HUTANO HEALTHCARE
SERVICES LTD

Healthcare Assistant Agency Application Form

Personal Information

1. Full Name: _____

2. Home Address: _____

_____

_____

County:_____

Postcode:_____

3. Phone Number (Home):_____

Phone Number (Mobile):_____

Email Address:_____

4. Date of Birth (DD/MM/YYYY): _____

5.Nationality: _____

Do you hold a valid work permit or EU passport? (Yes/No) :_____

PPS Number: _____

6. Do you have the right to work in Ireland? (Yes/No) _____

If not, do you have a work visa or permission to work in Ireland?(Yes/No) _____

Visa Type (if applicable):_____

Emergency Contact Information

1. Name of Emergency Contact:_____

2. Relationship to You:_____

3. Phone Number:_____

4. Alternative Phone Number: _____

Employment History

Please provide details of your previous employment, focusing on care-related roles and experiences.

1. Employer Name:

Job Title/
Position:_____

Dates of Employment: From _____ To _____

Main Responsibilities:
_____

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Reason for
Leaving:_____

Supervisor's
Name:_____

Supervisor’s Contact Number/
Email:_____

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2. Employer Name:

Job Title/
Position:_____

Dates of Employment: From _____ To _____

Main Responsibilities:
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Reason for
Leaving:_____

Supervisor's
Name:_____

Supervisor’s Contact Number/
Email:_____

Please continue to list any additional relevant employment history on a separate sheet if necessary.

References

Please provide at least two professional references who can speak to your suitability for the role. These should ideally be previous employers or supervisors from the healthcare field.

1. Reference
Name:_____

Relationship to You:
_____

Position/
Title:_____
_

Organization:_____
_____

Phone
Number:_____
__

Email
Address:_____
___

How long have you known the referee?
_____

2. Reference
Name:_____

Relationship to You:
_____

Position/
Title:_____
_

Organization:_____
_____

Phone
Number:_____
__

Email
Address:_____
___

How long have you known the referee?
_____

Qualifications & Training

Please list any qualifications, certifications, and training relevant to the Care Assistant role. Please also include the issuing body and dates of completion. If the certification is due for renewal, please specify the renewal date.

1. Qualification/ Certification:_____

_____
_____

Issuing Body:
_____

Date Obtained:_____
_____

Expiry Date (if applicable):_____

2. Qualification/ Certification:_____

_____
_____

Issuing Body:
_____

Date Obtained:_____
_____

Expiry Date (if applicable):_____

3. Manual Handling Training: (Yes/No)
_____

Date of Completion:
_____

Expiry Date (if applicable):_____

4. First Aid/CPR Certification:(Yes/No)
_____

Date of Completion:
_____

Expiry Date (if applicable):_____

5. Safeguarding Vulnerable Adults: (Yes/No)
_____

Date of Completion:_____
____

Expiry Date (if applicable):_____

6. Dementia Care Training:(Yes/No)

Date of Completion:_____

Expiry Date (if applicable):_____

7. Other Relevant Training or Qualifications (please specify):

_____
_____

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Skills & Competencies:

Please describe your skills and experiences that make you suitable for the Care Assistant position.

Empathy and Communication Skills:

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_____

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Experience in Personal Care:

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Experience with Elderly/Dementia Care:

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Experience with Palliative or End-of-Life Care:

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Other Skills (e.g., language skills, specialist training):

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Availability

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Please provide details of your preferred working hours and any scheduling requirements.

1. Preferred Type of Employment: (Full-Time / Part-Time) _____

2.Available to work: (Days / Nights / Weekends / Holidays) _____

3. Are you willing to travel to clients' homes in different areas?(Yes/No) _____

Do you have a valid driver's license? (Yes/No)
_____

Do you have access to a car? (Yes/No)
_____

Health Declaration

1. Do you have any health conditions that might affect your ability to perform the duties of a Care Assistant? (Yes/No)_____

If yes, please provide details:

_____
_____

_____
_____

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2. Are you currently taking any medication that might impact your ability to work? (Yes/No) _____

If yes, please provide details:

_____
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Criminal Record Check (Garda Vetting)

1. Have you been subject to Garda Vetting? (Yes/No)
_____

If yes, please provide the date of vetting and the reference number (if available):

_____
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2. Do you have any criminal convictions? (Yes/No)
_____

If yes, please provide details:

_____
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Consent & Declaration

1. Consent to Garda Vetting:

I consent to the processing of my personal details for Garda Vetting purposes. (Yes/No) _____

2. Accuracy of Information:

I declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false or misleading

information may result in disqualification from the recruitment process or termination of employment.

Signature:_____

Date:_____

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