



APPLICATION FORM

PLEASE FILL IN THIS FORM IN BLOCK CAPITALS

Position Applied for: *

Please circle.

Mr/Mrs/Miss/Ms/Dr

First name (s) *

Surname *

<input type="text"/>	<input type="text"/>
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Date of Birth *

National Insurance Number *

Contact Number *

E-mail Address *

Postal Address *

Nationality *

Passport Number



CAPACITY TO WORK IN THE UK*

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

No *(delete as appropriate)*

If yes, please provide details.

If you are successful in the application, would you require a work permit prior to taking up employment?

Yes / No *(delete as appropriate)*

Own Transport (Yes/No):

Clean current driving license:

How long has your license been held:

Endorsements:

PERSONAL QUALIFICATIONS

Qualifications

Year Obtained

Qualifications	Year Obtained

Professional Body e.g. NMC, GMC etc.

Registration Number

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EMPLOYMENT HISTORY

Current/most recent first: Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Other roles (use additional sheet):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.



Any offer of employment may be made subject to a satisfactory medical report.

GP's name:	
Tel no:	
Address:	

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Full name:	
Relationship:	
Tel no:	
Address:	



REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

CURRENT OR MOST RECENT EMPLOYER

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

PREVIOUS EMPLOYER TO THE ONE ABOVE

Name:	
Address	
Post code:	
Tel No:	
Job title:	



BANK DETAILS

APPLICANT NAME:
ADDRESS:
NAME OF BANK AND ADDRESS:
ACCOUNT NUMBER:
SORT CODE:

OPT OUT AGREEMENT

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

Signed..... Date..... /...../.....



CRIMINAL RECORD

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed: _____

Date: _____

