



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. (Recruitment Pack A)

Personal Information			
Title (Mr, Mrs, Miss, Dr etc):			
Forenames:			
Surname:			
D.O.B:		NI Number:	
Nationality:		Do you drive:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Licence Type:		Full UK <input type="checkbox"/>	UK Provisional: <input type="checkbox"/> Other: <input type="checkbox"/>
Current Address:			
Postcode:		Moved to this address on (date):	
Email:			
Telephone Number: (Home / Mobile)		Telephone number (work - will be used with discretion):	
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.		Moved to this address on (date):	
Postcode:		Moved to this address on (date):	
Own Transport:	(Yes/No)	Clean current driving licence:	(Yes/No)
How long has your licence been held?		Endorsements:	
GP Contact			
GP's name:			
Tel no:			
Address:			
<i>(Your GP will never be contacted without your permission)</i>			
Emergency Contact			
Next of Kin Name:			
Relationship:			
Contact Number:			
Current Address:			

Right to Work			
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Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes	If you are successful in the application, would you require a work permit prior to taking up employment?	Yes
	No		No

Citizenship: (Please circle or delete as appropriate)	British Citizen: (Yes/No) Indefinite Leave to Remain : (Yes/No) Limited Leave To Remain: (Yes/No) (Please state visa expiry and visa type) Other (Please specify):
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If you have restrictions, please provide details.	
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Application Information			
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Position Applied For:		Care Worker	
Vacancy Reference: (Office Use only)			
Date Available to Start:			
Preferred Location(s):			
Availability:	Fulltime:	Part-time:	Weekends:

Professional Body	
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Professional Registration Body:	
Registration Number:	

Are you or have you ever been subject to any hearings, warnings, investigations or complaints either by an employer or professional body? If yes please provide details below including any dates:

Disclosure and Barring Service

Please note that you will be required to undertake an Enhanced DBS Check in order to be employed by us. You will not be exempt from the rehabilitation of Offenders Act 2010 because you are a health care worker. You will be required to disclose all cautions, convictions, reprimands and any warnings on your criminal record.

Have you ever been convicted by any court of law, cautioned, reprimanded or given a warning by the police in the UK or any other country?	Yes:	No:
Are you aware of any police investigation or enquiry undertaken following any allegations made against you, which may affect your suitability for this role:	Yes:	No:
Are you aware of any pending investigations by the police in which you are involved:	Yes:	No:

Please give full details if you have answered **Yes** to any of the questions above:

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 I 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, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Right Choice Recruitment Solutions 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:.....

Current Employment	
State the reasons for any breaks in employment. Use a separate sheet if required; please sign that sheet(s).	
Name of Employer:	
Address:	
Postcode	
Telephone:	
Position Title	
Start Date:	
Reason for leaving:	
Salary: (Optional)	
Brief Description of Duties:	

Previous Employment (starting with most recent)			
Please give details of relevant experience. This may be taken from the work situation, voluntary work or your own home. Use separate sheet if insufficient space is available.			
Name of Employer:			
Address:			
Postcode.		Telephone:	
Position Title:			
Start Date:			
Reason for leaving:			
Salary: (Optional)			
Brief Description of Duties:			

Previous Employment			
Name of Employer:			
Address:			
Postcode:		Telephone:	
Position Title:			
Start Date:			
Reason for leaving:			
Salary: (Optional)			
Brief Description of Duties:			

Referees		
<p>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.</p> <p>Referee 3 and 4 will only be contacted if we cannot get a reference back from Referees 1 and 2.</p>		
Reference 1 (MOST RECENT EMPLOYER)		
Name:		
Job Title:		
Organisation:		
Relationship:		
Address:		
Postcode:		
Telephone No:		
Email:		
Can we contact referee before interview:	Yes:	No:

Reference 2 (PREVIOUS EMPLOYER)		
Name:		
Job Title:		
Organisation:		
Relationship:		
Address:		
Postcode:		
Telephone No:		
Email:		
Can we contact before interview:	Yes:	No:

Reference 3 (Character Reference)		Reference 4 (Character Reference)	
Title:		Title:	
Name:		Name:	
Job Title		Job Title:	
Relationship:		Relationship:	
Address:		Address:	
Email:		Email:	

References 3 & 4 are character references from a colleague /tutor/supervisor or an upstanding member of the community e.g. teacher, nurse, doctor, vicar or a long-term family friend who is able to comment on your ability to undertake the role of care worker.

Education – High School

Please list any qualifications obtained from high school.

Name of School	(MM/YEAR)	Qualification	Grade/

Education – Colleges and Universities

Please list any qualifications obtained from colleges and universities.

College or University	Qualification/Grades <i>(Please supply copies of certificates/membership details)</i>	Date Obtained (MM/YEAR)

Professional Qualifications

Qualification Name	Awarding Body / Course Details <i>(Please supply copies of certificates/membership details)</i>	Date Awarded

Training History and Development

Please give details of any training and development courses including on the job training and other formal courses.

Course Name	Awarding Body <i>(Please supply copies of certificates/membership details)</i>	Date Awarded

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.

Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge.

I acknowledge that I have not withheld any information that is relevant and otherwise be taken into account when offering me employment.

I understand that if any false or inaccurate information is discovered this any result in the termination of employment.

I agree that I will endeavour to familiarise myself with all Health and Safety procedures relating to all clients I am assigned to.

I understand that my CV and personal information will be shared with potential employers and clients. I give full permission to store my information and distribute it to potential companies and individuals deemed necessary by Right Choice Recruitment Solutions Ltd.

Information contained within this document is governed by the Data Protection Act 1998, in line with the equality Act 2010. Disclosure of information in only with your informed consent.

Signature:

Date: