

Please attach 3
passport size
photographs of
yourself here

Birmingham

Tel: 0121 633 6180
Fax: 0121 643 8184

Leeds

Tel: 01274 294477
Fax:

Leicester

Tel: 01455 821 218
Fax:

Kenilworth

Tel: 01926 357 017
Fax:

Darlington

Tel: 01325 290004
Fax:

Bristol

Tel: 0117 3600420
Fax:

Boston

Tel: 01205 330 500
Fax:

Application Form

firstpoint

HOME CARE

Delivering Excellence in Health and Social Care

Personal Details

Title: Surname:

Forename(s):

Maiden name / other names known by, (if applicable):

Permanent Address:

.....

..... Post Code:

Tel Number (Home): Tel Number (Work):

Tel Number (Mobile): Email:

Nationality: NI Number:

Next Of Kin

Title: Surname: Forename(s):

Tel Number (Home): Tel Number (Work):

Tel Number (Mobile): Relationship:

The Job For You

Position applying for:

What is your preferred area of work? Please circle as required:

Support Work

Challenging Behaviour

Nursing

Care Homes

Private/NHS

Domiciliary Care

Are you available to work: (please tick)

Permanent ☐ Full-Time ☐ Part-Time ☐ Hours per week:

Notice period from current position: Preferred Start Date:

Travelling

Preferred geographical area:

Do you have a car at your disposal? (please tick) Yes ☐ No ☐

Give details of any endorsements:

Do you have regular use of ... (please tick)

Car ☐ Motorcycle ☐ Bicycle ☐ Public Transport ☐

How did you hear about Firstpoint Homecare (Please tick all that apply)

Newspaper Advert ☐ Exhibition ☐ National Magazine advert ☐

Internet ☐ Google Search ☐ Leaflet / Poster ☐

Article ☐ Recommendation ☐ Word of Mouth ☐

Other (please specify):

Background

Training relevant to this application

Qualifications / Courses *	Date From - To	Establishment / Name of Governing Body	Grade

Education

Name of university / College / School	Date From - To	Subject	Qualification Level	Grade

* please bring with you originals of all relevant qualifications and education / training certificates obtained. On interview these will be photocopied and returned to you.

Eligibility to work in the UK

Date of entry into the UK:

Please tick the document you hold:

EU / British Passport ☐

UK Ancestry Visa ☐

Working Holiday Visa ☐

Sponsorship Visa ☐

Student Visa ☐

Spouse / Dependant ☐

Asylum Status ☐

Other (please specify):

Visa Expiry Date: Date Passport Issued:

Passport Number: Passport Expiry Date:

To be completed by Nurses only (NMC) & Healthcare Professions (HPC)

Pin Numbers: Pin Expiry Date:

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? (please tick) Yes ☐ No ☐ (if yes, please provide details on a separate piece of paper)

Are you currently registered with any other agencies (please tick) Yes ☐ No ☐ (if yes please list

below)

1: 2:

3: 4:

Union Membership

Are you a member of a recognised union? Yes ☐ No ☐ (if yes please list below)

.....

Current and previous employment

Firstpoint Homecare requires your **full** employment history from the date of leaving full time education. Please explain any gaps within this time period. Please use additional sheets if required. Alternatively please provide a full CV.

Most Recent employer first

1: Name of employer:

Address of employer:

Date from: (month) / (year) To: (month) / (year)

Grade / Salary: Job Title:

Duties:

.....

.....

Reason for leaving:

2: Name of employer:

Address of employer:

Date from: (month) / (year) To: (month) / (year)

Grade / Salary: Job Title:

Duties:

.....

.....

Reason for leaving:

3: Name of employer:

Address of employer:

Date from: (month) / (year) To: (month) / (year)

Grade / Salary: Job Title:

Duties:

.....

.....

Reason for leaving:

4: Name of employer:

Address of employer:

Date from: (month) / (year) To: (month) / (year)

Grade / Salary: Job Title:

Duties:

.....

.....

Reason for leaving:

References

Please can you supply details of at least 2 professional people of a senior grade / position to you, including your present and most recent employer, whom we may approach for a reference (this is not to include relatives or friends). They must be able to provide a credible comment on your ability to undertake the duties of the position applied for. Students must state a previous employer or course tutor. Clinical staff must provide referees who have supervised their work and who can give a clinical reference or employment within the last 2 years.

If necessary, provide details of any additional referees on a separate sheet.

PLEASE NOTE: Home addresses and personal contact details of referees are not acceptable.

Reference 1 : Type of reference (please tick)

Employer ☐ Other ☐

Name:

Job Title:

Organisation:

Relationship to applicant:

Address:

.....

.....

Post code:

Email Address:

Tel Number:

Fax Number:

Reference 2 : Type of reference (please tick)

Employer ☐ Other ☐

Name:

Job Title:

Organisation:

Relationship to applicant:

Address:

.....

.....

Post code:

Email Address:

Tel Number:

Fax Number:

Reference 3 : Type of reference (please tick)

Employer ☐ Other ☐

Name: Job Title:
 Organisation: Relationship to applicant:
 Address:

 Post code: Email Address:
 Tel Number: Fax Number:

Referrals

Can you name any colleagues who may be interested in registering with us. If so you could be entitled to a recommendation bonus (conditions apply). Please ask for the persons permissions before submitting their details.

Name:
 Address:

 Post code: Email Address:
 Tel Number: Fax Number:

Working Time Regulations

I (name)
 Agree that I may work more than the average of 48 hours a week. If I change my mind, I will give Firstpoint Homecare one month's notice in writing to end this agreement.
 Signed: Date:

Rehabilitation of Offenders Act 1974

Firstpoint Homecare complies fully with the Disclosure and Barring Service (DBS) code of practice and we undertake to treat all applicants for positions fairly. **Please note that having a criminal record will NOT necessarily bar you from working for us. However, non-disclosure at this time may affect your application with us.**

The work for which you are applying is exempt from the Rehabilitation of Offenders Act 1974, because it involves substantial opportunity for access to children and vulnerable adults. You are therefore required to declare details of any spent, unspent convictions, cautions, reprimands or warnings you may have save where the spent conviction or caution is protected under the Exceptions Order 1975 (2013). The information you give will be regarded as confidential and will only be disclosed in relation to healthcare appointments.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Firstpoint Homecare will arrange for a check to be made with the police for the existence and content of any criminal record in your name. Any information received from the police will be kept in strict confidence and will be destroyed immediately the selection process is completed.

The disclosure of a criminal record, or other information, will not debar you from appointment unless Firstpoint Homecare considers, or is advised, that it renders you unsuitable for appointment. In making this decision Firstpoint Homecare and the authority will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors, which may be relevant.

Failure to declare any spent, unspent convictions, cautions, reprimands or warnings which are not protected may well disqualify you from appointment, or result in your appointment being terminated when the discrepancy comes to light.

I agree for Firstpoint Homecare to perform a DBS Status Check on an ongoing basis (as per relevant policies and procedures) and for Firstpoint Homecare to obtain a copy of my DBS Certificate for their records and any managed service or client records. Should I wish to withdraw my consent for Firstpoint Homecare to perform a Status Check, I shall give the Compliance Team in Birmingham written notice of such withdrawal.

Do you have any spent, unspent convictions, cautions, reprimands or warnings? Yes ☐ No ☐

Are you currently under investigation for a criminal act? Yes ☐ No ☐

If yes to any of the above questions, please give full details including the date and reason:

.....

.....

.....

The cost of the DBS Application, DBS Update Service and any Adult First Check is to be met by you.

Mandatory Training – You must provide evidence of attendance, dates and course content

	Date of Course		Date of Course
Basic Life Support/CPR	Resuscitation of the new-born (Midwifery/Paediatrics applicants only)
Fire Safety	Interpretation of Cardiotocograph Traces (Midwifery applicants only)
Moving and handling	Handling of Violence & Aggression (Mental health workers)
Health & Safety	Safeguarding vulnerable adults/children
Infection Control	Food Hygiene
Lone Worker		
Other courses: Give Details below			
.....			
.....			
.....			
Other training may be required to work in NHS settings. Please ask for further details during your interview.			

Data Protection Act 1998 and Inspection

I hereby consent to information relating to me being processed by the Company (Firstpoint Homecare Ltd 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' includes the obtaining, recording or holding of information or data carrying out any operation or set of operations on the information data, including organising, altering, retrieving, consulting, using, disclosing, combining or destroying the information data.

From time to time the Company is audited by outside contracted clients and Agencies (i.e. NHS/CQC) that requires your consent. I consent to outside clients and outside agencies having access to information held on my personal file for inspection purposes.

For the purpose of recruitment decisions some or all of the information contained in this application form maybe shared with clients for the purpose of finding suitable assignment.

I hereby agree to all of the above

Signed:

Name: Date:

Terms of Engagement

I have read and understood the Terms of Engagement and have been issued with a copy (to be signed on completion of any training)

Signed:

Name: Date:

Declaration

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

I also to agree to keep the Company 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 the Company reserves the right to report this to my professional body if appropriate.

Signed:

Name: Date:

