

## APPLICATION FORM

*It is important that you type or write clearly using black ink when completing this application form. Do not write with any other ink as it will not be considered*

Completed applications should be returned to:  
DYNMAIC IMPACT LTD, 194 Acre Lane, London. SW2 5UL  
OR recruitment@dynamicimpacts.co.uk

Post applied for	
Where did you first see the post advertised	

<b>Personal Details</b>	
Surname:	Title:
Forename(s):	Date of Birth:
Home address (Including postcode):	
Telephone Numbers	Home:
	Mobile:
Email:	
Driving licence number:	
National Insurance:	
Vaccination Status: Yes <input type="checkbox"/> No <input type="checkbox"/> Medically exempt <input type="checkbox"/> <small>**Covid 19 vaccination**</small>	
Date Of First Vaccine:	
Date Of Second Vaccine:	
Date Of Vaccine Booster:	
I declare that the information given on this form is, to the best my knowledge and true. I understand that if it is subsequently discovered that any statement is false, I will be disqualified from the selection process, an offer of employment may be withdrawn, or I may be dismissed from employment without notice.	
Signature:	Date:

<b>Languages</b>	
Do you speak or read any other language?	Yes/No
If yes, give details:	

<b>Secondary Education</b>	
School name and address	Examinations (Grades)

<b>Further Education and Training</b>			
University/College	Type of Course	Subjects	Qualification or Class of degree

<b>Occupational qualifications</b>	
College/Institute	Qualification/Level

<b>Membership of professional body/ Registration /Pin Number</b>	

**Previous Employment***A full work history is required, explaining any gaps in employment*

Employers name & address	Job title	From	To	Reason for leaving
		(month & year)		

**Permission to work in the UK**

Are there any restriction to your residence in the UK that might affect your right to take up employment in the UK?

If you are successful in your application, would you require permission to work in the UK?

**Next of Kin**

Emergency contact name	
Relationship	
Contact number	
Emergency contact name	
Relationship	
Contact number	

**References**

Work reference 1 (Most Recent Employer) not member of your own family

Name	
Address	
Organisation/Institution	
Occupation	
Telephone number	

Email	
Work reference 2 (not member of your own family)	
Name	
Address	
Organisation/Institution	
Occupation	
Telephone number	
Email	

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, at Dynamic Impact Ltd we adopt a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Dynamic Impact Ltd.

Please tick to show your agreement to this. ☐ OK

<b>Personal Statement</b>
Use this section to explain how your skills, achievements, qualifications, and experience make you suitable for this job. You may give any example paid and unpaid experience
Do you have an NVQ Level 2 in Health and Social Care?
If you do not have this qualification, are willing to attend training and complete NVQ Level 2 within two years of starting employment?

Are you willing to attend further training as part of the role?
What evidence or examples can you give us to show that you are able to undertake personal care?
What evidence or examples can you give us to show that you are organised and reliable with good timekeeping skills?
What evidence or examples can you give us to show that you have caring and patient nature and that you are sensitive to the needs of others?
What evidence or examples can you give us to show that you are a team player?
Do you have a good level of written and spoken English?
<i>(This will be tested at the interview.)</i>

Dynamic Impact Ltd is striving to be an equal opportunities employer. To ensure that we follow our equal opportunities policy, we need to capture information on the diversity of our applicants and employees. This information provided will be confidential and will be used for monitoring purposes only.

<b>Age</b>	Under 16 <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75 and over <input type="checkbox"/>
<b>Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Do you have any disability?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>What is your religion or belief?</b>	Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other: .....
<b>What is your sexual orientation</b>	Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Straight <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>What is your ethnic group?</b>	<b>White</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Other.....  <b>Mixed</b> white and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Asian <input type="checkbox"/>  <b>Asian or Asian British</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Afghani <input type="checkbox"/> Other.....  <b>Black or Black British</b> Caribbean <input type="checkbox"/> Nigerian <input type="checkbox"/> Ghanaian <input type="checkbox"/> Somali <input type="checkbox"/> Other.....  <b>Other ethnic Group</b> Chinese <input type="checkbox"/> Other.....

Health Assessment Questionnaire	
Have you had any medical problem in the past that has prevented you from working at night?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you diabetic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you subject to angina, or other heart problems that may affect your fitness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had duodenal or stomach ulcers in the past, or are you under treatment for those at present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any continuing bowel problem, for instance following major surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any chronic chest problem such as asthma, emphysema, or bronchiectasis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any disability affecting mobility that will cause difficulties in arranging night work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any recurrent or continuing sleep disturbance requiring medical advice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you having specialist care requiring your attendance at hospital clinics for treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other health problem that affects your fitness for night work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give the names of any prescribed medications that you take regularly:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give any further details that you would like to bring to our attention.	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Working with Dynamic Impact Ltd

It is our policy at Dynamic Impact to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age, or disability.

I authorise Dynamic Impact Ltd to obtain references to support this application once an offer has been made and accepted and release Dynamic Impact Ltd and referees from any liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name.....

Signature..... Date.....

Please complete the additional form: equal opportunities monitoring form  
*You are under no obligation to complete the above-mentioned monitoring form*

**Criminal Record Check**

I have completed an application for a criminal record check and can further 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.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name.....

Signature..... Date.....

**Employee Consent Form**

I confirm that my information can be shared with clients of Dynamic Impact Ltd and can be used for the payment of duties I carried out.

I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer up to 3 months' notice in writing to end this agreement.

Yes ☐ No ☐

Name.....

Signature..... Date.....



Thank you for completing the application form. Please return this document to:

Dynamic Impact Ltd  
194 Acre Lane  
London  
SW2 5UL

Alternatively, you may email the completed application form to:  
[recruitment@dynamicimpacts.co.uk](mailto:recruitment@dynamicimpacts.co.uk) If you need to discuss any questions within this  
application form, please contact Dynamic Impact Ltd on **02036090110/ 02082875218**