



AFFIX
PHOTOGRAPH
HERE

| | |
|-------------------------|---|
| POST APPLIED FOR | |
| WORK PREFERENCE | Day Shifts- Night Shifts - Day & Night Shifts |
| INTERVIEW DATE | |

| PERSONAL DETAILS | |
|---|------------------|
| First Name: | Address: |
| Surname: | |
| Maiden Name: | |
| Marital Status: (Single- Married- Divorced- Widowed): | |
| Gender: (Male- Female) | Post Code: |
| Date of Birth: | Mobile Number: |
| Place of Birth | Home Number: |
| Nationality: | Email Address: |
| National Insurance Number: | WhatsApp Number: |

| | |
|---------------|-----------------|
| Next of Kin: | Contact Number: |
| Relationship: | Email Address: |

| RIGHT TO WORK | |
|--|-----------------|
| Do you need a work permit to take up this post: | YES/NO |
| ELIGIBILITY TO WORK | |
| Are you eligible to work in the United Kingdom: | YES/NO |
| DRIVING LICENCE | |
| Do you hold a full valid driving licence: | YES/NO |
| Do you have any endorsements? If YES, provide details: | YES/NO Details: |
| Are you willing to use your own vehicle to commute to and from work: | YES/NO |

| ADDITIONAL INFORMATION | |
|--------------------------------------|---|
| How did you hear about this vacancy? | Have you previously applied with ourselves? |
| | YES/NO |

| 1. EMPLOYMENT INFORMATION Please list the last 5 years of your employment | | References will be requested from all employers (Explaining any gaps in your employment) |
|--|-------------------------------------|---|
| Present / Previous Employer Name: | Name of Contact: | |
| | Telephone: | |
| Address: | Email: | |
| | Start Date: | |
| | End Date: | |
| Post Code: | Reason for leaving (if applicable): | |
| Job Title: | | |
| 2. PREVIOUS EMPLOYMENT INFORMATION | | |
| Employer Name: | Name of Contact: | |
| | Telephone: | |
| Address: | Email: | |
| | Start Date: | |
| | End Date: | |
| Post Code: | Reason for leaving (if applicable): | |
| Job Title: | | |
| 3. PREVIOUS EMPLOYMENT INFORMATION | | |
| Employer Name: | Name of Contact: | |
| | Telephone: | |
| Address: | Email: | |
| | Start Date: | |
| | End Date: | |
| Post Code: | Reason for leaving (if applicable): | |
| Job Title: | | |
| 4. PREVIOUS EMPLOYMENT INFORMATION | | |
| Employer Name: | Name of Contact: | |
| | Telephone: | |
| Address: | Email: | |
| | Start Date: | |
| | End Date: | |
| Post Code: | Reason for leaving (if applicable): | |
| Job Title: | | |

5. PREVIOUS EMPLOYMENT INFORMATION

| | |
|----------------|-------------------------------------|
| Employer Name: | Name of Contact: |
| | Telephone: |
| Address: | Email: |
| | Start Date: |
| | End Date: |
| Post Code: | Reason for leaving (if applicable): |
| Job Title: | |

REFERENCES

Please provide names, addresses and telephone numbers of two referees we may approach for a reference.

| | |
|--|-----------|
| (1) Name: | Position: |
| Address: | |
| Post Code: | |
| Capacity in which the referee knows you: | |
| (2) Name: | Position: |
| Address: | |
| Post Code: | |
| Capacity in which the referee knows you: | |

| ACADEMIC QUALIFICATIONS | | | |
|--------------------------|------------|-----------------|-----------------|
| Qualification / Training | Start Date | Grade / Reg No. | Completion Date |
| | | | |

| MEMBERSHIP OF PROFESSIONAL / REGULATORY BODIES | | |
|--|---------------------|--------------|
| Full Name of Organisation | Registration Number | Renewal Date |
| | | |

RECRUITMENT MONITORING

Please choose the appropriate option to indicate your cultural background (tick where appropriate)

| | |
|--|---|
| <p>Please tick relevant</p> <p>White British ()</p> <p>White Irish ()</p> <p>Mixed white and Caribbean ()</p> <p>Mixed white and black African ()</p> <p>Mixed white and Asian ()</p> <p>Asian or Asian British Indian ()</p> <p>Asian or Asian British Pakistani ()</p> | <p>Asian or Asian Bangladeshi ()</p> <p>Black or Black British Caribbean ()</p> <p>Black or Black British African ()</p> <p>Chinese ()</p> <p>Prefer not to answer ()</p> <p>If any other please specify below:</p> <p>_____ ()</p> |
|--|---|

| | |
|---------------------------|--|
| Sexual Orientation | |
|---------------------------|--|

| | |
|-----------------|--|
| Religion | |
|-----------------|--|

IMMIGRATION & ASYLUM

I have provided the required original documents (tick where appropriate)

| | |
|---|---|
| 1. Original passport () | 6. Driving License () |
| 2. Biometric Residence Permits (BRPs) () | 7. P60 / P45 / Current wage slip () |
| 3. Residence / ID card () | 8. Proof of National Insurance Number () |
| 4. Birth Certificate () | 9. Proof of Address x2 (within last 3 months) () |
| 5. Marriage Certificate () | 10. Current passport size photo () |

