



# CALDWELLCARE

RESIDENTIAL CARE FOR THE ELDERLY

This policy relates to Caldwell Group Limited companies specifically Caldwell Care Limited T/A The Firs and Caldwell & Beling Ltd T/A Merok House

**Caldwell Group Ltd**  
**Caldwell Care Ltd**  
**Caldwell & Beling Ltd**  
**Employment application form**

You are requested to complete the following employment application form and return it to the appropriate manager.

**Your personal details**

Title	
First names	
Last Name	
Male/Female	
Date of birth	
Age	
Home address	
Home tel no	
Mobile tel no	
Current daytime tel no	
Email address	
Name and address GP	
Nationality	
Do you have a current driving licence?	
Do you have any points on your licence?	
Do you have the use of a car?	
Position applied for	



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## Current or most recent employment details

Company/Employer name	
Address	
Telephone number	
Nature of the business	
Your position within the business	
Your responsibilities	
Your period of employment	
Your rate of pay (please enclose copy of most recent payslip)	
Your reason for leaving	
Have you given notice to your current employer	
How soon could you commence work	
Do you have any holiday commitments	
Any other comments	



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**Full previous employment history or attach a copy of your CV. Please give an explanation for any gaps in your employment history. Attach a continuation sheet if necessary.**

Company name	Position and main responsibilities	Period of employment	Reason for leaving	Contact name and telephone number



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Company name	Position and main responsibilities	Period of employment	Reason for leaving	Contact name and telephone number

## Training

Please give details of any qualifications that you hold or training that you have received that is applicable to this application

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## Availability

**It is important that our workforce is as flexible as possible and able to not only complete their own shifts but also cover holiday and sickness for others. We therefore value flexibility and strong availability as a tremendous asset.** Please let us know your availability by ticking the appropriate boxes below. Alternatively if you are available at any time please delete the "NO" instead.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Night							

I am available at any time **YES / NO** (Please delete as appropriate)

## References

**Please give the details of two previous employers as referees. These should be from your last two periods of employment.**

Contact name reference 1	
Business name	
Business address	
Tel no	
Email	

Contact name reference 2	
Business name	
Business address	
Tel no	
Email	



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### Rehabilitation of offenders declaration

The provisions relating to the non disclosure of criminal convictions do not apply to certain occupations and activities. The position for which you are applying is one which is exempted under the above order therefore it is necessary for you to disclose any criminal convictions, even if under the rehabilitation of offenders act they would otherwise be regarded as spent.

Note: Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. If however you are appointed failure to disclose any criminal conviction will lead to your employment being terminated.

Have you been convicted of any criminal offence at any time?	Yes/No
If yes please give full details	
Signature	

When you attend for interview you will need to bring the following forms of identification and verification. Please tick the box to confirm that you can produce these items and that you will bring them to interview.

1	Birth certificate	
2	Drivers licence	
3	Passport	
4	Utilities Bill	
5	Copy of most recent payslip	
6	Residency visa and work permit where appropriate	

Any employment with Caldwell Group Ltd, Caldwell Care Ltd or Caldwell & Beling Ltd will be subject to the following:

- Completion of an application form
- Provision of two references one from current or most recent employer
- Complete a Rehabilitation of Offenders Declaration
- Agree to a Disclosure and Barring Service Enhanced check
- You will be given and expected to sign a contract of employment
- You must be confidential with any information you receive or use within the home and complete a confidentiality agreement

I hereby certify that the answers given in this questionnaire are complete and true to the best of my knowledge.

Signature	
Date	



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## **Caldwell Group Ltd Pre-Employment Medical Questionnaire**

You are requested to complete the following medical questionnaire and return it with your application form.

This questionnaire will be retained by Caldwell Group or one of its subsidiaries and treated confidentially. It will be used only to assess your fitness for your proposed role. In rare circumstances, subsequent to a job offer, it may be necessary to contact your GP or a specialist for further information. In this event we will contact you first before requesting a report. In the supplying of personal information on this form and any subsequent personal information you are deemed to have given explicit consent, within the interpretation of the Data Protection Act, for the processing of your personal information for pre-employment assessment.

We have considered our pre-employment health questions in light of government advice. The questions are either directly related to an intrinsic element of the job or will allow us to take “positive action” to assist people who are disadvantaged or under-represented in employment.

<b>Your personal details</b>	
Title	
First names	
Last Name	
Male/Female	
Date of birth	
Home address	
Home tel no	
Mobile tel no	
Current daytime tel no	
Email address	
Name and address GP	
Position applied for	



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Please answer the following questions as best you can, giving further \*details in the box below where appropriate.

1	Are you currently in good health?	Yes/No
2	Are you currently having or awaiting any medical investigation or attending appointments with a GP or specialist or receiving any treatment/medication/therapy?	Yes/No
3	Number of days sickness absence in the last 2 years. Please give details including the number of episodes below.	
4	Do you have any problems using a VDU/keyboard or other IT equipment?	Yes/No
5	Do you have any difficulties with vision, hearing, reading, writing, speech or mobility?	Yes/No
6	Do you have any special equipment needs or require any adjustments to carry out your proposed role?	Yes/No
7	Have you ever been ill-health retired, been unable to take or continue in a job on health grounds?	Yes/No
8	Do you consider yourself to have a disability as defined by the DDA?	Yes/No
9	What is your weight?	
10	What is your height?	
11	Do you smoke? If yes how many per day?	Yes/No
12	What is your average weekly consumption of alcohol?	

**\*Details (please give approximate dates)**





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**Do you currently have or ever have had any of the following?  
(give \*details for any positive answer)**

13	Heart condition, raised blood pressure, stroke	Yes/No
14	Chest problems, asthma, recurrent bronchitis, hay-fever	Yes/No
15	Cancer, leukaemia, blood disorder	Yes/No
16	Diabetes, thyroid problems	Yes/No
17	Breast, gynaecological, testicular or prostate problems	Yes/No
18	Seizures, blackouts, recurrent fainting	Yes/No
19	Mental illness, anxiety, depression, stress, psychosis, schizophrenia	Yes/No
20	Chronic fatigue, ME, post-viral fatigue	Yes/No
21	Problems with alcohol or drug consumption	Yes/No
22	Neck, back, shoulder, arm, wrist, hand problems, repetitive strain injury	Yes/No
23	Arthritis or joint problems	Yes/No
24	Stomach or bowel problems, hernia, jaundice, hepatitis	Yes/No
25	Urinary problems, kidney problems	Yes/No
26	Skin problems, allergy, eye or ear problems	Yes/No
27	Recurrent headaches, migraines, neurological conditions	Yes/No
28	Any other serious illness, operations or health issues not mentioned above	Yes/No

**\*Details (give approximate dates)**

I hereby certify that the answers given in this questionnaire are complete and true to the best of my knowledge. I consent to them being used to assess my fitness for my proposed role.

Signature	
Date	



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## **Caldwell Group Ltd**

**Caldwell Care Ltd T/A The Firs 83 Church Road Locks Heath Southampton SO31 6LS**

**Caldwell & Beling Ltd T/A Merok House 46 New Brighton Road Emsworth PO10 7QR**

The registered address for all the above business is Merok House 46 New Brighton Road Emsworth Hampshire PO107QR

Whichever of the above business you are contracted to work for represents “**the employer**” for the purpose of this agreement

## **Employee confidentiality agreement**

You are requested to complete the following confidentiality agreement form and return it to the appropriate manager.

### **Employee's name and address (“the employee”)**

Title	
First names	
Last Name	
Male/Female	
Date of birth	
Home address	
Home tel no	
Mobile tel no	
Email address	
Position applied for	

## **AGREEMENT**

Now it is hereby agreed as follows:

### **Definitions**

In this Agreement, unless the context otherwise requires, “Confidential Information” means all information in respect of the business of the Employer, including, but not limited to, any ideas, business methods, prices, finance, marketing, research, development, manpower plans, processes, market opportunities, intentions, design rights, product information, customer lists or details, trade secrets, computer systems and software, know-how or listings imparted by the Employer, and other matters connected with the products or services manufactured, marketed, provided or obtained by the Employer, and information concerning the Employer’s relationships with actual or potential clients, customers and



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suppliers and the needs and requirements of such clients' or customers' operations.

### **Obligation of confidentiality**

The Employee agrees to treat as confidential all information supplied by or on behalf of the Employer in connection with the Employer's business and all other confidential aspects of the business as defined in "Confidential Information".

### **Exclusions**

This obligation of confidentiality does not apply to:  
any information received from a third party who was legally free at the time of disclosure to disclose it  
any information already in the public domain.

### **Duties of Employee**

The Employee shall not, without the prior written consent of the Employer, permit any of the Confidential Information:

- to be disclosed, except to those of the Employer's employees who may need to have such information
- to be copied or reproduced
- to be commercially exploited in any way
- to pass outside the control of the Employee.

The Employee will keep a record of Confidential Information received and of the people holding that information and will make that available to the Employer on request.

The Employee will return to the Employer all documents containing Confidential Information and all copies of those documents on demand which are in his or her possession or under his or her control, and for this purpose the term "documents" includes computer discs and all other materials capable of storing data and information.

Signed by the employee	
Date	