

**APPLICATION PACK****Please Read**

Mandatory fields with (\*) must be completed, using Black Ink only. Please write N/A if not relevant The form can be completed electronically and emailed to us from personal email .

**PERSONAL DETAILS\***

Title:	Surname:	Firstname:	Lastname:
Date of birth:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:	Postcode:		
Email:	Country:		
Mobile No:	Your Role:		

**EMERGENCY CONTACT \***

Name:	Relationship:	Mobile No:
Email:		

**PROFESSIONAL REGISTRATION\*****Are you registered with any professional bodies? (Please tick)**

HCPC  NMC  GMC  GPhC  RCCP  Other  N/A

**If you do not hold a British/EU passport, do you hold any of the following?**

<input type="checkbox"/> Indefinite Leave to Remain in the UK	<input type="checkbox"/> Ancestry Visa
<input type="checkbox"/> Work Permit / Sponsorship (Tier 2)	<input type="checkbox"/> Spousal/Partnership
<input type="checkbox"/> Student Visa (Tier 4)	<input type="checkbox"/> Biometric Residence Permit
<input type="checkbox"/> Working Holiday Visa/Youth Mobility (Tier5)	<input type="checkbox"/> Other (please specify):

**Expiry Date:**

Passports and visas are required to work along the with proficiency in English. Proofs must be submitted and are subject to verification during recruitment.

**EDUCATION:****Secondary School Name:**

	Location:	
From:	To:	Qualifications:

**Higher Education Name of college:**

	Location:	
From:	To:	Qualifications:

**PROFESSIONAL TRAININGS:**

**Professional / Vocational Qualification:**

From:

To:

**Professional / Vocational Qualification:**

From:

To:

**OTHER TRAININGS:**

(Please provide information on training courses undertaken while at work, that you feel are most relevant to the post applied for).

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

**Title of Course / Training:**

**Month/ Year Undertaken:**

## EMPLOYMENT HISTORY\*

Please identify all employers since leaving secondary education, starting with your current / most recent and those previously in reverse time order. All dates must be in the format DD/MM/YY. Any gaps in employment must be fully explained. All referees will be contacted by telephone to confirm that your reference was prepared by them. (Details of the referees are to be listed further on in this application form)

### Employer 1

Employer Name:	From:	To:
Address:		Postcode:
Email:		Salary:
Telephone No:	Notice Period:	
Position Held:		
Reason for Leaving:		

### Employer 2

Employer Name:	From:	To:
Address:		Postcode:
Email:		Salary:
Telephone No:	Notice Period:	
Position Held:		
Reason for Leaving:		

### Employer 3

Employer Name:	From:	To:
Address:		Postcode:
Email:		Salary:
Telephone No:	Notice Period:	
Position Held:		
Reason for Leaving:		

### Employer 4

Employer Name:	From:	To:
Address:		Postcode:
Email:		Salary:
Telephone No:	Notice Period:	
Position Held:		
Reason for Leaving:		

## EMPLOYMENT HISTORY GAPS RECORD

Can you please explain any gap up to a month since age 18 years old.

Reason of Gaps:

Date From:

Date To:

Reason of Gaps:

Date From:

Date To:

## REFEREES\*

Please give all the names and full addresses of referees that were your Managers/Senior Managers during the last 5 years of your employment. This is irrespective of the number of organizations you have worked for and must equal or exceed the 5-year timescale. The Warner recommendations state that references should be obtained from the last 5 years of employment and must include ALL employers. Please complete these in reverse dated order, starting from your most recent. The referees must be able to comment on your ability to perform the duties of the post that you are applying for. If your employment in your most recent post has exceeded 5 years, you will need to provide details of a further referee from that organization. A further character reference should be provided from an individual outside of that organization. This individual must not be related to you.

### Referee 1

Job Title:	Ward/Dept:	Grade/Band
Name:	Email:	
Organization:	Telephone:	Dates:
Capacity in which Known( i.e Manager):	PostCode:	
May we contact this referee at a short-list stage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Referee 2

Job Title:	Ward/Dept:	Grade/Band
Name:	Email:	
Organization:	Telephone:	Dates:
Capacity in which Known( i.e Manager):	PostCode:	
May we contact this referee at a short-list stage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Referee 3

Job Title:	Ward/Dept:	Grade/Band
Name:	Email:	
Organization:	Telephone:	Dates:
Capacity in which Known( i.e Manager):	PostCode:	
May we contact this referee at a short-list stage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Referee 4

Job Title:	Ward/Dept:	Grade/Band
Name:	Email:	
Organization:	Telephone:	Dates:
Capacity in which Known( i.e Manager):	PostCode:	
May we contact this referee at a short-list stage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## CHARACTER AND HEALTH SELF DECLARATIONS / VETTING AND BARRING SCHEMES\*

### Please Read

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required declare prosecutions or convictions, including those considered 'spent' under this Act. Please tick.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?

Yes  No

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?

Yes  No

Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held.

Yes  No

Have you ever been suspended or are you currently under investigation by an NHS Trust any professional body or any other organisation?

Yes  No

### If Yes, Please Provide Details:


Do you have any physical or mental health condition that would impair your fitness to practise the profession to which your application relates?

Yes  No

Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB)

Yes  No

Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006 and/or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with

Yes  No

**Children:**  Yes  No

**Vulnerable Adults:**  Yes  No

DBS Certificates No:

Issue Date:

Company that conducted the check:

**If you have signed up for the DBS Update Services:**

Yes  No

SecureCare UK will arrange a DBS check on your behalf. You cannot be placed without having completed a current DBS check. Please contact your recruitment team to check the process for completing the DBS application online. Please enclose all ORIGINAL documentation (e.g., passport) as requested, not photocopies. Please note that at any stage whilst working for SecureCare UK we receive a DBS enhanced disclosure that highlights information you have not declared then you will be removed from your assignment.

## DISQUALIFICATION FROM CARING FOR CHILDREN REGULATIONS ( IF APPLICABLE)

### Please Read

Some of our posts are covered by the Disqualification from Caring for Children Regulations (1991). You are therefore required to complete this section before you can be considered.

Has a child of yours at any time been the subject of a Care Order

Yes

No

Have you ever been subject to a Child Protection Investigation?

Yes

No

Has an order been made at any time for the purpose of removing a child from your care or preventing a child living with you?

Yes

No

Have you ever been concerned with a registered or voluntary home that has been removed from the register?

Yes

No

Has an application made by you for an application of a voluntary or registered home ever been refused?

Yes

No

Have you ever been refused registration to be a child minder or provider of day care, or had your registration as either of these cancelled?

Yes

No

**If YES, to any of the above, please give details including date:**


## DECLARATIONS\*

### Working Limitation Declaration

The Working Time Regulations 1998 require SecureCare UK to limit your average weekly working time to 48 hours unless you agree with SecureCare UK that the limit shall not apply to you:

I agree to limit my Working week to no more than 48 hours

I Disagree to limit my Working week to no more than 48 hours

### DATA PROTECTION NOTICE:

SecureCare UK requires certain information prior to you commencing employment, to ensure that you will be able to perform the requirements of the job and give a reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties.

The above information you provide will be treated in the strictest of confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998

**I confirm that I have given permission for medical information to be requested from my GP upon a successful interview.**

Signed:

Date:

### Candidate Handbook:

I can confirm that I received, read and understood each section of the Candidate Handbook:  Yes  No

### Work Place Pension Notice and Guide to Opt In and Opt out for Pension.

SecureCare (UK) Limited has chosen to use NEST to help you save for your retirement. If you'd like to know more about Nest you can visit their website at [www.nestpensions.org.uk](http://www.nestpensions.org.uk). Once you've been enrolled, you'll be able to activate an online account that lets you take control of your retirement pot. Contributing to your Nest retirement pot We'll make employer contributions to your retirement pot and you'll pay member/ employee contributions. The new pension law sets out minimum contributions for all employers to pay which is 3%. We will deduct 5% from your salary to contribute to pension pot which will rise over time, in line with the new pensions law. 3% contribution from company and 5% contribution by you from your salaried amount.

