

APPLICATION for EMPLOYMENT

PLEASE COMPLETE IN YOUR OWN HANDWRITING USING BLOCK CAPITALS, PRINTING CLEARLY AT ALL TIMES

Carefully attach
1 x passport
quality
photographs
here.

How did you hear about us?

Google / Newspaper / Radio / Recommendation / Other... (please specify)

Your personal details

Title : Home telephone :

First name : Mobile :

Last name : E-mail :

Maiden name / Any other names known by : Date of birth :

Current address : National insurance number :

Nationality :

Postcode :

Next of kin details

Title : First name :

Last name : Relationship :

Home telephone : Mobile :

Current address :

Emergency Contact Details

Name : Telephone :

About the position / job placement

The position you are applying for :

Preferred area of work (please circle) : Hospital Ward / Hospital Theatre / Support Work / Mental Health / Learning Disabilities

Availability (please circle) : Full time / Part time / Permanent

Preferred hours per week :

Location and transport

Preferred geographical location : Will you travel to other locations? :

Do you hold a full UK driving licence? : Do you own a car? :

Data Protection Act 1998 and Inspection

I hereby consent to information relating to me being processed by the Company (Primera Assisted Living Limited and its subsidiaries) in order that it may properly carry out its duties, rights and obligations. I understand that such processing will principally be for personnel, administrative and payroll purposes. I also understand that the term 'processing' included the obtaining, recording or holding of information or data carrying out any operation or set operations on the information data, including organising, altering, retrieving, consulting, using, disclosing, combining or destroying the information data. From time to time Primera Healthcare is audited by outside contracted clients and Agencies (i.e. NHS/ CQC/ HTE) that require your consent. I consent to outside clients and outside agencies having access to information held on my personal file for inspection, and for my information to be held on an in-house database. For the purpose of recruitment decisions some or all of the information contained in this application form may be shared with clients for the purpose of finding suitable assignments. I agree for the Company to check and verify my ISA registration on the ISA website and receive updates should any become available. I hereby agree to the above.

Signed :

Name :

Date :

Professional qualifications and training courses

Original documents (not photocopies) detailing relevant qualifications and education/training, should be presented at interview.

Course	Date	Governing body	PIN and expiry

School / College / University	Date received	Qualification level	Subject	Grade

Current employment - A ten year full employment history is required. Please explain any gaps. If necessary, use additional sheets.

Name of employer :	Start date :	Leaving date :
Address :	Job title :	
	Grade / band :	
Postcode :	Salary :	
Brief description of duties :	Reason for leaving :	

Previous employment (1)

Name of employer :	Start date :	Leaving date :
Address :	Job title :	
	Grade / band :	
Postcode :	Salary :	
Brief description of duties :	Reason for leaving :	

Previous employment (2)

Name of employer :	Start date :	Leaving date :
Address :	Job title :	
	Grade / band :	
Postcode :	Salary :	
Brief description of duties :	Reason for leaving :	

Previous employment (3)

Name of employer :	Start date :	Leaving date :
Address :	Job title :	
	Grade / band :	
Postcode :	Salary :	
Brief description of duties :	Reason for leaving :	

Mandatory training - You must provide evidence of attendance, dates and the course content.

Original documents (not photocopies) detailing relevant qualifications and training, should be presented at interview.
All training must be completed within past 12 months.

Course	Date	Course	Date
Basic Life Support / CPR		Lone Worker	
Equality and Diversity		Resuscitation of the Newborn (Midwifery/Paediatrics)	
Food Hygiene		Interpretation of Cardiotocograph (Midwifery)	
Fire Safety		Conflict Resolution / Complaints	
Moving and Handling		Safeguarding Vulnerable Adults/Children	
Infection Control		Information Governance	
Health and Safety		Other (please specify) :	

Are you able to provide verifiable documentation detailing the above?.

NO

YES

To be completed by all applicants

Are you or have you ever been suspended from working within the NHS or any place of work, or are you currently under investigation?

NO

YES

If YES, please provide details on a separate sheet.

Are you a member of a recognised union?

NO

YES

If YES, please provide details below.

References - All references must be a senior members of staff to you and 1 must be your current or last employer.

Name :	Company Name :
Job title :	Work address :
Work Telephone :	
Mobile Number :	Postcode :
E-mail :	Fax :

Name :	Company Name:
Job title :	Work address :
Registration :	
Relationship to applicant :	Postcode :
Telephone :	Fax :
E-mail :	

Name :	Company Name:
Job title :	Work address :
Registration :	
Relationship to applicant :	Postcode :
Telephone :	Fax :
E-mail :	

Work eligibility

Date of entry into the United Kingdom :

Indicate the document you hold (please circle below).

EU/British Passport / Visa / Asylum Status / Working Visa / Sponsorship Visa / Student Visa / Spouse/Dependant / Other

If other, please specify :

Visa expiry date :

Passport number :

Issue date :

Expiry date :

Disability

Do you consider yourself to have a disability?

NO

YES

If YES, please specify below any special requirements you have if invited to interview :

Further information

If there is anything else that you would like us to know about you, please write it here :

Working time regulations

I (name)

agree that I may work more than an average of 48 hours a week. If I change my mind, I will give Primera Healthcare one month's notice in writing to end this agreement.

Signed :

Dated :

Rehabilitation of Offenders Act 1974

Primera Healthcare complies fully with the Disclosure and Barring Service (DBS) Code of Practice and we undertake to treat all applicants for positions fairly. You are encouraged to provide details of any criminal record you may have at an early stage. Please note that having a criminal record will NOT necessarily bar you from working with us. However, non-disclosure at this time may affect your application with us.

The Rehabilitation of Offenders Act 1974 (Exception Order 75) states that the Act does NOT apply to employment which is concerned with the provision of health services, or which is likely to enable the holder to have access to persons in receipt of such services in the course of their normal duties.

You must, therefore, provide details of any cautions, reprimands, warnings or convictions that you may have had, regardless of whether they are 'spent' or not.

1. Have you ever been cautioned, reprimanded, warned or received a criminal conviction?

NO

YES

2. Are you currently under investigation for a criminal act?

NO

YES

3. Do you consent to Primera Healthcare carrying out a DBS check on your behalf?

NO

YES

If YES to questions 1 or 2 above, please give full details below, including the date and reason. (Use additional sheets if necessary) :

The cost of the DBS and the Independent Safeguarding Authority registration is to be met by you (the applicant).

If your DBS shows convictions either spent or unspent, Primera Healthcare will approach you to discuss this.

Declaration

The information that I have given in this registration form is, to the best of my knowledge, complete and accurate in all aspects. I understand that knowingly giving false information will disqualify me from registration with Primera Healthcare.

I also agree to keep Primera Healthcare advised of any changes to any of the information supplied. I am aware that where I have provided false information or provide false update information in the future Primera Healthcare reserves the right to report this to my professional body if appropriate.

Signed :

Name :

Date :