|  |  |  |
| --- | --- | --- |
| Type of work sought: | Availability:Days Nights Weekends  | Preferred location: |

|  |
| --- |
| Application Form |

|  |
| --- |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE. A hard copy will be retained and a copy will be kept on a computer database**  |

|  |
| --- |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: Mr, Mrs, Ms, Miss, Dr |  | Last Name: |  |
| **First Names:** |  |

|  |  |
| --- | --- |
| Address:  |  |
|  |  |
| **Country**  |  |

|  |  |  |
| --- | --- | --- |
| Postcode: |  | Marital Status: |
|  |  |
| Date of Birth: |  |
|  \ |
| **Home Telephone Number:** |  |
| **Mobile Telephone Number:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance Number:** |   |   |   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you eligible to work in the UK? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you hold a full UK driving license?**  | Yes | [ ]  | No | [ ]  |
|  |
| **If yes, Do you have any points or convictions etc? :** |
|  |
| Qualified Nurses only:Name of training school:From: To: | Address: **PIN: Expiry date:** |  |  |  |

|  |
| --- |
| **Please state current Salary Package including benefits & holidays:**  |

|  |
| --- |
| **You are required to provide evidence of the above details at your interview by bringing with you:*** **Proof of eligibility to work in the UK (Passport / Visa etc)** [ ]
* **Driving License & Counterpart if applicable** [ ]
* **Photo ID Card** [ ]
* **Proof of NI number** [ ]
* **Proof of address (dated within last 3 months)** [ ]
* **Past 5 years of address (inc postcode, mm/yy of moving in and out of address** [ ]
* **Dates of any name changes** [ ]
* **Complete CV from high school to date, all gaps explained**
* **2 x references. 1 from your most recent employer, 1 from your next most recent employer. Referees will be contacted to verify the references given**
* **An overseas Police Check / Criminal Records Disclosure (for overseas candidates only)**
* **All documents must be translated into English where applicable**
 |

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| --- |
| **Section 2 Rehabilitation of Offenders Act** |

**It is important that you read the ‘*Filtering rules for criminal record check certificates’ guidance prior to completing this section of the application form a copy is available on the*** [*Disclosure and Barring Service website*](https://www.gov.uk/government/organisations/disclosure-and-barring-service) *and in the office*

**Filtering rules: As of 29 May 2013 you are no longer required to disclose information about any ‘filtered’ offences. Please see the guidance which sets out the *Filtering rules for criminal record check certificates.* You are not required to disclose on any part of this form any convictions or cautions that have been ‘filtered’.** Guidance and criteria on the filtering of these cautions and convictions can be found on the [*Disclosure and Barring Service website*](https://www.gov.uk/government/organisations/disclosure-and-barring-service) *and a copy is available in the office*

Subject to the filtering rules failure to declare a conviction that you must disclose may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Section 2:

As an exception to the Rehabilitation of Offenders Act 1974, for certain roles and professions you are required to disclose all spent and unspent convictions. The *DBS checks: eligibility guidance* in Appendix 3 explains who is eligible for DBS checks but anyone doing such work must disclose spent and unspent convictions (subject to the filtering rules). If this is relevant to work that you are seeking please list all criminal convictions (spent and unspent) and their dates below, subject to the filtering rules.

If this section does not apply to you please write ‘not applicable’

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Signed: ……………………………………………………

Date: …………………………………………………………

|  |
| --- |
| **Section 3 Health – Onsite Healthcare operates an Equal Opportunities Policy:**  |

|  |
| --- |
|  |
| Do you consider yourself to have a disability as within the terms of the Equality Act 2010 | **YES** [ ]  **No** [ ]  |

|  |
| --- |
| If yes please provide your disability number (if applicable) and details:   |
| **Do you have any special requirements to enable you to attend for a job interview or take up a position for which you are considered to have the minimum appropriate skills and/or experiences: YES / NO****If yes please provide details:**    |
| **Flexible Employee Health & Safety Declarations**All employers must have a Health & Safety Policy stating who is responsible for Health & Safety and the Health & Safety arrangements in place. All Flexible Employees have a duty under The Health & Safety Act to take reasonable care to safeguard their own safety and the safety of anyone who may be affected by their work activities and actions and to co-operate with the Client and others in meeting statutory regulations. It is your responsibility to familiarize yourself with the Clients policy, particularly the procedures for fire, first aid and accidents upon arrival at the Clients premises. The Act also requires Flexible employees not to interfere with or misuse anything provided to protect their health, safety or welfare in compliance with the Act. **Please complete the following questions to aid Onsite Healthcare in providing you with the right environment to work in and to cater for any special needs you may have**1. Do you have any special needs or requirements relating to any medical condition(s) that the Clients should be made aware of in case of emergency? Yes / No If YES, what are they?…………………………………………………………………….................. ……………………………………………………………………………………………………………. ……………………………………………………………………………………………………………. ……………………………………………………………………………………………………………. (for example: Back problems, eye problems, diabetic, asthmatic, epilepsy, pregnancy etc) **2.** Do you have any dietary requirements (e.g. vegetarian, celiac etc) and/ or do you have any faith or belief restriction which may prohibit you from working in a food environment? Yes/No  If YES, what are they?………………………………………………………………………………… ……………………………………………………………………………………………………………. …………………………………………………………………………………………………………….3. Do you have any allergies? Yes / NoIf YES, what are they? …………………………………………………………………………………**Health & Safety Assessment Declaration for Night Workers**In compliance with the working time regulation the purpose of this declaration is to assess your fitness to carry out night work whilst on assignment from Onsite Healthcare. Whilst there is no difference in the physical demands of night work compared to day work the human body is naturally programmed to sleep at night. The disruption to this sleep pattern can aggravate certain medical conditions, albeit often temporarily. Additionally the reduced access to services and facilities that may be apparent both inside and outside the work place at night can have and effect. Please answer the following questions. If your answers raise doubts about your fitness for night work, then unfortunately you may not be assigned to Clients for night work unless you are able to provide proof that your are physically able to do so having been assessed by a suitably qualified health care professional. **Do you have any health concerns that you feel may prevent you from working at night? *Please read the points below before answering this question*  Yes / No****If YES are these based on:****a. The requirement to take medication (tablets, insulin injections etc) on a strict timetable**  **Yes / No****b. Heart or circulatory problems that could be aggravated by the additional stress/required stamina that night work may require Yes / No****c. Stomach, intestinal or other disorders where the regularity/timing of meals are important** **Yes / No****d. Medical conditions that affect the ability to sleep during the day or are affected by changing sleep patterns. Yes / No****e. Chronic chest or respiratory disorders whose night time symptoms are significantly worse than in the day time? Yes / No****f. Any other health related reason? Yes / No****g. Are you an expectant or new mother? Yes / No****h. Are you aged under 18? Yes / No****If you have indicated YES to any of the above points please give specific details:****……………………………………………………………………………………………………………………….****……………………………………………………………………………………………………………………….****……………………………………………………………………………………………………………………….****I have read and completed the above Health & Safety Declaration to the best of my knowledge and understand that I must inform Onsite Healthcare of any changes to the above personal information that may affect my ability to undertake assignments** **Name: …………………………………………****Signed: ………………………………………..****Date: ……………………****WORKING TIME REGULATIONS 1998 – OPT OUT AGREEMENT****DEFINITIONS****1.1** In this agreement the following definitions apply:**“ASSIGNMENT”** means the period during which the Flexible Employee is employed to render to the Client**“CLIENT”** means the person, firm or corporate body engaging the services of the Flexible Employee**“WORKING WEEK”** mean an average of 48 hours a week calculated over a 17 week reference period**1.2** Reference to the singular include the plural and reference to the masculine include the feminine and vice versa.**1.3** The headings contained in their Terms are for convenience only and do not affect their interpretation**2. RESTRICTION****2.1** The Working Time Regulations 1998 provide that the Flexible Employee shall not work on an assignment with the client in excess of the working week unless he agrees in writing that this limit should not apply **3. CONSENT****3.1** The Flexible Employee hereby agrees that the working week limit shall not apply to the assignment**4. WITHDRAWAL OF CONSENT** **4.1** The Flexible Employee may end this agreement by giving 3 months notice in writing.**4.2** For the avoidance of doubt, any notice bringing this agreement to an end shall not be construed as termination by the Flexible Employee of an assignment with the client **5. THE LAW****5.1** These Terms are governed by English Law and are subjected to the exclusive jurisdiction of the English Courts**Signed: ……………………………………………………… Date: …………………………………****Print Name: …………………………………………………** |
| **Section 4 Education** |

**Have you enclosed your current CV Yes / No**

**Is your CV complete, e.g. no gaps from Secondary/High School to date Yes / No**

**If so you do not need to complete Education and Employment Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Date From | Date To | Name of School | Examinations taken and Qualifications Gained (Specify Grades) |
|  |  |  |  |

|  |
| --- |
| **Section 5 Employment Record**  |

**Please list chronologically, starting with current or last employer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Date From:**  | **Date To:** | **Job Title, Job Role & Responsibilities:** | **Salary and Reason for Leaving** |
|  |  |  |  |  |

*Please continue on a separate page if required – all gaps must be explained*

|  |
| --- |
| Section 6 Experience and Training Assessment  |

|  | **Experience Please √ (tick as appropriate, this can be life experience or work experience)** | **Formal Training? If Yes, Give date** |
| --- | --- | --- |
|  | None | Little | Some | Plenty |  |
| General |  |  |  |  |  |
| Care of Older people |  |  |  |  |  |
| People with dementia |  |  |  |  |  |
| Learning Disabilities |  |  |  |  |  |
| Mental disorder |  |  |  |  |  |
| Physical disabilities |  |  |  |  |  |
| Care of terminally ill |  |  |  |  |  |
| Dealing with deceased |  |  |  |  |  |
| Live-in Care |  |  |  |  |  |
| Mobility |  |  |  |  |  |
| Moving and handling |  |  |  |  |  |
| Use of hoist |  |  |  |  |  |
| Walking Aids |  |  |  |  |  |
| Slide sheets/transfer aids |  |  |  |  |  |
| Wheelchair |  |  |  |  |  |
| Transfer |  |  |  |  |  |
| **Food/Drinks** |  |  |  |  |  |
| Food Hygiene Regs |  |  |  |  |  |
| Meal preparation |  |  |  |  |  |
| Snacks |  |  |  |  |  |
| **Toileting** |  |  |  |  |  |
| Catheter Bags |  |  |  |  |  |
| Colostomy Bags |  |  |  |  |  |
| Bed Pans |  |  |  |  |  |
| Commodes |  |  |  |  |  |
| **Observations** |  |  |  |  |  |
| BP |  |  |  |  |  |
| Pulse |  |  |  |  |  |
| Temperature |  |  |  |  |  |
| **Health and safety** |  |  |  |  |  |
| Risk Assessment |  |  |  |  |  |
| COSHH |  |  |  |  |  |
| RIDDOR |  |  |  |  |  |
| PUWER |  |  |  |  |  |
| LOLER |  |  |  |  |  |
| **Domestic** |  |  |  |  |  |
| Housework |  |  |  |  |  |
| Laundry |  |  |  |  |  |
| Bed Making |  |  |  |  |  |
| Shopping |  |  |  |  |  |
| Payment of Bills |  |  |  |  |  |
| Handling Money |  |  |  |  |  |
| Ironing |  |  |  |  |  |
| Washing Up |  |  |  |  |  |
| Care of pets |  |  |  |  |  |
| Home maintenance |  |  |  |  |  |
| Light gardening |  |  |  |  |  |
|  | None | Little | Some | Plenty |  |
| **Personal Tasks** |  |  |  |  |  |
| Washing |  |  |  |  |  |
| Bathing |  |  |  |  |  |
| Shaving |  |  |  |  |  |
| Teeth |  |  |  |  |  |
| Hair |  |  |  |  |  |
| Putting to Bed |  |  |  |  |  |
| Getting Up |  |  |  |  |  |
| Dressing |  |  |  |  |  |
| Undressing |  |  |  |  |  |
| Finger Nails |  |  |  |  |  |
| Health |  |  |  |  |  |
| Administration of Medicines |  |  |  |  |  |
| Foot Care |  |  |  |  |  |
| Infection Control |  |  |  |  |  |
| Collecting medicines |  |  |  |  |  |
| Other |  |  |  |  |  |
| Handling correspondence |  |  |  |  |  |
| Paying Bills |  |  |  |  |  |
| Collecting pension |  |  |  |  |  |
| Outings companion |  |  |  |  |  |

|  |
| --- |
| Section 7 Personal Attributes |
| **Use this section to add any further information which directly relates to your suitability for this position.**  |

|  |
| --- |
| **Section 8 NOK information**  |
| **Please provide details of an emergency contact that we can call in an unexpected incident, accident or emergency**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Relationship:** | **Contact Telephone Number:** |

 |
| **Section 9 References** |

|  |
| --- |
| **Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.** **Can we contact your current employer before interview? Yes/No** |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Their Position (job title):** |  | **Their Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Relationship:** |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation:** |  | **Organisation:** |  |
| **Dates Employed:** | **From:**  | **To:**  | **Dates Employed:** | **From:**  | **To:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Postcode** |  | **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **E-mail:** |  | **E-mail:** |  |

|  |
| --- |
| **Section 10 Declaration**  |
| **I confirm that the information provided in this application (and within my Curriculum Vitae if applicable) is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file. I also consent to Onsite Healthcare disclosing my personal information, such as, but not limited to: CV, forms of ID, proof of CRB, European Criminal Record, Diplomas/certificates, to a third party in order to find me suitable employment.** |
|  | Signed: |  | **Date:** |  |  |
| **The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.** |

**For office use only:**

Interview Date:

Interview Time:

Interviewed on Behalf of Onsite Healthcare By:…………………………………………….

 Print Name:……………………………………………

Interview notes:

(Brief notes on interview and suitability)

All information below must be completed at time of interview where applicable and/or prior to candidate being placed. No candidate can be placed until this has been completed

All documents must be translated into English

Checklist:

|  |  |
| --- | --- |
| **Application form fully completed**  |  |
| **C.V including full history from secondary/high school to date (including gaps explained)** |  |
| **Interview questions completed** |  |
| **Written interview questions completed**  |  |
| **Interview comments/notes completed** |  |
| **Contract completed & explained** |  |
| **Annex completed** |  |
| **European CRB obtained (must be dated within the last 3 months or UK CRB/DBS is already working in care in the UK)**  |  |
| **Evidence/Proof of ID & right to work in UK (2 forms of ID) stamped ID confirmed** |  |
| **CRB/DBS information (dates of name changes, last 5 years of addresses, documents required (no birth certificates) etc.**  |  |
| **DBS Money collected & receipt given – 1 copy to go in file** |  |
| **2 x references (1 from current/most recent & 1 from next most recent employer (cross referenced to CV)**  |  |
| **References verification form completed – consultant to complete** |  |
| **NI Number obtained – proof required**  |  |
| **NI letter given with advice on how to obtain if no NI number available** |  |
| **Bank details obtained**  |  |
| **Letter give on how to obtain bank account if no bank account**  |  |
| **Recruitment monitoring form completed & filed separately**  |  |
| **P46 form completed – explain emergency tax if no NI number**  |  |
| **NMC pin number and qualifications – if applicable** |  |
| **Training certificates – if applicable** |  |
| **NVQ letter and contact details completed. Top half to candidate, retain bottom half**  |  |
| **Staff handbook given (sign in handbook register to confirm receipt)** |  |
| **Forms pack given (time sheet, self certification, annual leave request form)** |  |