



**AFFIX  
PHOTOGRAPH  
HERE**

<b>POST APPLIED FOR</b>	
<b>WORK PREFERENCE</b>	Day Shifts - Night Shifts - Day & Night Shifts
<b>INTERVIEW DATE</b>	

<b>PERSONAL DETAILS</b>	
First Name:	Address:
Surname:	
Maiden Name:	
Marital Status: (Single-Married-Divorced-Widowed):	
Gender: (Male-Female)	Post Code:
Date of Birth:	Mobile Number:
Place of Birth	Home Number:
Nationality:	Email Address:
National Insurance Number:	WhatsApp Number:

Next of Kin:	Contact Number:
Relationship:	Email Address:

<b>RIGHT TO WORK</b>	
Do you need a work permit to take up this post:	YES/NO
<b>ELIGIBILITY TO WORK</b>	
Are you eligible to work in the United Kingdom:	YES/NO
<b>DRIVING LICENCE</b>	
Do you hold a full valid driving licence:	YES/NO
Do you have any endorsements? If YES, provide details	YES/NO Details:
Are you willing to use your own vehicle to commute to and from work:	YES/NO

<b>ADDITIONAL INFORMATION</b>	
How did you hear about this vacancy?	Have you previously applied with ourselves?
	YES/NO



1. EMPLOYMENT INFORMATION Please list the last 5 years of your employment	References will be requested from all employers (Explaining any gaps in your employment)
Present / Previous Employer Name:	Name of Contact:
	Telephone:
Address:	Email:
	Start Date:
	End Date:
Post Code:	Reason for leaving (if applicable):
Job Title:	
2. PREVIOUS EMPLOYMENT INFORMATION	
Employer Name:	Name of Contact:
	Telephone:
Address:	Email:
	Start Date:
	End Date:
Post Code:	Reason for leaving (if applicable):
Job Title:	
3. PREVIOUS EMPLOYMENT INFORMATION	
Employer Name:	Name of Contact:
	Telephone:
Address:	Email:
	Start Date:
	End Date:
Post Code:	Reason for leaving (if applicable):
Job Title:	
4. PREVIOUS EMPLOYMENT INFORMATION	
Employer Name:	Name of Contact:
	Telephone:
Address:	Email:
	Start Date:
	End Date:
Post Code:	Reason for leaving (if applicable):
Job Title:	



### 5. PREVIOUS EMPLOYMENT INFORMATION

Employer Name:	Name of Contact:
	Telephone:
Address:	Email:
	Start Date:
	End Date:
Post Code:	Reason for leaving (if applicable):
Job Title:	

### REFERENCES

Please provide names, addresses and telephone numbers of two referees we may approach for a reference.

(1) Name:	Position:
Address:	
Post Code:	
Capacity in which the referee knows you:	
(2) Name:	Position:
Address:	
Post Code:	
Capacity in which the referee knows you:	



**ACADEMIC QUALIFICATIONS**

Qualification / Training	Start Date	Grade / Reg No.	Completion Date

**MEMBERSHIP OF PROFESSIONAL / REGULATORY BODIES**

Full Name of Organisation	Registration Number	Renewal Date

**RECRUITMENT MONITORING**

**Please choose the appropriate option to indicate your cultural background (tick where appropriate)**

<p><b>Please tick relevant</b></p> <p>White British ( )</p> <p>White Irish ( )</p> <p>Mixed white and Caribbean ( )</p> <p>Mixed white and black African ( )</p> <p>Mixed white and Asian ( )</p> <p>Asian or Asian British Indian ( )</p> <p>Asian or Asian British Pakistani ( )</p>	<p>Asian or Asian Bangladeshi ( )</p> <p>Black or Black British Caribbean ( )</p> <p>Black or Black British African ( )</p> <p>Chinese ( )</p> <p>Prefer not to answer ( )</p> <p>If any other please specify below:</p> <p>_____ ( )</p>
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<b>Sexual Orientation</b>	
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<b>Religion</b>	
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**IMMIGRATION & ASYLUM**

**I have provided the required original documents (tick where appropriate)**

1. Original passport ( )	6. Driving License ( )
2. Biometric Residence Permits (BRPs) ( )	7. P60 / P45 / Current wage slip ( )
3. Residence / ID card ( )	8. Proof of National Insurance Number ( )
4. Birth Certificate ( )	9. Proof of Address x2 (within last 3 months) ( )
5. Marriage Certificate ( )	10. Current passport size photo ( )

**DBS CHECK / REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975)**

The nature of work for which you are applying involves direct contact with people who are receiving a health service. We are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order you are not entitled to withhold information about convictions, which might be considered “spent”. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action.

Please cross out the option below that does not apply to you.

I do have / I do not have any cautions or convictions to declare.

Please give details of the convictions below:

My DBS is registered on the DBS update service and is portable. I give permission for the relevant individual at Primary Carers 24/7 Limited to do a service check where necessary.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**DECLARATION OF SERVICE**

I can confirm that in my current position that I am / am not undergoing any investigation or suspension in any healthcare organisation or from any professional bodies.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Under the Data Protection Act 1988 I agree to Primary Carers 24/7 Limited allowing my personal file to be viewed by the inspection team from the following bodies:

1. The NHS / The NHS Frameworks
2. Buying Solutions (NHS PASA)
3. CQC (Care Quality Commission)
4. Any relevant 3<sup>rd</sup> party bodies

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**SKILLS & EXPERIENCE CHECKLIST**

Do you have any experience working in Health & Social Care: YES / NO

If YES, please provide the title of your role\_\_\_\_\_

How much experience do you have working in Health & Social Care\_\_\_\_\_

Please tick all that apply:

Use of moving and lifting equipment		Collecting & Testing of specimens	
First Aid / Life Support		Medication awareness / Administration	
Personal Care / Hygiene needs		Paediatrics	
Mental Health		Theatre / Recovery / HDU / ITU	
Challenging Behaviour		Immediate post-operative care	
Feeding / Fluid Balance		Epilepsy	
Basic observations & Recordings		Handover / Report writing	
Care of Mouth / Teeth / Dentures		Financial Transactions	
Care of eyes		Tracheotomy care & management	
Care of Nails		PEG / MIC-KEY care & management	
Continence Care		Suction / Nebulisers / Saturation level	
Bed making		Observing conditional changes	
Confidentiality		Cleaning Procedures / cross infection	
Dealing with Relatives		Handling preparing food	
Learning Disabilities		Pressure area care / management	
Dementia		Terminal care / Oncology	
End of Life Care		Housework / Shopping	

**TRAINING & DEVELOPMENT**

Please give details of any training and development courses or non qualified courses which support your application. Include any job training as well as formal courses.

Title of training programme or course	Duration of course

**PAYMENT DETAILS**

Are you operating as Ltd company, Umbrella or PAYE?	
Account Name:	
Sort Code:	
Account Number:	

**48 HOUR OPT-OUT AGREEMENT**

I agree that I can work for more than an average of 48 hours per week.

I give my consent to this agreement that I can work more than 48 hours whilst remaining an employee of Primary Carers 24/7 Ltd. This agreement will remain in place even if any amendments are made to my hours with all employments(s) that I hold.

If I wish to withdraw from this agreement, I will give three months written notice of my decision to withdraw.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**DECLARATIONS**

I can confirm that I have read this document fully and that all the information provided to Primary Carers 24/7 Ltd is correct and to the best of my knowledge and belief. I give consent to contact all my previous employers and the named referees regarding the information I have provided. I will inform Primary Carers 24/7 Ltd should anything change that might affect my position. I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

I declare that the information given herein is true and complete and is not presented in a way that is intended to mislead. I agree that if I have given false or misleading information or omit to give the relevant information now or in the future that Primary Carers 24/7 Ltd may cease to offer me further placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to Primary Carers 24/7 Ltd.

I acknowledge that my personal details will be stored and handled correctly by Primary Carers 24/7 Ltd 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 - DBS, Occupational Health, References).

Signed \_\_\_\_\_ Dated \_\_\_\_\_