

**Confidential Application Form**

**Position applied for:**

□Nursing (RGN/RMN) □HCA/Support Worker

**Work Preference**

Preferred location.................................................................................

Please state the radius in miles .............. from home address.

Full Time □ Part Time □ Weekends □ Weekdays □ Nights □

Date available to start work: ……………………………………………..

What hours are you looking for: …………………………………………

**Personal Details**

|  |  |
| --- | --- |
| Forename: | Title MR MRS MS MISS |
| Surname: | Date of Birth: ..../...../........ |
| Nationality: | NI number: |
| Permanent Address: | |
| Post code: |  |
| How long have you lived at your current address for? | |
| Mobile Number: | Email Address: |
| Do you hold a current UK driving license? Yes......... No....... | |
| Are you a vehicle owner? Yes........ No.......  **Next of kin to be notified in the case of an emergency:** | |
| Full Name: | |
| Address: | |
| Nature of Relationship: Please specify if this is your actual relative: | |
| Tel: | Mobile No: |
| Email Address: | |

# **Qualifications, Training, Professional Qualifications**

|  |  |  |
| --- | --- | --- |
| Professional Qualifications gained/ Training courses attended | University/ Institutions | Date of Qualification/Training. |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**Employment History & References**

Please, provide name, address and contact details of your professional references, one of which must be your present or last employer/ line manager – We don't accept family members.

(Please list present and previous employment including voluntary work)

|  |  |
| --- | --- |
| From: To: | Company Name: |
| Referee Full Name: |  |
| Referee Job Title: |  |
| Company Address: |  |
| Referee Telephone Number: |  |
| Referee Email Address: |  |
| Your Duties and Responsibilities: |  |
| Please confirm if you give us permission to contact this reference: | Signature: Date: |

|  |  |
| --- | --- |
| From: To: | Company Name: |
| Referee Full Name: |  |
| Referee Job Title: |  |
| Company Address: |  |
| Referee Telephone Number: |  |
| Referee Email Address: |  |
| Your Duties and Responsibilities: |  |
| Your Reason for leaving: | Please confirm if you give us permission to contact this reference:  Signature: Date: |

# Character Reference

Please, provide name, address and contact details of a Character Reference (This could not be a family member),

|  |  |
| --- | --- |
| Referee Full Name: |  |
| Referee Job Title: |  |
| Referee Address: |  |
| Referee Relation to you: |  |
| Referee Telephone Number: |  |
| Referee Email Address: |  |
| How long have you known them for? |  |

## **Disability Discrimination Act 1995.**

Are you registered as disabled? Yes...... No.......

This information will be used in the short-listing process. If you have a disability, according to the disability discrimination Act 1995, please give details.

If you fulfill the criteria for the post, you will be given an interview. It will only be used in the interview process to assess whether any adjustment would be needed for you to carry out work for the post.

## **Moving and Handling Declaration – choose the right option**

1. I , hereby declare that I have had formal training in

moving and handling within the last 12 months but that I am unable to locate my certificate.

1. I have attended a formal Moving and Handling training courses in the last 12 months, and I have enclosed a copy of my attendance certificate.

Signed................................................ Date.........................

## **Mandatory Training**

Please give dates of most recent attendance on:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COURSES** | **DATE** | **OFFICE USE** | **COURSES** | **DATE** | **OFFICE USE** |
| Manual Handling |  |  | Safeguarding POVA |  |  |
| Health & Safety |  |  | OTHER TRAINING COURSES NOT LISTED | | |
| COSSH |  |  |  |  |  |
| Infection Control |  |  |  |  |  |
| First Aid |  |  |  |  |  |
| Food & Hygiene |  |  |  |  |  |

## **Rehabilitation of Offenders Act 1974**

Because of the nature of the work for which you are applying this post is exempt from the provisions of section 4.2 of rehabilitation of offenders Act 1974(Exemption order 1975)

Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provision of the Act and in the event of employment any failure to disclose such convictions could result in the dismissal or disciplinary action by the employer. Any information given will be considered only in relation to this application.

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) or do you have any charges pending or are you under investigation by the police?  **Yes......., No..........**

Have you ever been barred or restricted from working with children and/or vulnerable adults? **Yes……., No..........**

If yes, please state the nature of the conviction(s) and date convicted: ....................................

As part of your registration with FT Care Agency Limited you will be required to undergo DBS/CRB disclosure at Enhanced level in line with CQC Regulations as well as POVA check.

**Please sign your acceptance below:**

N.B Previous disclosure information is acceptable and can be used for a period of 3 months during which time a further disclosure will be undertaken.

I agree to undergo DBS/CRB enhanced disclosure as part of my registration with FT Care Agency Limited and agree to any necessary checks to confirm any existing disclosures are up to date.

Signed:................................................ Date..........................................…

**Childcare Disqualification Declaration:**

Disqualification under the Childcare Act 2006 applies to all schools and settings who provide childcare and/or are directly concerned with the management of early years childcare or later years childcare (children above the reception age but have not attained the age of 8). If you are in a role that falls within the categories below, then you are required to provide information relating to your suitability:

-Staff who work in early years provision (including teachers and support staff working in nursery and reception classes.

-Staff working in later years provision for children who have not attained the age of 8, including before school settings, such as breakfast clubs, and after school provision.

-Staff who are directly concerned in the management of such early or later years provision.

Have you ever been disqualified from caring for a child, including your own child? **Yes......., No..........**

(Which are referred to in regulation 4 and listed at schedule 1 of 2009 Regulations)

Have you ever had your registration refused or cancelled relating to Childcare, or Childrens Homes, or been prohibited from private fostering?

**Yes......., No..........**

Signed:................................................... Date..........................................…

## Data Protection Act 1998 and Inspection

Part of the Care Quality Commission inspection and other local accredited bodies processes involve checking that we maintain certain information on staff e.g., address, qualifications, a mechanism for checking health and fitness including records of immunization, record of training, annual leave and sickness, two written references and Rehabilitation of Offenders information. Inspectors will need to know that the Company is maintaining the information as we should.

Please complete and sign the declaration box below

I consent/do not consent (delete as appropriate) to staff from accredited bodies to have access to information held on my personal file for inspection purposes only.

PRINT NAME:

Signed............................................................., Date....................................................

## DECLARATION: Please read and sign.

I declare that the information given in this form is, to the best of my knowledge true. I understand that knowingly giving false information will disqualify me from registration with the agency.

I undertake to inform the agency immediately if I am engaged/ offered employment by a client.

I understand that the information given by me in this form and during the interview process may form the basis of a computerized personal record system to which access is governed by the data protection Act 1998.

Signed............................................................., Date....................................................

