

Please complete this Application Form in block capitals in black ink

Please tell us where you heard about us: _____

A: PERSONAL DETAILS

BASIC DATA

First name/names _____ Last name _____

Mother's first name _____ Father's first name _____

Date of birth _____ Place of birth _____

Citizenship _____ Mother's maiden name _____

ADDRESS OF PERMANENT RESIDENCE

Street _____ Building no. _____ Flat no. _____

Post code _____ Town/City _____ Voivodeship _____

Mobile phone no. _____ Home phone no. _____

The best time of the day to contact you: _____

E-mail address _____

Address of correspondence, in case it is different than the address of permanent residence:

Street _____ Building no. _____ Flat no. _____

Post code _____ Town/City _____

ADDITIONAL INFORMATION

National Insurance Number and date of registration: _____

B: EMERGENCY CONTACT

I declare the below named person is aware of being contacted in case of emergency situation

First name/names _____ Last name _____

Street _____ Building no. _____ Flat no. _____

Post code _____ Town/City _____ Relationship _____

Mobile phone no. _____ Home phone no. _____

E-mail address _____

C: IDENTITY DOCUMENTS

I, undersigned, declare the following data to be reflecting the data on the originals of the documents (passport, driving licence, birth certificate or other document from the DBS UK list). Please tick 3 appropriate.

_____ (type of document)

Surname _____ Given names _____

Date of Issue _____ Place of Issue _____

other/another details (eg. number) _____

_____ (type of document)

Surname _____ Given names _____

Date of Issue _____ Place of Issue _____

other/another details (eg. number) _____

_____ (type of document)

Surname _____ Given names _____

Date of Issue _____ Place of Issue _____

other/another details (eg. number) _____

_____ (type of document)

Surname _____ Given names _____

Date of Issue _____ Place of Issue _____

other/another details (eg. number) _____

Have you lived in the UK for more than 5 years? _____

I, undersigned, confirm to have seen the original documents and to have verified the above data to be true data with the given/shown ID documents.

Signature of the recruiter: _____

Place, date: _____

D: EDUCATION & PROFESSIONAL TRAINING

1. Secondary Education (secondary school) _____

_____ From/to: _____

2. Higher Education (university/college/polytechnic) _____

_____ From/to: _____

3. Further Education (Professional Training) _____

_____ From/to: _____

SOCIAL CARE TRAINING

Please provide details of any training courses relevant to Social Care that you have attended in the last 2 years.

Course Subject/s: _____ Date of Course: _____

Duration: _____ Company who delivered the course/certified by _____

Course Subject/s: _____ Date of Course: _____

Duration: _____ Company who delivered the course/certified by _____

Course Subject/s: _____ Date of Course: _____

Duration: _____ Company who delivered the course/certified by _____

E: EXPERIENCE IN TAKING CARE

How many years/months of experience in providing care do you declare? _____

Disabilities	Country (for example Poland, UK, Germany etc.)	How long: months/years?	Was it a family member, a neighbour and/or a private client?	Do you feel comfortable with providing care to clients with this disability?
Initial stage of dementia				
Initial stage of Alzheimer				
Moderately severe/severe stage of Alzheimer				
Initial stage of Parkinson				
Moderately severe/severe stage of Parkinson				
Person after an effusion/a stroke				
Person with multiple sclerosis				

Disabilities	Country (for example Poland, UK, Germany etc.)	How long: months/years?	Was it a family member, a neighbour and/or a private client?	Do you feel comfortable with providing care to clients with this disability?
Final stage of cancer/terminal illness				
Taking care of a person confined to bed				
Taking care of a person confined to bed and changing his/her position every three hours				
Transferring a Service User (assisted transfer between a bed/ a wheelchair/an armchair)				
Preparing meals according to a diet for diabetics				
Changing incontinence pads for a Client				
Getting up to during the night				
Changing bags next to a catheter (convener)				
Changing bags next to a stoma				
Providing care to a Client who has a PEG				
Providing personal care to a Client				

F: LEISURE ACTIVITIES

Please tell us what is your hobby?

Please write 5-8 adjectives that describe your personality:

Languages (other than English): SPOKEN/FLUENT/WRITTEN/READ

G: WORK COMMITMENT

How much time would you like to spend on a single contract?

- 2 months 3 months 4 months longer, min. _____ months

When are You available to take up cooperation from: _____

I am ready to attend training after _____

I declare to be ready to go for contract from _____

How much time would you spend on break between the contracts? _____

H: EMPLOYMENT HISTORY

Please provide details of all your employment history, beginning with your present or most recent job first.

