

Application Form

Private and Confidential

Mr/Mrs/Ms (please indicate appropriately) _____

First name _____ Middle name _____

Surname _____ Date of birth _____

National Insurance number _____

Address _____

Postcode _____

Home tel number _____ Mobile number _____

Email _____

Do you have permission to work in the UK YES NO Do you have a valid Passport YES NO

Do you have a valid work permit YES NO

MOBILITY - Do you have access to a car which can be used for work purposes YES NO

EMPLOYMENT HISTORY / WORK EXPERIENCE

Please record all employment, including current employment by other agencies.

Please start with the most recent.

Please note that we shall obtain a reference from your LAST EMPLOYER.

Employer name, address and tel no. From To Position held, duties and responsibilities Reason for leaving.

REFERENCES

Please give the name of two recent professional referees (not related to you), stating their occupation and position. One of the referees MUST be your most recent employer which correspond with your employment History.

MUST BE YOUR RECENT EMPLOYER WHICH MUST CORRESPOND WITH YOUR EMPLOYMENT HISTORY.

PREVIOUS REFERENCE DETAILS

Full name _____ Company _____

Position held by referee _____

Dates of employment _____

Email address _____ Date of birth _____

Telephone number _____



DOCUMENTS NEEDED FOR REGISTRATION

- **PASSPORT / VALID WORK PERMIT**

(Or other current Home Office Documents authorizing you to work in the UK).

- **NATIONAL INSURANCE (NI) CARD**

(Or P45 or P60 or letter confirming you have applied for NI).

- **PROOF OF ADDRESS**

Full driving Licence, Utility Bill, or any formal letter with your name and address not less than 3 months old.

- **2 CURRENT PASSPORT SIZE PHOTOS**

- **CRIMINAL RECORDS BUREAU CERTIFICATE (DBS)** you apply with us.

- **TRAINING CERTIFICATES** e.g. Medication, Moving and Handling, Basic Aid, etc.

BANK DETAILS

NAME	
ACCOUNT NAME	
BANKS NAME	
BANK ADDRESS	
ACCOUNT NO	
SORT CODE	
SIGNATURE	
DATE	

Please give reasons for any employment gaps in your employment history, of over a month, in writing

ADDITIONAL TRAININGS & QUALIFICATIONS

Please list any other qualifications and trainings you have undertaken that you feel are relevant to the position you are applying for. These may include training and courses undertaken in previous employment.

NAME OF COMPANY / INSTITUTION	COURSE STUDIED AND QUALIFICATION(S) GAINED	DATES FROM	DATES TO

WORK PREFERENCE

Please keep us informed from time to time of all developments in your career as the work we assign to you depends on accurate up to date information.

Full Time / Part Time	
If part time, how many hours per week do you want to work?	
Home care and pop-in visits	
Hospitals	
Please tick one	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Will this be your main employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO

REHABILITATION OF OFFENDERS ACT 1974

Through the 1975 Exemptions Order of the Rehabilitation of Offenders Act 1974, and by virtue of the nature of the post for which you are applying, is obliged, as your prospective employers, to ask the following question(s).

Any information supplied by you will remain confidential and will only be considered in relation to this job

Application:

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a court of

law? YES NO

If "YES" please provide brief details of the offence(s) and relevant dates:

DECLARATION

I confirm that I am 18 years of age or over and that I am eligible to work in the UK.

I declare that all the information given in this application form is true, and that I understand that any false or misleading information may render me liable for disciplinary action and/or dismissal from Express Care Solutions Ltd.

I understand that my details will be submitted to the Disclosure and Barring Service (DBS - Formerly CRB) for security checks.

Express Care Solutions Ltd will request, if necessary, annual DBS security checks from a DBS agent, and I will be responsible for the payment of associated administration charges.

Whilst I am employed at Express Care Solutions Ltd, I will make the company aware of any criminal offences committed, convicted and/or charged with, which includes any driving offences. I understand that failure to do this could lead to disciplinary action and/or immediate dismissal.

I am aware that if I do not hold my own Professional Indemnity insurance, a payment towards Professional Indemnity Insurance provided by Express Care Solutions Ltd will be deducted from my wages on a weekly basis.

Signed _____

Print name _____

Dated _____

WORKING TIME REGULATION - OPT OUT FROM 48 HOUR RULING

The working time regulation came into effect on 1 October 1998. One of the main provisions of the regulation states that employees other than managing executives or employees with autonomous decisions making powers may not be required to work in excess of 48 hours per week averaged over a seventeen-week reference period. While Express Care Solutions Ltd positively discourages the working of excessive hours, it recognizes that individual employees may wish to exercise their right to opt out of the 48 hours ruling. Employees who wish to opt out should complete this form and return it to the personnel department.

Full name _____

Job title _____

I wish to exercise my right to opt out of the 48-hour ruling contained within the working time regulation and understand that in normal circumstances I will be required to give four weeks' notice in event that I wish to withdraw from this agreement.

Signed _____ Date _____

DATA PROTECTION STATEMENT

- I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information or will disqualify me from appointment OR, if hinted, may result in summary dismissal!
- I declare that I have not omitted to disclose information relevant to this application.
- I confirm my agreement with arrangements in relation to the processing of Enhanced Criminal Disclosure applications.
- I confirm my agreement with practices in relation to the processing and handling of personal sensitive information contained within this application.

Full name _____

Job title _____

Signed _____ Date _____

