

ALLHANDS CARE

APPLICATION FORM



Personal Details

| | | | |
|------------------------------------|--|-----------------------|----------------|
| Title | | | |
| Surname: (as on register) | | | |
| Forenames: (as on register) | | | |
| Date of Birth: | | Male: | Female: |
| Address: | | | |
| Postcode: | | Country: | |
| Home Telephone No: | | Mobile Number: | |
| Email Address: | | | |
| National Insurance | | | |
| Next of Kin: | | | |
| Name: | | Relationship: | |
| Contact Telephone Number: | | | |

Work Requirements

| | | |
|---|-------------------------|--------------------------------|
| What position are you applying for? | | |
| | | |
| Do you require: | | |
| Flexible agency work | Short term hours | Long term hours (1 yr+) |
| Full time hours | Part time hours | Ad hoc shifts |
| When are you available to start work? | | |
| When are you available until? | | |
| When would you prefer to work (Town/City)? | | |

| | YES | NO | If you do not hold a British/EU passport, do you hold any of the following? |
|---------------------------------------|-----|----|--|
| Are you an EU citizen? | | | Spousal Visa |
| Hold a British or EU Passport? | | | Ancestry Visa |
| | | | Residency Visa |
| | | | Working Holiday/Youth Mobility |
| | | | Student Visa (Tier 4) |
| | | | Work Permit/Sponsor (Tier 2) |

| | | | |
|--|------------|-----------|--|
| | YES | NO | If you do not hold a British/EU passport, do you hold any of the following? |
| | | | Other (please specify) |

Please note: All passports and Visa will be verified as part of All Hands Care Recruitment process.

Professional Body Registration

| | | | |
|--|--|-----------------------------|--|
| Professional Body: | | | |
| Registration Number: | | Expiry Date: | |
| Full/Provisional: | | Specialist Register: | |
| Professional Body Membership (please provide details of any membership to professional bodies such as Royal Colleges: | | | |
| | | | |
| | | | |

Annual Appraisal

Please list your last 10 years of employment, starting with your current or most recent employer. It is important that you explain any gaps in employment of over 3 months in duration. If necessary, please continue on a separate sheet.

| Name and address of Hospital / Employer | Position | From Month/Year | To Month/Year |
|--|-----------------|------------------------|----------------------|
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Professional Indemnity Insurance

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|--|-----|----|
| AHC Ltd strongly advises you to have your own Professional Indemnity Insurance. If you do not, All Hands strongly advises that you contact a suitable organization to arrange the relevant cover. | | |
| Do you already have Professional Indemnity Insurance in place? | YES | NO |
| If yes, and not included in the above, please state when and in what capacity: | | |
| Have you ever worked for AHC Ltd previously? | YES | NO |

Professional Qualifications and Training

| (including Post Graduate Diploma, training Courses etc) | | | |
|---|----------------|-------------------|-----------------|
| Qualification | Place obtained | From (month/year) | To (month/year) |
| | | | |
| | | | |
| | | | |
| Date of last Basic Life Support training | | | |
| Date of last Moving and Handling training | | | |
| Date of last Health and Safety Training | | | |
| Please provide documentary evidence of all of the above; all certificates will be verified | | | |

Professional Referees

| | | |
|--|-------------|-----------|
| Please give the names and contact details of 3 professional referees from your current/previous employment. Referees must have worked in a senior position to yourself. Please be aware that Allhands Care are unable to offer you work until satisfactory references have been obtained, and the Allhands Care are required to obtain references for you on an annual basis. | | |
| Reference 1 | | |
| Organization: | | |
| Dates Employed: | | |
| Reference Name: | | |
| Professional Title: | | |
| Professional Work Address: | | |
| Email: | | |
| Telephone: | Fax: | |
| Capacity in which known | | |
| Can we contact immediately? | YES | NO |

| Reference 2 | | |
|-----------------------------|------|----|
| Organization: | | |
| Dates Employed: | | |
| Reference Name: | | |
| Professional Title: | | |
| Professional Work Address: | | |
| Email: | | |
| Telephone: | Fax: | |
| Capacity in which known | | |
| Can we contact immediately? | YES | NO |
| Reference 3 | | |
| Organization: | | |
| Dates Employed: | | |
| Reference Name: | | |
| Professional Title: | | |
| Professional Work Address: | | |
| Email: | | |
| Telephone: | Fax: | |
| Capacity in which known | | |
| Can we contact immediately? | YES | NO |
| Reference 4 | | |
| Organization: | | |
| Dates Employed: | | |
| Reference Name: | | |
| Professional Title: | | |
| Professional Work Address: | | |
| Email: | | |
| Telephone: | Fax: | |
| Capacity in which known | | |
| Can we contact immediately? | YES | NO |

Declarations

Criminal Records

The work you have applied for is exempt from the Rehab of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed. You are not entitled to withhold information about convictions, which for other purposes may be considered spent. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining work with Allhands Care. I consent to Allhands Care checking my status through the update service Please tick:

| | | |
|--|-----|----|
| Have you ever been convicted by the courts of cautioned, reprimanded or given a warning by the police? | YES | NO |
| Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? | YES | NO |
| Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held. | YES | NO |

If you have answered yes to any of the above, please give details below.

Please note that if at any stage whilst working for AHC we receive a DBS Enhanced Disclosure that highlights information you have not declared, then you will be removed from your assignment

Declarations

Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct?

YES NO

I understand that if I am charged or cautioned after signing this declaration, I must inform AHC.

I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by M All Hands which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.

I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Questionnaire.

I declare that the information given herein is true and complete and is not presented in a way intended to mislead.

I agree that if I have given false or misleading information or omit to give relevant information now or in the future, which All Hands may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profit to All Hands

I acknowledge and confirm that AHC is authorised to apply for and obtain a Criminal Records Check and references from any previous employers and educational establishments.

I acknowledge that my personal details will be stored and handled correctly by AHC in accordance with the Data Protection Act 1998 however; I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents – CRB, Occupational Health, References)

I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Allhands Care. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this.

In addition, if my position with my sponsored company changes, I must inform All Hands I hereby give consent for All Hands to check my Visa status via the Bio-Metric residence permit checking service.

I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for All Hands I must inform All Hands immediately.

I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. GMC / NMC / HPC / RPSGB) or being investigated by my current or previous employer. I will inform if I am under investigation or suspended by my professional regulatory body or employer at any point whilst I am working for Allhands Care

I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.

Signed:

Date:

Personal/Financial Details Form

Please tick one of the statements below:

Personal Details

| | | | |
|----------------|--|---------------|--|
| Date of Birth | | Date of Birth | |
| Surname | | NI Number | |
| Forename(s) | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Postcode | | | |

NEW STARTERS: please fully complete this form

EXISTING STARTERS: please only complete the sections that you wish to amend.

Bank Details

(Please note, if you wish to be paid via a Ltd Company Bank Account Information)

| | |
|--------------------------|--|
| Bank/Building Society | |
| Bank Address | |
| Post Code | |
| Account Name | |
| Sort Code (6 digits) | |
| Account number | |
| Roll No. (if applicable) | |

I confirm the above information is correct:

| | |
|--------------------------|--|
| Signed | |
| Date | |
| Payroll No. (office use) | |

| | |
|--|--|
| Are you subscribed to the DBS Update Service? | |
| Disclosure Number: | |
| Date of Issue: | |
| Workforce: | |

If you are not subscribed then you will need to visit www.gov.uk/dbs for further information.

CRB APPLICATION FORM (should you need to apply for your DBS Certificate)

| | | | |
|---|--|------------------------------|--|
| Surname: | | | |
| First Name: | | | |
| Middle Name(s) | | | |
| Have you been known by any other name? | | | |
| Previous Surname: | | Previous Forename(s): | |
| From: | | To: | |
| Previous Surname: | | Previous Forename(s): | |
| From: | | To: | |
| Date of Birth: | | Gender: | |
| Town of Birth: | | Country of Birth: | |
| Nationality of Birth: | | Current Nationality: | |

Address History (Minimum 5 years history with no unexplained gaps)

| | | | |
|--------------------------|--|------------|--|
| Current Address: | | | |
| From: | | | |
| Previous Address: | | | |
| From: | | To: | |
| Previous Address: | | | |
| From: | | To: | |
| Previous Address: | | | |
| From: | | To: | |

| | | |
|--|-----|----|
| Are you working or intending to work with children? | YES | NO |
| Are you working or intending to work with vulnerable adults? | YES | NO |
| Have you ever been convicted of a criminal offence or received a caution reprimand or warning ? | YES | NO |

| | |
|---------------------|--|
| Declaration: | |
| Signed: | |
| Print: | |
| Date: | |

Equal Opportunities Monitoring

All Hands Care has an equal opportunities policy that complies with the provisions of anti discrimination legislation and means that candidates are selected without discrimination.

In order to measure the impact of this policy, we would appreciate it if you could complete the following questions. You are under no obligation to provide this information, however it will greatly assist us in monitoring adherence to policy.

Please note that all responses will be handled in strictest confidence. They will only be used for statistical monitoring and will not form part of any job application. We may provide summary data to our clients to assist them with their own equal opportunity policies. However, this data will remain anonymous and will be independent to any recruitment activity. In line with legislation, data is retained in accordance with the Data Protection Act.

| | | | |
|---------------------------------|-----------|-------------------------------------|-----------|
| Ethnic Origin | | | |
| White British | | White - Irish | |
| White - other | | Black / Black British - Caribbean | |
| Black / Black British - African | | Black / Black British - Other | |
| Mixed – White & Black Caribbean | | Chinese | |
| Asian / Asian British - Indian | | Asian – Other | |
| Mixed – White and Black African | | Asian / Asian British – Pakistani | |
| Mixed – Other | | Asian / Asian British - Bangladeshi | |
| Mixed – White and Asian | | Any other Ethnic Group | |
| Gender | | | |
| Male | | Female: | |
| Marital Status | | | |
| Single | Married | Divorced | |
| Widowed | Separated | | |
| Sexuality | | | |
| Gay Woman/Lesbian | Gay Man | Hetrosexual | |
| Bisexual | Other | Prefer not to say | |
| Religion | | | |
| Baha'l | Hindu | Buddhist | Jewish |
| Zoroastrian (Parsi) | Jain | Rastafarian | Christian |
| Muslim | Sikh | No religion | Other |