Important Note - If there are any employment gaps, please indicate the reasons

References: * YES - please put 1, 2 or 3 reflecting the numbers on page 6
NO - please provide the reason why are you not able to give any details for referees

Date, From/to MM/YY - MM/YY	Name of employer/company, gap reason	Position(s) Held	Reason for leaving	References YES/NO*

I: REFERENCES

I, undersigned, _____, declare to have a consent from the below named people for processing their data by Care UK24 DE Spółka z ograniczoną odpowiedzialnością Sp.k. regarding references in order to complete the recruitment process.

At the same time, I take the responsibility for informing the below named people about the data processing within the next 30 days or by the first possible contact.

Date _____ Place _____ Signature _____

Please provide details of 2 referees who we may approach with regards to this Application. Should you be not able to provide any employers' references please provide 3 professional and/or personal references. These referees must not be members of your family, and one should be from Your present or most recent employer if possible.

REFERENCE 1 _____

Name and surname of the referees _____

Is this employer, professional or private reference? _____

For employer references please provide:

Name of the employer/company _____

date of employment MM/YY-MM/YY: _____ Occupation: _____

Any Other Information Relevant to this Reference: _____

REFERENCE 2 _____

Name and surname of the referees _____

Is this employer, professional or private reference? _____

For employer references please provide:

Name of the employer/company _____

date of employment MM/YY-MM/YY: _____ Occupation: _____

Any Other Information Relevant to this Reference: _____

REFERENCE 3 _____

Name and surname of the referees _____

Is this employer, professional or private reference? _____

For employer references please provide:

Name of the employer/company _____

date of employment MM/YY-MM/YY: _____ Occupation: _____

Any Other Information Relevant to this Reference: _____

J: WHY CARE?

Please tell us why you want to work in care: _____

K: PERSONAL CARE

Carers have different attitudes towards different aspects of care provision. In the table below, we would like to understand what your attitude would be to doing a range of different care tasks. Please tick as appropriate.

Care Activity	For Each Care Activity Please Indicate (Please tick as appropriate)	
	I can do it	I can do it but I need to be shown
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Changing Incontinence Pads	<input type="checkbox"/>	<input type="checkbox"/>
Bathing and Washing	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Feeding	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting	<input type="checkbox"/>	<input type="checkbox"/>
Helping with Gardening - for example watering the garden or plants	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of a Service Users dog/cat (feeding, cleaning up)	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>
Ironing	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
House - keeping	<input type="checkbox"/>	<input type="checkbox"/>

L: ANY OTHER USEFUL INFORMATION

Do you have a driving license? Yes No

Have you been driving car in the UK? Yes No

Do you declare the readiness to drive a car in the UK both automatic and manual gearbox? Yes No

Do you smoke? If yes, how many cigarettes per day? Yes No _____

Will you take care of a person regardless of gender?

Yes No, I will only take care of a man No, I will only take care of a woman

How do you evaluate your cooking skills?

very good good average low very low

Do you have a disability degree certificate with special recommendations? If yes, which ones?

Yes No Remarks: _____

Do you have any allergies that constitute contraindications for providing care services?

If yes, which ones (e.g. on domestic animals, dust, sensitive skin, other)?

Yes No Remarks: _____

Will you need constant access to medications and medical examinations during your stay on contract?

If yes, for which reason?

Yes No Remarks: _____

Have you been convicted? Yes No

Caution/Warning given by Police/criminal record (please provide details): _____

Height in cm _____ Weight in kg _____

What are your financial expectations? _____

M: CRIMINAL RECORD CERTIFICATES

According to Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113 (5) of the Police Act 1997 about you.

From July 2002 we are required to acquire a DBS - Disclosure and Barring Service in relation to any person who works in care sector.

This means that if your application is successful we will obtain from the Disclosure and Barring Service a DBS Enhanced Check relating to you before your appointment is confirmed.

Having a criminal record may bar you from working with us.

Please sign to confirm that you have read and understood this Statement.

Print name and surname: _____

Signature: _____

Place, date: _____

N: DECLARATION BY APPLICANT

ANY PERSON, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I the undersigned declare that:

- a) I have no criminal records
- b) I have never been the subject of any abuse/neglect investigation or enquiry into abuse
- c) I have never been the subject of any inappropriate behavior investigation or enquiry into inappropriate behavior

I give Promedica24 the right to follow up all references and to make any other job-related enquiries, as they may deem necessary.

I give my full consent for any personal information about me as a part of their assessment processes to be used as they see fit. Personal Information for the purposes of this clause is personal information as envisaged under the relevant Personal Data Protection Acts.

I understand that if I am offered cooperation I would be required to complete a medical questionnaire and if necessary undergo a medical examination before starting cooperation.

I understand if I provide any false information, and I am subsequently cooperate with Promedica24 or its entities, the inaccurate, incomplete or false information could result in disciplinary action being taken against me and including the possibility of loss of contract.

Print name and surname: _____

Signature: _____

Place, date: _____

PROMEDICA24 IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.

You have the right to withdraw your consent at any time by sending an e-mail to dataprotection@promedica24.uk, or by phone: +44 20 3318 5475, or by post: Cassiobury House, 11-19 Station Road, Watford, WD17 1AP or withdrawing your consent in person.

Withdrawing your consent will not affect the compliance with the right to process data, if such processing was performed before the consent was withdrawn.

1. I hereby give consent for data concerning my health to be processed by Promedica24 UK Ltd. with its registered office Cassiobury House, 11-19 Station Road, Watford, WD17 1AP, for the purposes of concluding and executing an agreement.

yes, I consent no, I do not consent

2. I hereby give consent to receiving marketing information from Promedica Care Sp. z o.o. with its registered office in Warszawa, at Al. Jerozolimskie 94, 00-807 Warszawa, containing information concerning the services provided by Promedica24 Group, as well as consumer tests, contests, promotions and events organised by entities of Promedica24 Group::

- via e-mail yes, I consent no, I do not consent
- via SMS/MMS yes, I consent no, I do not consent
- via phone yes, I consent no, I do not consent

3. I hereby give consent for Promedica Care Sp. z o.o. with its registered office in Warszawa, at Al. Jerozolimskie 94, 00-807 Warszawa to stay in contact with me following the end of cooperation in order to once more present me with job offers as care worker.

yes, I consent no, I do not consent

The administrator of your personal data provided for the purposes of concluding and executing a mandate agreement is Promedica24 UK Ltd. with its registered office Cassiobury House, 11-19 Station Road, Watford, WD17 1AP, e-mail address: dataprotection@promedica24.uk ; or by phone: +44 20 3318 5475.

The administrator of your personal data provided for marketing purposes and for the purposes of presenting you with job offers as care worker following the end of cooperation is Promedica Care Sp. z o.o. with its registered office in Warszawa, at Al. Jerozolimskie 94, 00-807 Warszawa, e-mail address: daneosobowe@promedica24.pl, tel. no. +48 22 120 21 00.

If you wish to receive detailed information concerning the processing of your personal data, you can contact a personal data protection inspector: dataprotection@promedica24.uk.

Your personal data will be processed for the purposes of concluding and executing a mandate agreement, and, if relevant consent is given, also for the purposes of sending you marketing information or calling you in order to provide marketing information or providing information concerning job offers following the end of cooperation.

Providing personal data is voluntary but necessary to fulfil the abovementioned aims.

The legal bases for the processing of personal data are the following:

- conclusion and execution of an agreement,
- the legitimate interests of Promedica Care Sp. z o.o. to fulfil marketing activities related to the companies of Promedica24 Group,
- the consent for personal data to be processed.

Your data may be accessed by our employees, entities of the Promedica24 Group cooperating with our company, as well as entities outside the Group which provide administrative, accounting, IT, telecommunication, marketing and logistic services for our benefit and support our business. These entities will be able to access your data solely for the purposes of implementing tasks in relation to concluding and executing an agreement or presenting you with job offers. Your data will also be stored by entities operating in the United States of America. These entities joined the Privacy Shield framework approved by the European Commission, which means that they protect personal data adequately.

Your data:

- will be stored after the termination or expiry of the agreement and also if no agreement is concluded, in cases of data processed with respect to activities prior to the conclusion and execution of the agreement, as well as data concerning your health processed under your consent, due to the legitimate interests of Promedica24 UK Ltd. to store your data in order to defend itself against potential claims; the data will be stored for no more than it is required by relevant applicable laws. The duration of storing personal data also concerns storing data of contact persons.
- will be stored, in cases of withdrawing your consent to receiving marketing information, due to the legitimate interests of Promedica Care Sp. z o.o. to store your data in order to defend itself against potential claims; the data will be stored for no more than it is required by relevant applicable laws. No interest in our offer is also regarded as withdrawal of your consent.

You have the right to:

- demand access to your personal data, demand that they are corrected, deleted or that their processing is restricted, object to their processing, and demand that they are transferred;
- withdraw your consent for your personal data to be processed at any time by sending an e-mail to dataprotection@promedica24.uk, or by phone: +44 20 3318 5475 sending a letter or by doing so in person at our offices. Withdrawing your consent does not affect the compliance with the right to process data, if such processing was performed before the consent was withdrawn;
- lodge a complaint concerning our processing of your personal data with a competent personal data protection authority.

Your data will not be used for profiling or for making any automated decisions.

I accept all the above consents related to processing my personal data

Print name and surname: _____

Signature: _____

Place, date: _____