



# VINEA CARE - Application Form

## A Moment

*to be more than a carer,*

*to partner for and stand for positive change In peoples everyday lives*

### Section A:

Equality, Diversity and Inclusion Monitoring Section (Optional)

Vinea Care is committed to building societies that are inclusive and diverse. We believe that every single person has qualities within them irrespective of their background, and through this empower individuals to be progressive in life. As part of our attainable mission in achieving equitable employment practices we need to monitor community backgrounds of our applicants as stated in our equality policies and the Equality Act 2010.

What position are you applying for?

What are you applying for?

What is your Ethnicity?

What is your age?

What is your gender?

Is the gender you identify with the same as registered at birth

Any Disability as defined by the Disability Act?

What is your sexual orientation?

What is your flexible working arrangement?

Do you have caring responsibilities?

What is your marital status?

What is your nationality?

What is your religion?



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**Section B:** \* *Required*

*We would love to know more about who you are. \**

**B1.** Tell us a bit about yourself?

*Take this opportunity to tell us more about yourself. This section should be used to shed more light on your other skills, knowledge, abilities and experiences that may not necessarily be relevant to this application.*

At Vinea Care, our vision is to create a better everyday life for the many people we serve.

- *Our mission statement spotlights our anchor as an organization, which is to deliver the best care in a compassionate manner.*

**B2.** Tell us how this vision statement relates to you and why? \*



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\* **Required**

We would love to know more about who you are. \*

### B3 Your personal information

Title:	<input type="text"/>	DOB:	<input type="text"/>
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First Name:	<input type="text"/>	Last Name:	<input type="text"/>
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Middle Name:	<input type="text"/>	Preferred Name:	<input type="text"/>
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Full Address:		Gender	
Line 1	<input type="text"/>	Male	<input type="checkbox"/>
Street	<input type="text"/>	Female	<input type="checkbox"/>
City/Town	<input type="text"/>	(Other)	<input type="checkbox"/>
Postcode	<input type="text"/>		

Contact Details	
Email Address	<input type="text"/>
Mobile Number	<input type="text"/>
Landline Number	<input type="text"/>
Other Number	<input type="text"/>

\* Please ensure you have provided an up-to-date and accurate CV during the application process as this will be used to verify your activities for the last **three years**.

- Ensure you **list all of the jobs or assignments** (whether they are full-time, part-time or temporary jobs/contracts) you have had in the last three years.
- Include **details of your highest, completed academic qualification**. If you have also spent any time in education in the last three years in addition to your highest level of education, please include those details.
- Ensure that any gaps within the last three years are accounted for and explained.

I have read the above and I have attached a CV as indicated	<input type="text"/>
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**Section C: \* Required**

*We would love to know more about your availability for work If hired.*

**How many hours are you seeking to work weekly?**

**Please state when you will be available to work?**

Days*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start to Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start to Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start to Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Preferred locations to work?**

**When are you available to start?**

## Getting to work and returning home \*

**What licence type do you hold?**

**If Other, Please state the level of the licence and country obtained from?**

**How will you get to your work?**



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Section D: \* **Required**

### D1 Your address history. \*

Date of Residence at Current Address

Full Address: **Current Address**

Same as Section B3

[Go to D2](#)

Line 1

Street

City/Town

Postcode

*Start with the most recent address.*

*If you have been at your current address for **less than 5 years** please provide all previous addresses below covering the 5 years required\**

Select the Country Name Below

### D2 Previous addresses, if you have stayed less than 5 years at your current address:

Full Address: **Previous Address**

Resident at this address **FROM**

Line 1

Street

City/Town

Postcode

Resident at this address **TO**

Enter Country Name Below

Full Address: **Previous Address**

Resident at this address **FROM**

Line 1

Street

City/Town

Postcode

Resident at this address **TO**

Enter Country Name Below



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Section D: \* **Required**

**Your address history.** \*

Full Address: <b>Previous Address</b>		Resident at this address <b>FROM</b>
Line 1	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	Resident at this address <b>TO</b>
City/Town	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
		<small>Enter Country Name Below</small>

  

Full Address: <b>Previous Address</b>		Resident at this address <b>FROM</b>
Line 1	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	Resident at this address <b>TO</b>
City/Town	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
		<small>Enter Country Name Below</small>

  

Full Address: <b>Previous Addresses</b>		Resident at this address <b>FROM</b>
Line 1	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	Resident at this address <b>TO</b>
City/Town	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
		<small>Enter Country Name Below</small>



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### Section E \* Required

(Next of kin details) In the case of an emergency, who would you like us to contact on your behalf? \*

Full Name of 1<sup>st</sup> NOK:

Full Address:

Line 1

Street

City/Town

Postcode

Is there any other information we may need to know?

Email address:

Mobile Contact Numbers

How are you related to your next of kin choice?

This is my

Full Name of 2<sup>nd</sup> NOK:

Full Address:

Line 1

Street

City/Town

Postcode

Is there any other information we may need to know?

Email address:

Mobile Contact Numbers

How are you related to your next of kin choice?

This is my



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**Section F**\* **Required**

### *Criminal records check list \**

*Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974.*

*You are however required to declare prosecutions or convictions, including those considered 'spent' under (Exceptions) Act Order 1975. You are therefore **NOT** entitled to withhold information about convictions which for purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions will result in your removal from our register. Any information you may give will of course, remain strictly confidential.*

I have read the above and understood its meaning and implications

I *Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with the current guidance?* Yes  No

II *Have you ever been suspended or are you currently under investigation by an NHS Trust professional body or any other organisation?* Yes  No

III *Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?* Yes  No

IV *Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB)* Yes  No

V *Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held.* Yes  No

*In cases you answered yes to the questions above, please provide more information:*





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Section F: \* Required

### Criminal records check list (Continued)\*

Do you have an Enhanced DBS disclosure certificate?  YES  NO

Are you registered with the DBS Update Service?  YES  NO

If you answered "YES", please provide your Disclosure Number

I give consent to Vinea Care Limited to check online my DBS update service for the duration of my employment.

Which company conducted the DBS check

Vinea Care Limited will undertake an Enhanced DBS check on your behalf. You will not be placed into work without having completed a current DBS check. Please contact our recruitment team to check the process for completing the DBS application online. These will be returned to you immediately. Please note that, if at any stage whilst working with Vinea Care Limited, we receive a DBS enhanced disclosure that highlights information you have not declared then you will have to be removed from your assignment(s).



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### Section G:

### References \* Required

#### G1 Professional Reference

<b>First Reference</b>	Can we contact this referee? *	<input type="checkbox"/>
<b>Organisations Name</b>	<b>Referee Email</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Job Title</b>	<b>Work telephone</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Grade/Brand</b>	<b>Address details</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Referee Name</b>	<b>Post Code</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Referee Band/Grade/Relationship</b>	<b>Dates of employment</b>	
<input type="text"/>	From <input type="text"/>	To <input type="text"/>



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Section G: \* **Required**

### G2 Character Reference

<b>Second Reference</b>	Can we contact this referee? *	<input type="checkbox"/>
<b>Organisations Name</b>	<b>Referee Email</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Job Title</b>	<b>Work telephone</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Grade/Brand</b>	<b>Address details</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Referee Name</b>	<b>Post Code</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>Referee Band/Grade/Relationship</b>	<b>Dates of employment</b>	
<input type="text"/>	From <input type="text"/>	To <input type="text"/>



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Section H: \* **Required**

### Medical questionnaire \*

This questionnaire will assist Vinea Care in placing you in the safest working environment. Our aim is to promote good health, and it is therefore essential that you have all the required immunizations and are open and honest regarding any changes, we in turn will treat all declarations confidentially and try our best to assist you without prejudice.

#### GP Details \*

Full Address:

Line 1

Street

City/Town

Postcode

GP Full Name

GP Practice Name

Email Address

Telephone Number

#### Medical History \*

Please select

I Have you any pre-existing problems either physical or psychological which have been caused by your job?

II Do you have any physical or psychological problems that may affect your performance or ability to do the required job?

III Are you currently waiting for treatment for any ailment?

IV Do you require any special assistance because of Health problems?

V Have you ever been unable to work because of back injuries?

In cases you answered "Yes" to the above questions, please elaborate and expand your answer below.



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\* Required

### Medical questionnaire \*

Tuberculosis \*

The following series of questions are asked to follow the NICE guidelines of 2006 for the prevention and control of Tuberculosis (TB)

Please select  
Yes or No

- I Have you lived in the UK continuously for the last 5 years?  
*If your answer is no, please list all the countries you have lived in during this period below*
- II Have you had a BCG vaccination? If Yes, then please provide the date of this
- III Any unexplained weight loss?
- IV Recurring fevers, especially during the night?
- V Have you had a cough which has lingered for 3 weeks or more?
- VI Have you been in contact with a person suffering with TB recently?
- VII Have you travelled abroad within the last 12 months?

In cases you answered "Yes" to the above questions, please elaborate and expand your answer below.



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\* **Required**

### Medical questionnaire \*

Immunisation  
History \*

If you answered "Yes", to any of the questions below, then please specify the dates and /or the vaccine name (In some cases) in question.

Please select  
Yes or No

Have you had the following immunisations?:

	Vaccine Name	Date	
<b>I COVID-19</b>	1 <sup>st</sup> Dose		
	2 <sup>nd</sup> Dose		
	3 <sup>rd</sup> Dose		
	Boosters:		
	1 <sup>st</sup> Dose		
	2 <sup>nd</sup> Dose		
<b>II Polio</b>			
<b>III Tetanus</b>			
<b>IV Triple vaccination – Diphtheria, Tetanus, Polio</b>			
<b>V Hepatitis B dose</b>	1 <sup>st</sup> Dose		
	2 <sup>nd</sup> Dose		
	3 <sup>rd</sup> Dose		
	Boosters:		
	1 <sup>st</sup> Dose		
	2 <sup>nd</sup> Dose		
<b>VII Hep B titre level &gt; 100</b>			
<b>VIII Shingles and Chicken Pox</b>			



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\* **Required**

### Medical questionnaire \*

Health guidance states that all new health care workers must undergo health clearance, including screening for blood-borne viruses (BBVs) for those performing Exposure Prone Procedures (EPPs). Please note that Vinea Care does not intend to prevent those infected with BBVs from working in the health and social care sector, but rather to restrict these persons from working in clinical settings where their infection may pose a risk of infection to patients in their care.

#### What are EPPs?

These are invasive procedures where there is a moderate risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. EPPs are procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues. Sharp tissues may be spicules of bone or teeth for instance inside a patient's open body cavity, wound or confined anatomical space where the hands may not be completely visible at all times. In cases where the hands and fingertips of the worker are visible and outside the patients body at all times are considered non-EPP.

Exposure Prone Procedures  
(EPP)

If you are going to work in these specific environments you will need to show proof of the following

Hepatitis B Surface Antigen

HIV

Hepatitis C

D D M M Y Y Y Y

D D M M Y Y Y Y

D D M M Y Y Y Y

Test date

Test date

date

For each test you need a negative antibody test. These must be validated, identified samples.



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*Thank you for going through this application form*

Your application form will not be processed if you have not gone through this final section. The recruitment team will always start by looking at this section, even though it is one of the very last pages. Be sure to complete this section correctly please. **Field** refers to boxes within this form that can be filled or interacted with

### Checklist

Section	Section Title	* Required – Mandatory Fields All fields within this section have been completed correctly.
<b>B</b>	Knowing More About You	<p>I have answered the following questions within this section:</p> <p>B1 "Tell us a bit about yourself" <input type="radio"/> Yes <input type="radio"/> No</p> <p>B2 "Tell us how this vision statement relates to you and why" <input type="radio"/> Yes <input type="radio"/> No</p> <p>B3 I have provided my personal Information. <input type="radio"/> Yes <input type="radio"/> No</p> <p>B3 I have attached an updated CV as indicated in this section. <input type="radio"/> Yes <input type="radio"/> No</p> <p>The CV has at least 5 years of activities documented and explained. <input type="radio"/> Yes <input type="radio"/> No</p> <p>All gaps in time have been accounted for within this CV. <input type="radio"/> Yes <input type="radio"/> No</p>
<b>C</b>	Availability for work if hired	<p>I have detailed the different times I believe I would be available to work should my application be successful. <input type="radio"/> Yes <input type="radio"/> No</p> <p>I have explained how I will get to work and returning home <input type="radio"/> Yes <input type="radio"/> No</p>
<b>D</b>	Address history	<p>I have provided 5 years worth of my address history <input type="radio"/> Yes <input type="radio"/> No</p> <ul style="list-style-type: none"> <li>The <b>bottom Right field</b> has been populated with the relevant country of residence for each address <input type="radio"/> Yes <input type="radio"/> No</li> </ul>
<b>E</b>	Your Next of Kin	<p>I have provided my next of kin details fully <input type="radio"/> Yes <input type="radio"/> No</p> <p>I have stated how I am related to them <input type="radio"/> Yes <input type="radio"/> No</p>
<b>F</b>	Criminal records check list	<p>I have agreed and ticked that I have read the Rehabilitation of offenders act 1974 <input type="radio"/> Yes <input type="radio"/> No</p> <p>All other questions have been answered and where I have answered 'yes' I have explained briefly <input type="radio"/> Yes <input type="radio"/> No</p>
<b>G</b>	Reference	<p>I have provided detailed information of both my Professional and Character references. <input type="radio"/> Yes <input type="radio"/> No</p> <p>I have indicated if you can or can not contact these my references. <input type="radio"/> Yes <input type="radio"/> No</p>



My signature confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK & Ireland and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to Vinea Care

**Full Name****Date Signed**

D D

M M

Y Y Y Y