**You have a right to Opting out If you decide that you don't want to put money aside for your retirement. Just let us know by making declaration**

I do want to join pension scheme

I don't want to join pension scheme

**I can confirm that I have read this document fully and that all the information provided to SecureCare UK is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise.**

- I acknowledge that I have been given a copy of the terms and conditions of service issued by SecureCare UK, 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 Health Form
- I acknowledge and confirm that SecureCare UK is authorized to apply for and obtain a Disclosure and Barring Service (DBS) check.
- I hereby authorize SecureCare UK to contact my previous employers for reference/employment background check purposes. In addition, I hereby authorize SecureCare UK to take up any other additional reference checks that the organization may consider appropriate. I am aware of SecureCare UK company policies and procedures regarding recruitment and employment of staff including the application for references as part of checks that needs to be completed.
- 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 that SecureCare UK may cease to offer me further agency placements without notice, as well as claim for recovery of any pay-ments I have received, together with a claim for loss of profit to SecureCare UK
- I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Working Time Regulations 1998 shall not apply to working with SecureCare UK. unless specified.

- I acknowledge that my personal details will be stored and handled correctly by SecureCare UK 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).
- 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 SecureCare UK, I must inform to SecureCare UK immediately.
- I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform SecureCare UK if I am under investigation or suspended by my professional regulatory body or employer at any point while working for SecureCare UK.
- I confirm that whilst working for SecureCare UK I am willing to work through any of the subsidiary companies that form part of SecureCare UK of companies. These include (but are not Limited to) SecureCare UK Healthcare, SecureCare UK Nursing, SecureCare UK Recruitment, IMPACT Care Services Healthcare. I understand that I will be informed at the time of placement which company/brand that I will be working for and will be provided with the relevant documentation to represent that company.

#### DECLARATIONS SIGNATURES

Signed:

Date:

Full Print Name:

Note: you can write your Full Name (according to your Passport) in the place of your Signature and email us the electronically completed form from your personal email to validate your signature rather than signing the form physically.

#### FOR OFFICE USE ONLY

Compliance Officer Name:

Date:



## PAYROLL FORM

Please provide information on Payroll Form.

### HOW ARE YOU CURRENTLY PAID?

• PAYE: (Go to section 3)

• Ltd.Co: (Go to section 4)

• Umbrella: (Go to section 5)

• Self Employed

• Non Applicable

### PAYE DETAILS

Full Address:

Bank Account Name:

Post Code:

Sort Code:

P45 Provided:  Yes  No

Account No:

National Insurance No:

### Only Complete If Ltd co. (PSC)

Ltd Co. name:

Name of Director:

Name of Shareholders:

Name of Shareholders:

Incorporation Date:

VAT registration number:

VAT registration date:

### Company Bank Details:

Name of bank:

Bank Account Name:

Post Code:

Sort Code:

Account number:

Bank city:

### Company Insurance Details:

Name of Insurer:

Value of Professional indemnity:

Value of Employers Liability:

Value of Public liability:

### Company Insurance Details:

Name of Umbrella Co:

Email address:

Phone number:

## EQUALITY AND DIVERSITY MONITORING FORM

SecureCare UK is committed to Equal Opportunities in employment and welcome applications from all sections of the community. In order to ensure the effectiveness of this policy and for no other purpose, you are requested to complete this form. The information is exclusively for the monitoring purposes and strict confidentiality will be maintained.

Sex:  Female  Male  Others  Prefer not to say

Status:  Single  Married  Divorced  Widowed  Prefer not to say

### What is your Ethnic group?

White	Mixed / multiple ethnic Groups	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic group
<input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> African	<input type="checkbox"/> Arab
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African White & Asian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other Ethnic group
<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Any other Mixed / multiple ethnic background:	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black / African / Caribbean background	
<input type="checkbox"/> Any other White background:		<input type="checkbox"/> Chinese		
		<input type="checkbox"/> Any other Asian background		

### Please tick the appropriate box that indicates your religious belief:

Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None

Prefer not to say  Any other religion, please specify

### Please tick the appropriate box that indicates your sexual orientation:

Heterosexual  Homosexual  Bisexual  Prefer not to say

The Disability Discrimination Act 1995 defines a disabled person as anyone who has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Taking this into consideration do you consider you have a disability?

No  Yes, please provide details

Signed:  Date:

Please write your full name in the Signature section if you would prefer to complete this form electronically.