



CHRISTOOLAS
HEALTHCARE

APPLICATION FORM

Please complete this form in black ink and complete all sections

Position Applied for	
SURNAME	
YOUR NAME	

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 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 Opportunity Statement

The Organisation'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.

Position Applied for	
Support Worker <input type="checkbox"/>	Care Worker <input type="checkbox"/> Other <input type="checkbox"/>
Please <input checked="" type="checkbox"/> as appropriate	
NMC pin number Nurses Only (please enclose copy of statement of entry and pin card)	Expiry Date

1. Personal Details

Title		Surname		Maiden Name	
Previous surnames (if any)					
Forenames (in full)					
Address				Post Code	
	Home		Work		Mobile
Telephone					
E mail 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 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. Training – eg. Manual handling, CPR, infection control, first aid etc, (please provide certificates)

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment

Please give details of any certificates or qualifications you hold. (Including any in specialities listed above.)

6. 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?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance?
 Yes No Please as appropriate

Body Name

Amount of Cover

Policy Number

Expiry Date

7. 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

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?

8. Immunisations (Proof of immunisations must be provided)

Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Skin Test for TB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Varicella (Chickenpox/Vz.Abs)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Poliomyelitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Hepatitis B	Date of last injection	Booster 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
	Date of last blood	Result (titre levels) IUL

9. 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		T elephone 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 <input checked="" type="checkbox"/> as appropriate		May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate	

10. 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 about any information you have obtained and consider that you should talk about it with 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 Disclosure Barring Service procedure

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 Disclosure Barring Service have 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 DBS 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

CHRISTOOLAS HEALTHCARE operates a policy of Equal Opportunities: therefore, we need to be able to check that decision are not influences by unfair or unlawful discrimination. To help use 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

Bangladashi

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

DISABILIBY

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 yourse If 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

Large empty rectangular area for notes.

48 Hour Working Week Agreement (Employee)

1. DEFINITIONS

1.1. In this Agreement the following definitions apply:-

"Employer"	means [name] of [address];]
"Employee"	means [name];
"Working Week"	means an average of 48 hours each week calculated over a 17 week reference period.

1.2. References to the singular include the plural and references to the masculine include the feminine and vice versa.

1.3. The headings contained in this Agreement are for convenience only and do not affect their interpretation.

2. RESTRICTION

2.1. The Working Time Regulations 1998 provide that the Employee shall not work in excess of the Working Week unless he agrees in writing that this limit should not apply.

3. CONSENT

3.1. The Employee hereby agrees that the Working Week limit shall not apply.

4. WITHDRAWAL OF CONSENT

4.1. The Employee may end this Agreement by giving [28 days] notice in writing.

4.2. For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as notice of termination by the Employee.

4.3. Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.

5. THE LAW

5.1. These Terms are governed by the law of [*England & Wales/Scotland/Northern Ireland] and are subject to the exclusive jurisdiction of the Courts of [*England & Wales/Scotland/Northern Ireland] (*delete as applicable).

Signed by the Employee

Date _____

Bank Details form

EMPLOYEE PERSONAL DETAILS:

TITLE: MR/MRS/MISS/MS/_____ GENDER (M/F)_____ MARITAL STATUS_____

FIRST NAMES _____ LAST NAME _____

DATE OF BIRTH ___ / ___ / ___ NATIONAL INSURANCE NUMBER _____

ADDRESS: _____

TOWN _____ POST CODE _____

TEL

NO. _____ EMAIL _____

EMPLOYEE STATEMENT:

PLEASE CIRCLE ONLY ONE OF THE FOLLOWING STATEMENTS

- A - THIS IS MY FIRST JOB SINCE LAST 6 APRIL AND I HAVE NOT RECEIVED ANY TAXABLE ALLOWANCES, BENEFITS OR PENSIONS.
- B - THIS IS NOW MY ONLY JOB BUT SINCE LAST 6 APRIL I HAVE HAD ANOTHER JOB, OR RECEIVED TAXABLE ALLOWANCES OR INCAPACITY BENEFIT. I DO NOT RECEIVE A STATE OR OCCUPATIONAL PENSION.
- C - AS WELL AS MY NEW JOB, I HAVE ANOTHER JOB OR RECEIVE A STATE OR OCCUPATIONAL PENSION.

BANK DETAILS:

NAME OF BANK _____ BRANCH NAME _____

SORT CODE(6 DIGITS) _____ - _____ - _____ ACCOUNT NAME _____

ACCOUNT NUMBER _____ BUILDING SOCIETY REFERENCE/ROLL NO. _____