50	50+
Disabilities (please indicate)	Registered disability	Unregistered disability	No disability	
Ethnicity (please indicate which best describes your ethnic origin)	White European	White Other	Black African	
	Black Caribbean	Black Other	Indian	
	Pakistani	Chinese	Other (Please Specify)	
How did you hear about this post?				
Are you related to or do you know any member of staff at Leocris Care Ltd? <b>YES/NO</b>				
If yes (please give details)				



### **THIRD-PARTY DECLARATION**

- I hereby allow any information relating to my registration with Leocrys Care Ltd to be shared with relevant third parties, including external audits and frameworks. This will be overseen by the governance lead for Leocrys Care Ltd.

Signature:

Date:

### **SECTION 18 – DECLARATION (ALL CANDIDATES)**

I declare that the information on this application form is to the best of my knowledge accurate and correct. I certify that I am at present in good physical and mental health and will, if engaged, be liable to disciplinary action or immediate dismissal from LeoCrys Care Ltd for any incorrect or misleading information given in this form.

I hereby give permission for LeoCrys Care Ltd to allow access to my file information only as part of an official audit or client compliance purposes, carried out by but not limited to CQC, NHS, GPS or other official regulatory bodies. Access will only be granted in terms of the Data Protection Act.

If, during a temporary assignment, the Client wishes to employ me direct, I acknowledge that Leocrys Care Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. NMC/HPC) or being investigated by my current or previous employer. I will inform Leocrys Care Ltd if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Leocrys Care Ltd.

I agree to inform Leocrys Care Ltd immediately if I am the subject of any pending prosecution, work related investigation, Disciplinary action/professional misconduct. Also, any changes to my personal circumstances that could affect my fitness to practise as a healthcare professional.

I give Leocrys Care Ltd permission to carry out all relevant Employment checks necessary for my registration including any external bodies.

I confirm that I am aware that the trust/organisation where I attend assignments have the right to carry out any physical searches of me, my possessions and my vehicle while on the premises. All security checks must comply with the Human Rights Act 1998.

I confirm I have received, read and understood the Leocrys Care Ltd handbook and agreed to abide by its terms at all times.

I confirm Leocrys Care Ltd can complete annual updates in relation to my compliance documentation in line with the framework/contract.

By signing this document, you are confirming all the above agreements and all the company's proposals.

This document will then be a record of agreement.



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PRINT NAME:

SIGNATURE:

DATE: