Hepzibar Care Agency Limited

THINK. FEEL. CARE

OFFICE USE ONLY		
Employee No:	Start Date:	P45 Date:

Position applied for:

Certified NVQ Level:

1. PersonalDetails

Title	First Name(s)	Last Name
Address Post Code:		Previous Surname Telephone No Mobile No
Date of Birth:	National Insurance Number:	
Email		Are you happy for pay slips to be emailed?

2. Next of Kin (or person to be contacted in case ofemergency)

Name:	Relationship to you:	TelephoneNumber(s)
Address:		

3. How did you hear about Hepzibar Care Agency Limited?

4.Transport

UK Citizen:
EU Citizen:
Workers Registration scheme:
Permanent Residency:

Do you have a full driving license? *YES / NO*
What are your usual means of transport?

Work Permit:	Expiry Date:
Student Visa:	
Working Holiday:	
Other (Please state)	

5.Your right to work in theUK

I confirm that I am entitled to work in the UK on the following basis(tick)

Do you consider yourself to haveadisability? *YES /NO*	Nature of Disability:

6. Disability

7. Working TimeRegulation/RTI

To comply with Real Time Information Legislation coming into force April 2013, it would help at the application stage if you indicate the approximate number of hours you are seeking. Please circle one option below, and sign if applicable			
Less than 16 hours per week	Between 16 and 30 hours per week	More than 30	If you would like the opportunity to work MORE than 48 hours per week you must sign the statement below, to comply with Working Time Regulations. I **am willing to** work more than 48 hours per week on average. Signed……Date……

8. Full Employment History (Most recent first). Please include ALL Employment as we need to go back a MINIMUM of 5years. Use the box at the bottom of the page to explain any gaps in your employment. Use a continuation sheet or supply a CV if this page covers less than 5 years, and do remember to include any agencies that you worked for. All dates should be MONTH and YEAR. (Put 'approx' next to month if exact dates notknown)

COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving	Salary/Pay Rate	*Please inform your interviewer if there is any reason why we CANNOT reference*

COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving	Salary/Pay Rate	*Please inform your interviewer if there is any reason why we CANNOT reference*

COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving	Salary/Pay Rate	*Please inform your interviewer if there is any reason why we CANNOT reference*

COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving:	Salary/Pay Rate	*Please inform your interviewer if there is any reason why we CANNOT reference*

Please explain any gaps in the employment history above, including dates: (E.g. studying, childcare, unemployment)
Have you ever been dismissed from any employment? YES / NO

9. Training and Qualifications Please bring all certificates tointerview

Relevant Qualification(s) and Training					
Do you have a relevant NVQ?		YES / NO			
Are you currently studying for a relevant NVQ?		YES / NO			
Would you be interested in NVQ training?		YES / NO			
Have youcompleteda Patient Handling Course? *YES /NO*		Do you have a Certificate? YES/NO		Date of Issue:	
Have you completed a CommonInductioncourse in the last 2 years? *YES /NO*		Do you have a Certificate? *YES /NO*		Date of Issue:	
Have you completed any of the following courses in the last 3 years? Please circle and include issue date if known					
Safeguarding Adults	Food Hygiene	Infection Control	Protection of Children	Health & safety	First Aid
Date:	Date:	Date:	Date:	Date:	Date:
Deprivation of Liberty	Mental Capacity Act	Learning Disability	Challenging Behavior	Medication	Dementia
Date:	*Date:*	Date:	Date:	Date:	Date:
TRAINED NURSES ONLY: Pin Number: Pin Expiry Date:					

10. Bank Details – Weekly wages will be paid directly to youraccount

Bank	Sort code								
Address	Account No.								
	Your Name as it appears on the account								

11. P46(substitute)

If you intend to start work without a P45 from your previous employer, please read all the following statements and tick the one that applies to you.	
A – This is my first job since last 6th April and **I have not** been receiving taxable Job Seekers Allowance, Employment & Support Allowance or taxable Incapacity Benefit or a state or occupational pension **OR**	A
B – This is now my only job, but since last 6th April **I have** had another job, or have received taxable Jobseekers Allowance, Employment & Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension **OR**	B
C – I have another job or receive a state or occupational pension	C

Student Loans	If you left a course of Higher Education before last 6th April and received your first Student Loan instalment on or after 1st September 1998 and you have not fully repaid your Student Loan, please tick box D. *(If you are required to repay your Student Loan through your bank or building society account, do **not** enter a tick in box D)*	D

Please tell us why you want to do this type of work?

12. Workwear

The work you have applied for may require you to wear a uniform. Please circle your uniform size:	*Male* Small Medium Large	*Female* 8 10 12 14 16 18 20 22 24 26 28 30

13.Disclosure – Please readcarefully

Due to the nature of the work for which you are applying, you must disclose any information regarding any criminal convictions either current or which would normally be considered as spent. This is provided for by the 1975 Exceptions Order to Section 4 (II) of the Rehabilitation of Offenders Act (1974). You must also disclose details of any cautions, which, when given, you admitted. All information will be treated in strictest confidence. Any pending offences, for which you are awaiting an outcome, must be disclosed. In addition, during your period of engagement with Hepzibar care agency, you should inform us if you are convicted, or are awaiting an outcome, of any new offences (including motoring offences.)

I confirm that I **do not** have a cautions, charges or convictions

I confirm that I **do have** cautions, charges or convictions

(Please cross through the statement which does not apply to you. If the answer is the 2nd statement you will need to provide a written statement with details before we send off for a new disclosure. Any CRB money is non-refundable, even if we do not offer you work.)

Signed…….. Full Name…….. ….. Date……..

14. Permanentwork

To be signed by candidates looking for permanent work only

1. Hepzibar care agency are to provide you permanent recruitment services that is to say we will act as an agency as defined under the Employment Agencies Act1973.
2. I authorize Hepzibar care agency to seek work on my behalf, including forwarding my CV and relevant personal data to prospective clients as part of the recruitmentprocess.
3. I wish to seek employment within the fieldof/asa____________________(e.g. all care &supportwork,nursing).

Signed……………………………………………… Full Name……………………………………………… ….. Date…………………………………

15. Consent

In order to comply with some of our contracts with our Clients, we have been asked to obtain consent to the following:

I consent to my personal data being made available to authorized third parties in order to comply with current regulations and for the purposes of auditing.

I have no objection to my details being held on computer records and utilized by the company in pursuit of its legitimate business.

Signed……………………………………………… Full Name……………………………………………… ….. Date…………………………………

16. Declaration

Please read carefully and sign to confirm you understand your obligations

I understand that it is my responsibility to check that I am up to date with any immunizations, which are relevant to the type of work for which I am registering. I understand that my engagement with Hepzibar care agency is subject to the receipt of a satisfactory Enhanced Criminal Records

Bureau Disclosure. I confirm that the information given on this application is, to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform Hepzibar care agency if any of the details on this application form change. I agree to the Company's Terms and Conditions of Engagement

Signed……………………………………………… Full Name…………………………………… Date…………………………………

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