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# APPLICATION FORM FOR EMPLOYMENT AS CARE SUPPORT WORKER

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*because we care*



MAY 1, 2014  
QG CARE SERVICES  
[www.qgcare.com](http://www.qgcare.com)

## APPLICATION INSTRUCTION

The role of a carer or support worker is to help customers to become independent by assisting them in their own homes. Carers are expected to visit customers in their home. The visit may range from 30 minutes to several hours. One customer may be seen once a week or several times in a day. You may be expected to live with client for days or for weeks. Your role will be to support our customers with tasks such as help with personal care and domestic tasks, accompany to the shops, hospital or on social events to enable them to be a part of their community. It is the expectation that your support will make a real difference to our customers in enabling them to live independently in their homes and in the community.

The Following is the application procedure;

- 1) Download and Print the Application Form from [www.qgcare.com/career.php](http://www.qgcare.com/career.php)
- 2) Fill the form appropriately
- 3) Proceed to the Bank to make application Payments. (Find Banking Details Below).

<b>Account Name:</b>	Quendon Genesis Ltd.
<b>Account Number:</b>	0045832166
<b>Bank:</b>	Diamond Bank Plc.
<b>Amount:</b>	2000.00 Naira

- 4) Proceed in Person to QG Care Office with the following;

- i. Filled Application Letter.
- ii. Payment Teller.
- iii. Valid ID Card.

- 5) Await Screening.

# Application Form for Employment as a Care Support Worker

<b>Personal Details</b>					
<b>Title:</b>		<b>Forename</b>		<b>Surname</b>	
<b>Address</b>					
<b>Date of Birth:</b>					
<b>Current Driving License</b>	<b>Yes</b>	<b>No</b>	<b>How many years have been driving?</b>		

<b>Contact Information</b>	
<b>Mobile Telephone</b>	
<b>Mobile Telephone</b>	
<b>Email</b>	

<b>Education and Training</b>
<b>School</b>
<b>Colleges and University's</b>
<b>Vocational Qualifications (NCE, Diploma, City and Guild, First Aid etc.)</b>

## Work History

Please detail every job since leaving full time education; giving explanations for any gaps in employment

From	To	Job role and brief description of responsibilities and tasks carried out	Company Address and contact details (telephone, email)	Reason for Leaving

## References

Due to the nature of the position we are required to have two references for each employee. Please provide details of two referees one of these must be your current employer.

Contact details (telephone, fax, email)	Contact details (telephone, fax, email)

## Heath Details

It is important that Complete Care Services staff are reliable and punctual; please provide information for the questions below

How many sick days have you taken in the past 2 years?

How many different periods of absence was this over?

Please give details of any other time off work in the past 2 years; including any parental leave taken in the past 12 months.

**Do you or have you in the last three years, suffered from any physical illness, disability, mental or psychiatric disorder or impairment which could affect your ability to care for those people who are subject to this application**

No

Yes (if yes please give details)

## Criminal Record

The provisions relating to the non-disclosure of criminal convictions, including official police cautions, do not apply to the position you are applying for. You must therefore disclose any criminal convictions or cautions.

Please note that due to the nature of the job we will carry out thorough check of information you have provided, if you are found to have a criminal record and you do not disclose it on the application form it will seriously jeopardise your chances of securing a job with us.

Have you ever been cautioned or convicted of a criminal offence at any time? Please include spent sentences. If yes, please give details of the caution/s or/and conviction/s and the date/s.

## **Disciplinary Procedures**

**Have you ever been disciplined/ dismissed or asked to resign in present or past employment? If you have please give full details.**

## **Suitability for Position**

**Please give details of why you think you are suited to the position; including any strengths you have, benefits you will bring to the company etc.**

## **Right to Work in Nigeria**

**Note: the company will require proof of this right before an offer of employment can be confirmed – e.g. Birth certificate/Nigerian and or ECOWAS Passport document required to confirm your right to work in Nigeria .**

Do you have the right to work in the Nigeria? Yes  No

## Other Information

Please use the space to detail any other relevant information including your availability to work including times and days.

# Equal Opportunities Form

We strive to be an equal opportunity employer, and our policy on this important subject is contained within our Employee Handbook. Our policy is designed to ensure that none of our employees or prospective employees receives less favourable treatment as a result of their sex, disability, sexuality, marital status, colour of skin, race, creed or ethnic origin. Equally, we aim to ensure that no such employee is disadvantaged by terms and conditions of employment, which cannot be justified.

So that we can monitor the effectiveness of our policy and subsequent actions, we need to mirror the sex and ethnic origins of our employees, and to this end, we ask for your co-operation in providing the following information.

<b>Sex:</b> Male <input type="checkbox"/>	Female: <input type="checkbox"/>
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<b>Ethnic Origin:</b>			
Yoruba <input type="checkbox"/>	Ibo/Igbo <input type="checkbox"/>	Hausa <input type="checkbox"/>	
Nigerian Other <input type="checkbox"/> (Please specify).....			
West African Ghana <input type="checkbox"/>	Togo <input type="checkbox"/>	Benin <input type="checkbox"/>	
Niger <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify) .....		



## **Guarantor**

**Please provide the details of one upstanding member of your community who is able to attest to your character and suitability for this position. The person must be a cleric (your pastor, imam or religious leader), a medical doctor, a lawyer or a judge.**

**Name:**

**Address:**

**Telephone Number:**

**In what capacity are you Known to this person**

## **Declaration**

**I declare that the information given on this application form is correct, and I understand that the information may be verified, where it is considered to be necessary. I also understand, that the failure to declare any relevant information or make false entry on this application form could constitute as a criminal offence and instant dismissal.**

**Signed:**

**Date:**