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**EMPLOYMENT APPLICATION FORM**

 **POSITION APPLIED FOR:**

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| **Personal Details**   |
| Title:  | Street Address:  |
| First Name:  | Address Line 2:  |
| Middle Names:  | Town:  |
| Last Name:  | Postcode:  |
| Phone (Home)  | National Insurance Number:  |
| Phone (Mobile):  | Passport Number:  |
| Email Address:  | Date of Birth:  |
| Are you free to remain and take up employment in the UK?  | Professional Registration Number:  |
| Visa Number:  | Date of Expiry:  |
| **Next of kin/Emergency contact details** |
| Name (Miss/Ms/Mrs/Mr/Dr):  | Surname:  |
| Street Address:   |
| Phone (Home):  | Phone (Mobile):  |
| **Convictions/Disqualifications**  |
| In view of the nature of the work for which you are applying, the post is considered to be exempted from the provisions of the Rehabilitation of Offenders Act 1974 as contained within the Exceptions Amendment Order 1986. Applicants are required to give details of all convictions for criminal offences, including pending convictions and those which would otherwise be considered "spent". Failure to provide details of convictions could result in dismissal or disciplinary action. If there are no convictions, please state "none".  Having a criminal record will not necessarily bar you from working with us. Divine Care Group Ltd complies fully with the DBS Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosures and Disclosure information. We make every subject of a DBS Check aware of the existence of the DBS Code of Practice and make a copy available on request **Do you have any Spent or Unspent Convictions: Yes No** **If yes please state:** I confirm that to the best of my knowledge, the details contained above are correct.   **Signature: …………………………………………….. Date: ……………………………………………**  |
| **Disclosure and Barring Service (DBS) Check**  |
| Yes No |
| **Bank/Building Society Details**  |
| Account Holders Name:  | Bank Name:  |
| Account Number:  | Sort Code:  |
| I authorise **Divine Care Group Ltd** to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify **Divine Care Group Ltd** in writing of any changes of these details:    **Signature: ………………………………………….. Date: ………………………………………………**  |
| **Health & Disability**  |
| The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought. Do you have any health issues or a disability relevant which may take it difficult for you to carry out functions which are essential for the role you seek? Yes No. If yes, please specify: If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc.? Please specify:  |
| **Data Protection Statement**  |
| The information that you provide on this form and on any CV given will be used by Divine Care Group Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.    **Signature: …………………………………… Date: ……………………………………..……………** |
| **Employment History** Please give details of your employment over the last 10 years commencing with your most recent job and including any agencies worked for. Where applicable, please explain any breaks in employment history. Continue on a separate page if necessary  |
| **Date from (MM/YY)**  | **Date To (MM/YY)**  | **Name & Address of Employer**  | **Position Held (Duties)**  | **Reason for leaving**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |  |   |   |
|  **Education/Qualifications** **(Training e.g. Manual. First Aid, etc. (please provide certificates)**  |
| **Date from (MM/YY)**  | **Date To (MM/YY)**  | **Course**  | **Name & Address of** **University/College /Institute**  | **Qualifications/Level**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  **Professional Referees** Please provide at least two referees who would give reference on your character, work experience and suitability for the post applied for, Referees must be in a senior position to you. Please be aware that we are unable to offer you work until satisfactory references have been obtained. Please also note we are required to obtain references for you on an annual basis.  |
| **Verified by: Verified by:**   |
| Name  |   | Name  |   |
| Position held by referee  |   | Position held by referee  |   |
| Company  |   | Company  |   |
| Address  |   | Address  |   |
| Work Telephone  |   | Work Telephone  |   |
| Work Email  |   | Work Email  |   |
|  |
| I hereby give Divine Care Group Ltd permission to approach my referees at this stage for employment references and understand that Divine Care Group Ltd reserve the rights to withdraw my application if my references do not meet a satisfactory level for healthcare staffing.  **Yes No**  |
| **Clinical Details (Healthcare Assistants/Support Workers)**  |
| **Clinical Area**  | **Length of Experience**  | **Clinical Area**  | **Length of Experience**  |   |
| Adolescent  |   | Learning Disabilities  |   |   |
| Adult  |   | Medication Certificate  |   |   |
| Aggression Awareness  |   | Mental Health  |   |   |
| Break Away  |   | Nursing Homes  |   |   |
| Child Protection  |   | NVQ1,2, 3,4  |   |   |
| Education  |   | Probation Service  |   |   |
| Elderly  |   | Residential Homes  |   |   |
| Homeless  |   | Social Worker Trainer  |   |   |
| Hospital Worker  |   | OTHER  |   |   |
| **Further Training/Updates (Healthcare Assistants/Support Workers)**  |
| **Course**  | **Yes / No**  | **Date Attended**  |
| Manual Handling  |   |   |
| Basic Life Support  |   |   |
| CPR  |   |   |
| Infection Control  |   |   |
| Food & Hygiene  |   |   |
| Control & Restraint Training  |  |   |
| Health & Safety  |   |   |
| POVA  |   |   |
| **Skills Assessment (Health Assistant/Support Workers)**  |
| Urinalysis  |   | Simple Dressings  |   |
| Catheter Care  |   | Blood Sugar Testing  |   |
| Continence Care  |   | Stoma Care  |   |
| TPR Recording  |   | Pressure Area Care  |   |
| B / P Recording  |   | Mouth Care  |   |
| Use of Hoists  |   | Eye Care  |   |
| Report Writing  |   | Feeding Patients  |   |

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| Your Availability for work |
| How many hours would you like to work each week? | Hours |
| Which areas would you be able to work in? | Please List |
| Please indicate the times and days you would be available for work. |
|  | MON | TUE | WED | THU | FRI | SAT | SUN |
| Early Shift |  |  |  |  |  |  |  |
| Late Shift |  |  |  |  |  |  |  |
| Long – day |  |  |  |  |  |  |  |
| Night Shift |  |  |  |  |  |  |  |
| Are you a car driver? | Yes | No |
| If you intend to use your car For Business, do you have theRequired insurance cover? | Yes | No |
| If yes, you will be required to produce both your driving licence and motor insurance certificates. |
| Do you have any other work,Commitments which may impair your ability to carry out yourduties for Divine Care Group Ltd?  | Yes (Please give details) | No |
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| **Declaration**  |
| I, the undersigned applicant, hereby declare that the information I have given in this application form is true to the best of my knowledge and belief. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. I agree that if I have given any false or misleading information, or do not give relevant information now or in the future, this may result in termination of an assignment without notice.  If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Divine Care Group Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).  **Yes No if no please state:**  I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. NMC/HPC) or being investigated by my current or previous employer. I will inform Divine Care Group Ltd if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Divine Care Group Ltd.  **Yes No if no please state:**  |
| **Confidentiality Agreement**  |
| During the course of your employment you may have access to see or hear information of a confidential nature. You are required not to disclose any information, particularly relating to client/ patient details, medical notes etc., to any unauthorised persons. You are reminded that any breach of confidentiality may result in disciplinary action or dismissal.**Yes No**  |
| **Third Party Declaration**  |
| I hereby allow any information relating to my registration with Divine Care Group Ltd to be shared with relevant third parties. This will be overseen by the governance lead for Divine Care Group Ltd. **Yes No if no please state:**  |
| **Working Times Regulations**  |
| The Working Times regulations 1998 ("The Regulations") require Divine Care Group Ltd ("The Company") to limit your average weekly working time to 48 hours unless you agree with The Company that the limit shall not apply to you. The Company wished to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:  1. The 48-hour limit on average weekly time will not apply to you.
2. You may terminate the agreement (so that the 48hour time limit would apply to you) by giving the person at The Company to whom you usually report 4 weeks' written notice. Under the Regulations, The Company must keep records relating to your working time. This is the case whether or not you reach an agreement with The Company about waiving working time limits

  **Yes No if no please state:** |
| **Agreement to opt out working times Regulations 1998**  |
| The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the Worker agree that this limit shall not apply to the Worker. This Agreement will remain in force indefinitely. The Worker, or the I Company, may terminate this Agreement at any time by giving not less than three months' written notice to the other. **Yes No if no please state:**  |
| **Declarations**  |
|  I agree to inform Divine Care Group Ltd Immediately if I am the subject of any pending Prosecution, work related investigation, Disciplinary action /professional misconduct. Also, any changes to my personal circumstances that could affect my fitness to practise as a healthcare professional.**Yes No if no please state:**I give Divine Care Group Ltd Permission to carry out all relevant Employment checks necessary for my registration including any external bodies.**Yes No if no please state:**I confirm that I am aware that the trust organisation where I attend assignments have the right to carry out any physical searches of me, my possessions and my vehicle while on the premises. All security checks must comply with the Human Rights Act 1998.**Yes No if no please state:** |
| By signing this document, you are confirming all the above agreements and all the company's proposals.  This document will then be a record of agreement. **Please sign below.** **Signature: …………………………………………………. Date: …………………………**  |



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**EMAIL:** **careers@divinecaregl.com**

**TIMESHEETS: timesheets@divinecaregl.com**

**Registered in England and Wales: Registration No. 11294311**