APPLICATION FORM

Help Handz Healthcare Ltd
The Ripple
Ripple Centre
121-125 Ripple Road
IG11 7FN

TEL: 02085327333

The recruitment process within this organisation has a minimum of two stages.

- The completion of this application form is part of stage one. This 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.

Position applied for:	
Approx. no. of hours wanted:	
Full-time / part-time (please circle which you want to work)	**Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only** (please circle which you are able to work)
Surname:	**First name(s):**
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Previous address 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):
Telephone number (home):	Telephone number (work - *will be used with discretion)*:
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
Details:	

EDUCATION

School/College/University

	Examinations Passed/Qualifications Gained
	(Please supply copies of certificates)

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	(Please supply copies of certificates/membership details)	

ADDITIONAL 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).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Other roles (use additional sheet if necessary):	

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: This information will not be used in reaching a decision on whether to offer employment.
Any offer of employment may be made subject to a satisfactory medical report.

GP's name:	
Tel no:	
Address:	

(Your GP will never be contacted without your permission)

NEXT OF KIN

Full name:
Relationship:
Tel no:
Address:

IDENTITY DETAILS

Nursing and Midwifery/Ofsted PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No *(circle as appropriate)*
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 *(circle as appropriate)*

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:
Address:
Post code:

Relationship to you:

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.

- Please note, you may 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 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 may not 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/Home childcarer, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council/Ofsted records and registers. By my signature, I authorise Help Handz Healthcare Ltd 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:** _____

EMPLOYMENT CONTINUITY CHECK

- It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.

- Use the “timeline” below to place in order all stated instances of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory.

- The period considered must be the whole working life of the applicant, to date.

Example:		

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

Original documents only – no photocopies	I confirm that I have seen the original documents, signed for to confirm the identity of the applicant (signed by interviewer)	Date
1. Photographic		
1.a. Passport		
1.b. New Style Driving Licence		
OR		
2. Birth Certificate		
2.b. With the correct name		
2.c. Or in another name, with evidence of change of name		
AND		
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		
3.e. Other (specify)		
IMPORTANT: PERMANENTLY ATTACH A PHOTOCOPY OF THE ID EVIDENCE PRODUCED TO THE APPLICANTS FILE, AND ONE OF THE RECENT HEAD AND SHOULDER PHOTOGRAPHS PROVIDED. THE OTHER PHOTOGRAPH WILL BE USED FOR THE DBS APPLICATION.		