

SOCIAL CARE APPLICATION FORM**TEMPORARY WORKER – APPLICATION FORM**

PERSONAL DETAILS			
Post applied for:			
Surname:	First Name:	Maiden Name:	
Date of Birth:	Place of Birth:	Nationality:	
National Insurance No.	Do have a Full Driving License? YES <input type="checkbox"/> NO <input type="checkbox"/>		Passport Photo
Address	Number of Points on License <input type="text"/>		
	Reason for points:		
	Have you got own car or access to a car? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Post Code:	Telephone Number:	Mobile Number:	
When are you available to start?	Any Preferred Location for Work:	Minimum Pay Rate:	
		How did you know about equator Consultancy:	
Do you have any pending criminal charges YES <input type="checkbox"/> NO <input type="checkbox"/> If yes give details		Do you consider your disable: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Next of Kin:			
Next of Kin Address:		Next of Kin Tel. No:	

SKILL DETAILS (Mark to show areas of experience where certification is required, you will be asked to produce the relevant documents)							
Working Areas	Date	Training	Date	Job Titles	Date		
Elderly Residential		Health & Safety		Care Assistant			
Elderly Nursing Home		Fire Safety		Residential Social Worker			
Mental Health		Emergency First Aid		Senior Residential Social Worker			
Learning Difficulty-Children		Manual Handling		Support Worker			
Learning Difficulty-Adults		Food Hygiene		Senior Support Worker			
Drug and Alcohol Abuse		Drug Administration		Mental Health Care Worker			
		SOVA		Senior Mental Health Care Worker			
		Makaton					
		Any NVQ certification					
Others:							

PLEASE MARK TO INDICATE YOUR TIMES AND DAYS OF AVAILABILITY							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							
Split Shift							
Give dates you are not available:							

EDUCATION			
Date	Name of Institution and Address	Qualification/ Examinations	Grades Obtained
Any other relevant qualification to the job you are applying for (please include name of institution and results of all)			

CURRENT / PREVIOUS EMPLOYMENT - Please start with your current or most recent employer first (Cover the last 5 years)					
FROM	TO	NAME & ADDRESS OF COMPANY	JOB TITLE & DETAILS	SALARY	REASON FOR LEAVING

RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION/CANDIDATES PERSONAL STATEMENT

Empty space for candidates to provide relevant experience and other supporting information.

BANK DETAILS

Bank/Building society:

Sort Code:

Bank Address:

Account Number:

Ref/Roll Number:

Name of Account Holder:

REFERENCES/ PREVIOUS EMPLOYMENT/ PROFESSIONAL BODIES

NAME:

Position:

Address:

Phone Number:

How do you know this person?

NAME:

Position:

Address:

Phone Number:

How do you know this person?

REHABILITATION OF OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions which are regarded as 'spent under the Act'. This due to the nature of the work involved which renders the post exempt from sec. 4 (2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975).

You are therefore required to give details of all convictions and cautions including spent one. All information is confidential and will be considered only in relation to this or similar position for which you may be considered with Equator Consultancy.

Have you ever been convicted of a criminal offence Yes/ No

If yes, please give details of all convictions including spent convictions and cautions.

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DECLARATION

I declare that:

- ✓ All information given in this form is true to the best of my knowledge.
- ✓ All documents and certificates supplied to support this application are genuine and I have no restrictions of working in UK.
- ✓ I have read and understood the terms and conditions and agree to comply with the current Health and Safety at work Act.
- ✓ I understand that pay is inclusive of my holiday pay entitlement

Signature..... Date.....20.....

N/B According to WTR, on average an adult worker should not work for more than 48 hours in a week. However you can opt out by signing below.

Signature.....Date.....20.....



**PERSONAL HEALTH QUESTIONNAIRE AND
HEALTH & SAFETY DECLARATION**

Surname	Date of Birth
Forenames	Date of Interview
Address	Position Applied for
	Do you consider yourself to be disabled?
Next of Kin	YES <input type="checkbox"/> NO <input type="checkbox"/>

DO YOU HAVE OR HAVE YOU EVER SUFFERED FROM:					
<i>Please tick</i>	YES	NO		YES	NO
Fainting attacks			Back trouble		
Fits or blackouts			Other muscle or joint trouble		
Giddiness			Skin trouble		
Mental illness			Diabetes		
Recurring headaches			Recurring stomach trouble		
Heart trouble or deafness			Recurring bowel trouble		
Eye trouble or defective vision not Corrected by glasses or contact lenses			Paratyphoid fever		
			HAVE YOU ANY DISABILITIES AFFECTING		
Recurring chest disease			Walking		
Asthma			Stair Climbing		
Hay fever			Lifting		
Heart trouble			Use of hands		
High blood pressure			Working at height on ladders/staging		
Varicose veins			Ability to drive a motor vehicle		
Typhoid fever			Standing		

PERSONAL HEALTH DECLARATION

I declare that all the above statements are true and complete to the best of knowledge. I know of no medical reason why I should not work in a food environment. Should the situation change whilst either:

- a) I am engaged on a temporary assignment by Equator
- b) In between assignments for Equator

I will immediately notify the relevant Equator branch and, if appropriate, the Company where I am working.

Signature: Date:

HEALTH AND SAFETY DECLARATION

I (name) whilst working as a temporary for Equator, I will a) not use any machinery unless experienced and able, b) not work on a dangerous machine (e.g. meat slicer) unless 18 and supervised or experienced in the use of machinery. I will ensure that at all times I will take every precaution to (a) avoid injury to either myself or others, (b) prevent damage to any equipment/ machinery.

Signature: Date:

Section one To be completed by the employee

Please complete section one and then hand the form back to your present employer. If you later receive a form P45 from your previous employer, hand it to your present employer.
Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

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Title - enter MR, MRS, MISS, MS or other title

Surname or family name

First or given name(s)

Gender. Enter 'X' in the appropriate box

Male Female

Date of birth DD MM YYYY

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Address

House or flat number

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Rest of address including house name or flat name

Postcode

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Your present circumstances

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A - This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR

B - This is now my only job, but since last 6 April I **have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

OR

C - I have another job or receive a state or occupational pension.

Student Loans

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (*If you are required to repay your Student Loan through your bank or building society account do **not** enter an 'X' in box D.*)

Signature and date

I can confirm that this information is correct

Signature

Date DD MM YYYY

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Section two To be completed by the employer

File your employee's P46 online at www.hmrc.gov.uk/employers/doitonline

Use capital letters when completing this form. Guidance on how to fill it in, including what to do if your employee has not entered their National Insurance number on page 1, is at www.hmrc.gov.uk/employers/working_out.htm and in the E13 Employer Helpbook *Day-to-day payroll*.

Employee's details

Date employment started DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Works/payroll number and department or branch (if any)

<input type="text"/>
<input type="text"/>

Job title

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer's details

Employer PAYE reference

Office number Reference number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

Building number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Rest of address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax code used

If you do not know the tax code to use or the current National Insurance contributions (NICs) lower earnings limit, go to www.hmrc.gov.uk/employers/rates_and_limits.htm

Enter 'X' in the appropriate box

Box A

Emergency code on a cumulative basis

<input type="text"/>	<input type="text"/>
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Box B

Emergency code on a non-cumulative

Week 1/Month 1 basis

<input type="text"/>	<input type="text"/>
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Box C

Code BR

<input type="text"/>	<input type="text"/>
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Tax code used

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If week 1 or

month 1 applies,

enter 'X' in this box

<input type="text"/>

Send this form to your HM Revenue & Customs office on the first pay day.

If the employee has entered 'X' in box A or box B, on page 1, and their earnings are below the NICs lower earnings limit, do not send the form until their earnings reach the NICs lower earnings limit.



CONSENT TO ASSESS ELIGIBILITY TO WORK

As part of our commitment to observe UKBA directive on employing Nationals outside EEA/EU, We have an obligation to send your Visa for confirmation of eligibility to work in UK. Please sign and date below to give us permission to send your details to Home office for confirmation.

Name:

Signature:

CONSENT TO PROCESS INFORMATION

In relation to.....Date of Birth.....

Important: Data Protection Act (1998). This form asks you to supply “personal” data as defined by the Data Protection Act 1998. You will be supplying this data to Equator Consultancy where it will be processed exclusively for the purpose of recruitment. Equator Consultancy will protect the information which you provide and will ensure that it is not passed to anyone who is not authorised to see it.

I hereby authorise EQUATOR CONSULTANCY LTD to hold and Disclose to the other employers, any information that the employers considers necessary to assist them to assess my Job applications and suitability to work.

By signing the declaration on this form, I explicitly consent for the data I have provided to be processed as per the above.

Name:

Signed:

Date:

FOR OFFICIAL USE
Applicant Registration Check list

Doorstep interview completed			
Registration form verified, missing information collated and recorded			
Interview notes recorded, including selling points and skill grade			
Telephone numbers – ideally home and mobile a minimum of one contact number			
Completed terms of engagement			
48 hour waiver accepted/rejected			
Proof of ID on file – Passport or birth certificate			
Proof of eligibility to work in UK – Work visa or letter from Home Office			
Proof of National Insurance No. NI card, previous pay slip, P45 or P60			
Completed Bank / Building Society Details			
2 passport size colour photographs			
ID pass-card issued			
2 references requested – ideally spanning 5 years and should only be from previous Employers, this can include other agencies-in the case of Students part time employment and tutors can be used			
1st reference obtained			
2nd reference obtained			
DBS check			
Personal health questionnaire and declaration			
Manual handling information given to temporary			
Applicant marketing completed			
Take on brief covered			
Entered onto Eclipse			
Training certificates obtained			
Valid P45 (current tax year-April to March) Students P38's can only be accepted outside of term time. Full information available from payroll			
P45 <input type="checkbox"/> P46 <input type="checkbox"/> P38 <input type="checkbox"/>	SENT TO HEAD OFFICE		REQUESTED FROM H/O