



Confidential application form

Mr / Mrs / Miss / Ms / Other: Surname.....

Forenames.....

**DOCUMENTATION YOU WILL NEED TO BRING WITH YOU IN ORDER
TO REGISTER WITH US**

Passport (should include valid visa stamp if applicable). Student visas will require confirmation of study for college/university.

Birth Certificate UK

Marriage certificate (to account for all name changes)

Adoption certificate (if appropriate)

Driving Licence (photo card and paper counterpart)

Proof of National Insurance (P60, P45)

Two proofs of address: Mortgage statement, bank/building society statement
Council tax statement, Benefits agency, utility bill, EU national ID card.

Most recent DBS / CRB disclosure

Payment (£58.16) for DBS. Please note you will be advised to maintain a portable DBS whilst carrying out assignments for Christchurch Care.

You will be asked to permit Christchurch Care to photograph you for identification purposes.

Bank details for payroll purposes

CV (explaining any gaps within full working history from leaving secondary school to present day.

Copies of all training undertaken in past year.

NVQ certificates

Nursing and Midwifery pin number and accompanying statement of entry letter.

Please detail all training undertaken in the past year:

Training	Training Provider	Date	Certificate Copied (Office Use)
Moving and Handling			
Basic Food Safety			
Basic Emergency First Aid			
Infection Control			
Health and Safety			
Adult / child safeguarding			
Mental Capacity / DoLs			
Dementia awareness			
Medication Administration Awareness			
Challenging behaviour awareness			
Respecting dignity, equality and diversity			
Death and Dying			
Fire safety awareness			
Lone working			



APPLICATION FOR ASSIGNMENTS

**Type of assignment: Registered Nurse / Health Support Worker / Dental Nurse
Chef / Cook / Kitchen Assistant / House keeper/Administration**

Shifts preferred: Day / Night

PERSONAL DETAILS

Address.....

.....

Postcode:EMAIL Address.....

Telephone numbers: Private: Mobile:

**I understand that Christchurch Care may contact me by phone / text / or email
and that under the General Data Regulation of 2018, I can withdraw my consent
to be contacted, at any time.**

National Insurance no: Professional PIN no.....

Disclosure and Barring Service number (if applicable).....

I consent to Christchurch Care accessing my Disclosure and Baring Services
information on line.

Signed.....

EDUCATION

Please list your secondary schooling and any further education

Name and Address of School / College / University	Dates From - To	Course details / Professional Examinations	Date of qualification

EMPLOYMENT

Current & previous employment (please give most recent first): please provide full career history from leaving school including any gaps of unemployment/other reason why not working. Please continue on separate sheet of paper if necessary.

Date From - To	Company	Date NVQ2 achieved	Job Title Brief Roles / Responsibilities	Reason for Leaving

REFEREES

Please complete the following details for 2 referees (not members of your family or a co-habitee) - one must be your most recent employer

1. Referee Name: Mr / Mrs / Miss

Referee Occupation:

Address: Postcode:

Tel no: Employment/Personal (please delete)

Can we take up this reference now?

Yes / No / Only if offered job? (Please delete as applicable)

2. Referee Name: Mr / Mrs / Miss

Referee Occupation:

Address: Postcode:

Tel no: Employment / Personal (please delete)

Can we take up this reference now?

Yes / No / Only if offered job? (Please delete as applicable)



How did you become aware of Christchurch Care?
.....

I would be available to take up an Assignment on:

Are you a car driver / owner?

No Yes: I have had a licence for..... years

If you have a driving licence which has been endorsed, please give brief details:
.....
.....

Do you have Business Insurance for your car? Yes / No

Health Declaration: People with a disability or a health condition are entitled by law to “reasonable adjustments” during the interview process. Our offices are situated on the second floor: There is a stair lift to the first floor, but access to the 2nd floor is via stairs only. A room can be made available for interview purposes on the first floor. What adjustments do you require to attend an interview?
.....
.....

EQUAL OPPORTUNITIES

We are committed to an equal opportunity policy and will treat all applicants for jobs fairly, without regard to race, colour, ethnic origin, disability, marital status or sex. In order to maintain the effectiveness of our policy, and for no other reason, applicants are asked to complete the following section.

We encourage applications from disabled people who otherwise satisfy the recruitment criteria for appointment.

Are you legally eligible for employment in the UK? Yes No

Do you require a work permit? Yes No
(We do not apply for work permits on behalf of applicants)

What nationality are you?

How would you best describe your ethnic origin?

White Indian Chinese
Black Caribbean Black African Black Other
Bangladeshi Pakistani

Other, please specify:

Are you: Male Female

Are you: Single / Married / Living Together / Separated / Divorced / Widowed



ASYLUM AND IMMIGRATION ACT 1996

Under the Asylum and Immigration act 1996, we have a legal duty to check that all new employees are legally entitled to work in the UK. Therefore if you are invited to attend an interview please bring with you the **original** of one of the following:

- Evidence of National Insurance Number; eg – P45, P60, Payslip from previous employer
- Passport, Work Permit or National Identity Card stating you are a national of one of the European economic area states
- Birth Certificate issued in the UK or Republic of Ireland
- Naturalisation as a British Citizen

PARENTAL LEAVE

Have you taken any parental leave: Yes No

If yes, how much time has been taken for each qualifying child?

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WORKING TIME REGULATIONS 1998

The Working Time Regulations state that Workers are required to take ‘all reasonable steps’ to ensure that the limits to working time are not exceeded. This includes enquiring whether a person is working elsewhere and as such, all applicants are therefore required to declare all other employment.

Do you have any other employment which, if successfully appointed, you intend to continue?

No Yes: Please give full details of role, total weekly hours
(including overtime), shift days/times, etc:

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.....
.....

ANY OTHER INFORMATION

Please tell us any other information relevant to you carrying out an assignment for Christchurch Care

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.....

DECLARATIONS

- Have you had any criminal convictions (in any country)? YES / NO
- Are there any alleged offences outstanding against you (in any country) including a current police investigation and/or prosecution? YES / NO
- Are you currently the subject of any investigation or proceedings by anybody, having regulatory functions, in relation to health/social care professionals, including such a regulatory body in another country? YES / NO
- Have you ever been disqualified from the practice of a profession or required to practice it, subject to specified limitations, following a fitness to practice investigation by a regulatory body in any country? YES / NO

If you have answered ‘YES’ to any of the above, please provide details on the reverse of this sheet.

NB. This post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are not entitled, therefore, to withhold information about convictions (including bind overs and cautions) which for other purposes are “spent” under the provisions of the Act. Any information given will be treated as confidential and considered only in relation to this application.

A Disclosure and Barring Service search will be carried out on all staff carrying out assignments for Christchurch Care.

Registered nurses are required to provide evidence of individual professional indemnity insurance to the value of £3m:

Name of professional body.....

Membership number.....Date of expiry.....

CONFIRMATION

Please sign below if you agree with the following statements:

- The information stated on this form is true and accurate. I understand that any inaccuracies, relevant omissions or falsifications may result in my being removed from Christchurch Care’s Temporary Worker register.
- I understand and accept that the information on this form will be stored and or retained on computer records in accordance with the General Data Protection Regulation 2018

Signed:

Date: