



**Lomack Health Group**  
APPLICATION FORM

162 Bedford Road  
Kempston  
Beds  
MK42 8BH  
Tel: 01234-844034  
[recruitment@lomackhealth.co.uk](mailto:recruitment@lomackhealth.co.uk)

**Personal Details**

Surname ..... Forename(s) .....

Title: ..... Marital Status ..... Date of Birth .....

Place of Birth ..... Nationality .....

Current Address .....

Postcode ..... How long at this address? ..... (If less than 5 years please give details of previous addresses)

Address: ..... P/Code .....

From: ..... To: ..... Home Telephone : ..... Mobile: .....

Other Tel No ..... e-mail .....

Do you have a Full UK Driving Licence? ..... Number of points? .....

Do you own a car? ..... Is your car insured for business use? .....

Emergency Contact Name..... Relationship to you? .....

Tel Work: ..... Tel Home: ..... Tel Mobile: .....

Position Applied For: .....

Salary required: £..... Current Salary: £ ..... Notice Period: .....

Do you have any existing holiday or other commitments that will require you to be absent from work in the next twelve months? **Y/N**. If **Y** please give dates: .....

Do you have any relatives, friends or others known to you who work or have worked for Lomack Health Co Ltd? **Y/N**  
If **Y** please give their name: .....

**References**

Please give details of two **professional referees**, one of whom **must** be your current or most recent UK employer (of at least 3 months duration). Please indicate relationship to you (current or most recent employer). We **cannot** take references from partners, family members or friends.

Name .....	Name .....
Job Title .....	Job Title .....
Organisation Name .....	Organisation Name .....
Address .....	Address .....
.....	.....
Tel No .....	Tel No .....
E-mail: .....	E-mail: .....

## Employment History

Please give a complete list of all employment for **at least** the last ten years to include full-time, part-time and agency work. If there are gaps in your employment history please explain these in the next section. **Start with your current or most recent employer.** This should include agency or temporary positions.

Employers Name: .....  
Address: .....  
Actual work address if different: .....  
From: ..... To: ..... Final salary: £ .....  
Job Title: ..... Reason for leaving: .....  
.....

Employer Name: .....  
Address: .....  
Actual work address if different: .....  
From: ..... To: ..... Final salary: £ .....  
Job Title: ..... Reason for leaving: .....  
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Address: .....  
Actual work address if different: .....  
From: ..... To: ..... Final salary: £ .....  
Job Title: ..... Reason for leaving: .....  
.....

Please explain below any gaps in your employment history:  
Please continue on another sheet if necessary.

.....  
.....  
.....  
.....  
.....  
.....

## Qualifications

Date Obtained	Qualifications	School/College/University	Grade/Status/Designation

## Training & Experience

Please indicate if you have had experience of, or training in, any of the subjects below

- |                                   |                          |                           |                          |
|-----------------------------------|--------------------------|---------------------------|--------------------------|
| Administration of Rectal Diazepam | <input type="checkbox"/> | Medication Administration | <input type="checkbox"/> |
| Autism                            | <input type="checkbox"/> | Basic First Aid           | <input type="checkbox"/> |
| Basic Food Handling               | <input type="checkbox"/> | Control & Restraint       | <input type="checkbox"/> |
| Cross Infection                   | <input type="checkbox"/> | Dementia                  | <input type="checkbox"/> |
| Epilepsy                          | <input type="checkbox"/> | Fire Safety               | <input type="checkbox"/> |
| Health & Safety                   | <input type="checkbox"/> | Key Worker                | <input type="checkbox"/> |
| Learning Disabilities             | <input type="checkbox"/> | Makaton                   | <input type="checkbox"/> |
| Managing Challenging Behaviour    | <input type="checkbox"/> | Mental Health             | <input type="checkbox"/> |
| NAPPI                             | <input type="checkbox"/> | Observations/Charts       | <input type="checkbox"/> |
| Person Centred Care               | <input type="checkbox"/> | Practical Care Skills     | <input type="checkbox"/> |
| Risk Assessment                   | <input type="checkbox"/> | Sign Language             | <input type="checkbox"/> |
| SOVA                              | <input type="checkbox"/> | Moving & Handling         | <input type="checkbox"/> |

Please give details of any other relevant training/experience not shown on the list above:

.....

.....

.....

Please give details of any current/ongoing training:

.....

.....

.....

Do you have any skills/interests that might be used for the benefit of our service users?

.....

.....

.....

Write down the three words that best describe your personality or character:

.....

.....

**Rehabilitation of Offenders Act 1974**

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

**Have you ever been convicted of a criminal offence? .....**Yes / No

Lomack Health has a Policy on the Recruitment of Ex-offenders which you are entitled to see. This Policy states that Lomack Health will consider each application on the basis of the applicant's experience, qualifications and an assessment of their ability to fulfil the job for which they are applying. Lomack Health also has a duty of care to its service users and others. If you have answered 'yes' to the above question please give details of all convictions and cautions, spent or not, on a separate sheet of paper and send them marked 'Private & Confidential' to the General Manager, Lomack Health Company Ltd. You will then be given the opportunity to discuss your record with the General Manager before any final decision is taken on the offer of employment

**Have you ever been subject to disciplinary procedures or investigation in any previous employment? .....**  
(If you answer 'Yes' to this question please supply full details on a separate sheet of paper:)

**Enhanced Criminal Disclosure**

You are required under the Care Standards Act 2000 to obtain an Enhanced Disclosure and Barring check for each relevant post. The employee will be required to pay for this Disclosure as it will be their property.

**Declaration:**

- 1. I am willing to apply for a DBS Disclosure and can state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.
- 2. I also give permission for a copy of the disclosure to which I am subject, being made available upon request to a named Authorised Person, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name (Print) ..... (Sign)..... Date .....

**Disability Discrimination Act 1996**

Do you consider yourself to have special needs or a disability? **Y/N.** (This information is sought under the Disability Discrimination Act 1996 and enables us to ensure compliance with the act and our own equal opportunities policy.)

If YES, please give details .....

**Working Time Regulations**

The working time regulations state that no worker can be forced to work for more than 48 hours per week, averaged over 17 weeks. They also require that every worker should have one full day off in each seven day period. Lomack Health fully supports the working time regulations but also understands that some workers may wish to work in excess of 48 hours per week.

If you feel that you do **not** wish to be bound by the Working Time Regulations whilst providing services to Lomack Health you should sign the opt-out agreement below. The decision to sign the opt-out agreement or not, is a matter of personal choice, and will not affect your relationship with Lomack Health in any way. Please note that if you decide to sign the opt-out agreement below and then change your mind, you can withdraw your consent at any time by giving Lomack Health 14 days written notice. If no notice is given this agreement will automatically expire after five years.

**I agree that I may work for more than an average of 48 hours per week. If I change my mind, I will give 14 days notice in writing to end this agreement.**

**Signed .....** **Date .....**

**Declaration**

I confirm that the information I have given on this form is true and correct. I understand and agree that, if I submit any false or misleading information or omit any material, this may result in an offer of work being withheld or, if I have already been working, in my dismissal. I hereby certify that I am permitted to work in the UK. I have no objection to my details being held on computer records for administrative purposes by Lomack Health Company Ltd

**Signed** ..... **Date** .....