DBS CHECK / REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975)

The nature of work for which you are applying involves direct contact with people who are receiving a health service. We are obliged to ask you in connection with this application, to disclose any convictions you may have. Under the conditions of the above order you are not entitled to withhold information about convictions, which might be considered "spent". In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action.

Please cross out the option below that does not apply to you.
 I do have / I do not have any cautions or convictions to declare.
 Please give details of the convictions below:

 My DBS is registered on the DBS update service and is portable. I give permission for the relevant individual at UK Work Placement Ltd T/A Apex Carers to do a service check where necessary.

Signed _____ Dated _____

DECLARATION OF SERVICE

I can confirm that in my current position that I am/am not undergoing any investigation or suspension in any healthcare organisation or from any professional bodies.

Signed _____ Dated _____

Under the Data Protection Act 1988 I agree to UK Work Placement Ltd T/A Apex Carers allowing my personal file to be viewed by the inspection team from the following bodies:

1. The NHS / The NHS Frameworks
2. Buying Solutions (NHS PASA)
3. CQC (Care Quality Commission)
4. Any relevant 3rd party bodies

Signed _____ Dated _____

SKILLS & EXPERIENCE CHECKLIST

Do you have any experience working in Health & Social Care YES / NO

If YES, please provide the title of your role _____

How much experience do you have working in Health & Social Care _____

Please tick all that apply:

| | | | |
|-------------------------------------|--|---|--|
| Use of moving and lifting equipment | | Collecting & Testing of specimens | |
| First Aid / Life Support | | Medication awareness / Administration | |
| Personal Care / Hygiene needs | | Paediatrics | |
| Mental Health | | Theatre / Recovery / HDU / ITU | |
| Challenging Behaviour | | Immediate post-operative care | |
| Feeding / Fluid Balance | | Epilepsy | |
| Basic observations & Recordings | | Handover / Report writing | |
| Care of Mouth / Teeth / Dentures | | Financial Transactions | |
| Care of eyes | | Tracheotomy care & management | |
| Care of Nails | | PEG / MICKEY care & management | |
| Continence Care | | Suction / Nebulisers / Saturation level | |
| Bed making | | Observing conditional changes | |
| Confidentiality | | Cleaning Procedures / cross infection | |
| Dealing with Relatives | | Handling preparing food | |
| Learning Disabilities | | Pressure area care / management | |
| Dementia | | Terminal care / Oncology | |
| End of Life Care | | Housework / Shopping | |

TRAINING & DEVELOPMENT

Please give details of any training and development courses or non qualified courses which support your application. Include any job training as well as formal courses.

| Title of training programme or course | Duration of course |
|---------------------------------------|--------------------|
| | |

| PAYMENT DETAILS | |
|---|--|
| Are you operating as Ltd company, Umbrella or PAYE? | |
| Account Name: | |
| Sort Code: | |
| Account Number: | |

| 48 HOUR OPT-OUT AGREEMENT |
|--|
| <p>I agree that I can work for more than an average of 48 hours per week.</p> <p>I give my consent to this agreement that I can work more than 48 hours whilst remaining an employee of UK Work Placement Ltd T/A Apex Carers. This agreement will remain in place even if any amendments are made to my hours with all employments(s) that I hold.</p> <p>If I wish to withdraw from this agreement, I will give three months written notice of my decision to withdraw</p> <p>Signed _____ Dated _____</p> |

| DECLARATIONS |
|---|
| <p>I can confirm that I have read this document fully and that all the information provided to UK Work Placement Ltd T/A Apex Carers is correct and to the best of my knowledge and belief. I give consent to contact all my previous employers and the named referees regarding the information I have provided. I will inform UK Work Placement Ltd T/A Apex Carers should anything change that might affect my position.</p> <p>I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.</p> <p>I declare that the information given herein is true and complete and is not presented in a way that is intended to mislead. I agree that if I have given false or misleading information or omit to give the relevant information now or in the future that UK Work Placement Ltd T/A Apex Carers may cease to offer me further placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to UK Work Placement Ltd T/A Apex Carers</p> <p>I acknowledge that my personal details will be stored and handled correctly by UK Work Placement Ltd T/A Apex Carers in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit, review by relevant third parties. (This is relevant for all information including all documents – DBS, Occupational Health, References).</p> <p>Signed _____ Dated _____</p> |