

The recruitment process within this organisation has a minimum of two stages  
The completion of this application form is part of stage one.  
application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on  
this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

<b>Position applied for:</b>	
<b>Approx. no. of hours wanted</b>	
<b>Full-time / part-time</b> (please circle which you want to work)	<b>Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only</b> (please circle which you are able to work)
<b>Surname:</b>	<b>First name(s):</b>
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
<b>Current address:</b>	
Post code:	Moved to this address on (date):
<b>Previous address</b> Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
<b>Telephone number</b> (home):	Telephone number (work - <i>will be used with discretion</i> ):
Own Transport (Yes/No): How long has your licence been held?	Clean current driving license: Endorsements:

**EDUCATION**

School/College/University	Examinations Passed/Qualifications gained

**TRAINING HISTORY/PROFESSIONAL STATUS**

Date of Graduation/Qualification	Location/Details	Notes

**SHORT COURSES ATTENDED**

Subjects	Location

**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).

<b>Name and address of your most recent/last employer:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of Employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of Employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Other roles</b> (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.

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

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

GP's name:

Tel no:

Address:

*(Your GP will not be contacted without your permission)*

**NEXT OF KIN**

Full name:

Relationship:

Tel no:

Address:

**IDENTITY DETAILS**

Nursing and Midwifery Council PIN number:

(Nurses only)

National Insurance Number:	(all applicants)
<b>CAPACITY TO WORK IN THE UK</b>	
Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No ( <i>delete as appropriate</i> )
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 ( <i>delete as appropriate</i> )

**Note: Minimum age** legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

**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:	

**Character reference**

Name:	Relationship to you
Address:	
Post code:	
Tel No:	

**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 authorize the organization 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: \_\_\_\_\_

**IDENTITY CHECK** - Identity is established by clearly ticking one item from sections 1 or 2, and one from section 3

<b>Original documents only – no photocopies</b>	<b>I confirm that I have seen the original documents, signed for to confirm the identity of the applicant (signed by</b>	<b>Date</b>
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	<b>interviewer)</b>	
1. Photographic		
1.a. Passport		
1.b. New Style Driving Licence		
<b>OR</b>		
2. Birth Certificate		
2.b. With the correct name		
2.c. Or in another name, with evidence of change of name		
3. Proof of Address		
3.a. Utility bill, correct name and address, and < 3 months old, and paid, or		
3.b. Credit card statement, correct name and address, and < 3 months old, or		
3.c. Bank statement, correct name and address, and < 3 months old, or		
3.d. Council tax bill, correct name and address, and < 3 months old		

**EQUAL OPPORTUNITIES MONITORING FORM**

The organisation is committed to promoting equal opportunities for all its employees and all prospective employees.

To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a v in the appropriate box. This will

The Saturn Centre, Suite G2, Spring Road, Ettinshall, Wolverhampton, WV4 6JX

info@newdayhealthcare.com

[www.newdayhealthcare.com](http://www.newdayhealthcare.com)



allow the organisation to monitor its policies.

**PLEASE NOTE**

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

**1. Gender:**Male Female **2. Registered Disabled?**Yes No **3. Marital Status:**Married Single Divorced **4. Children?**Yes No **5. Please indicate your ethnic background:**African Asian Afro-Caribbean UK European European Other  ( please specify \_\_\_\_\_ )**6. Age: \_\_\_\_\_****Health/Fitness Questionnaire**

<b>This form is intended for use by current members of staff, who did not provide this information during the recruitment process.</b>	
Do you have any mental or physical disability or illness (currently or recurring) relevant to the post for which you are applying?	<b>YES/NO</b>
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	

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Please give details of any illnesses/accidents/injuries in the last 2 years.

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**Applicants Declaration – Read and understand before signing.**

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.
2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.
3. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for work.
4. I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.

**Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)**

	<b>Date:</b>		<b>Print name:</b>	
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**BANK DETAILS**

Account Name:	
Account Number:	
Sort Code:	
B/S Roll No.:	

**P45 DETAILS (Please Attach P45 With Job Start Form)**

NI Number:		NI Category:	
Tax Code:		Month/Week 1:	Yes / No
Gross Pay TD:		Tax Paid TD:	

**CASCADE INFORMATION LINE**

This employee receives info from:		And gives info to:	
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**AUTHORISATION SIGNATURES**

Employee:		Date:	
Administration:		Date:	
Registered Provider:		Date:	