

Attach Photograph



*Reign Supreme
Care Services Ltd.*

APPLICATION FORM

Please complete this form in black ink and complete all sections

| | |
|----------------------------------|--|
| Position Applied for | |
| Your Surname and Initials | |

Data Protection Statement

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 Agency 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.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THE COMPLETED APPLICATION FORM

| |
|---|
| <input type="checkbox"/> Passport |
| <input type="checkbox"/> Work permit if required |
| <input type="checkbox"/> Two passport size photograph |
| <input type="checkbox"/> National Insurance Number Card |
| <input type="checkbox"/> Valid U.K. Driving Licence |
| <input type="checkbox"/> Birth/Marriage Certificate |
| <input type="checkbox"/> Contact names and business addresses of three referees including one clinical at management level for whom you have worked during the last 3 years (continuous history) as well as at least one clinical reference |
| <input type="checkbox"/> Enhanced Disclosure from the Criminal Records Bureau (See over for details) |
| <input type="checkbox"/> Immunisation details and tests results of Hepatitis B and C ESSENTIAL |
| <input type="checkbox"/> Immunisation details and test results of Rubella, Varicella & BCG immunization ESSENTIAL |
| <input type="checkbox"/> Doctors Proof that you have a BCG Scar |
| <input type="checkbox"/> Proof of Membership to relevant Union, Trade or Professional Body cover liability whilst practising |
| <input type="checkbox"/> Any and All relevant Certificates |
| <input type="checkbox"/> For trained nurses, NMC Pin Card and Statement of Entry |
| <input type="checkbox"/> For Doctors, GMC Registration No and Certificate |
| <input type="checkbox"/> For Pharmacists or Pharmacy Technicians, MUR Certificate and GPhC No. |

DOCUMENTS REQUIRED FOR CRB CHECK

List of Valid Identity Documents

A Criminal Records Bureau Disclosure is required prior to your eligibility to work. Each Application will cost you £60.00 and we recommend you further apply to be on the update service. **3 Documents** must be seen, one document from Group 1 plus any two from Groups 1 and 2.

| GROUP ONE | | GROUP TWO | |
|---|--|---|--|
| PASSPORT Any Nationality | | Bank/Building Society Statement Within the past 3 months | |
| UK Birth Certificate Issues within 12 months of date of birth, full or short form acceptable | | Utility Bill Gas/Water/Electricity/Landline Telephone Within the past 3 months | |
| UK Issued Driving Licence Both Photocard and Counterpart Required | | TV Licence Within the past 12 months | |
| EU National Identity Card (Photocard) EU Countries only | | A document from Central/Local Government E.G. Job Centre, DWP, Inland Revenue, HMRC etc. | |
| HM Forces ID Card (UK) Both Photocard and Counterpart Required | | Addressed Payslip Within the past 3 months | |
| Adoption Certificate UK Only | | NHS Card UK Only | |

1. Personal Details

| | | | | | |
|---|------------------------------|-----------------------------|---|-------------|-----------|
| Title | | Surname | | Maiden Name | |
| Previous surnames (if any) | | | | | |
| Forenames (in full) | | | | | |
| Address | | | | | Post Code |
| | Home | | Work | | Mobile |
| Telephone | | | | | |
| Email address | | | | Nationality | |
| May we contact you at work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please <input checked="" type="checkbox"/> as appropriate | | |
| Date of Birth | | | National Insurance Number | | |
| Next of Kin to be notified in case of emergency: Name | | | | | |
| Address | | | | | Post Code |
| | Home | | Work | | Mobile |
| Telephone | | | | | |
| Relationship to you | | | | | |

2. Formal Education and Qualifications

| Name of School/College/University and Location | Dates of attendance | | Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc | Grade |
|--|---------------------|------------|--|-------|
| | From | To | | |
| | Month/Year | Month/Year | | |
| | | | | |

3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

| Name & address of Employer | Dates of Employment | | Position held and brief summary of duties and responsibilities | Reason for leaving/Last salary or wage |
|----------------------------|---------------------|------------|--|--|
| | From | To | | |
| | Month/Year | Month/Year | | |
| | | | | |

4. General information

Do you hold a valid and current British Driver's Licence? Yes No Please as appropriate
If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes No Please as appropriate
If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

5. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions part time full time

Type of work NHS private hospitals nursing home industry

Clients in their own home Other, please specify _____

live in days nights visits

Do you have any other work commitments? Yes No

Which areas of work do you wish to exclude?

When will you be available to start work?

6. Additional Information

Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Agency and their relationship to you.

7. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

| Name, Address and Post Code | | Name, Address and Post Code | |
|---|--|---|--|
| | | | |
| Telephone Number | | Telephone Number | |
| Position | | Position | |
| Relationship to you | | Relationship to you | |
| May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate | | May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate | |

8. Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed _____

Date _____.

11. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions I have convictions (see Note below)

Please ✓ as appropriate

Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) has issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes No Please ✓ as appropriate

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed _____

Date _____

12. Equal Opportunities Monitoring Form

Reign Supreme Care Services Ltd operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?

Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.

A White

British

Irish

Any other White background, please write in here _____

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in here _____

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in here _____

D Black or Black British

Caribbean

African

Any other Black background, please write in here _____

E Chinese of other ethnic group

Chinese

Any other, please write here _____

SEX **Female** **Male**

Marital Status:

Single Married Separated Divorced Widowed Co-Habiting

Other _____

DISABILITY

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

Yes **No**

For Office Use Only

| | | Initials |
|--------------------------------------|----------------|----------|
| Date Application received | | |
| Date Application acknowledged | | |
| Initial Decision | | |
| Date Applicant informed | | |
| Date(s) of Interview | | |
| Decision | (NOTES) | |