

APPLICATION FORM



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

Position applied for:
Certified NVQ Level:

1. Personal Details

Title	First Name(s)	Last Name
Address		Previous Surname
		Telephone No
		Mobile No.
Postcode		
Date of Birth	National Insurance Number	
Email		Are you happy for payslips to be sent electronically ?

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

Name:	Relationship to you:	Telephone Number(s)
Address:		

3. How did you hear about Geocare Services Limited?

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4. Transport

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

5. Your right to work in the UK

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

UK Citizen:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Work Permit:</td> <td rowspan="4" style="width: 40%;">Expiry Date:</td> </tr> <tr> <td>Student Visa:</td> </tr> <tr> <td>Working Holiday:</td> </tr> <tr> <td>Other (Please state)</td> </tr> </table>	Work Permit:	Expiry Date:	Student Visa:	Working Holiday:	Other (Please state)
Work Permit:		Expiry Date:				
Student Visa:						
Working Holiday:						
Other (Please state)						
EU Citizen:						
Workers Registration scheme:						
Permanent Residency:						

6.

Do you consider yourself to have a disability. YES / NO	Nature of Disability:
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7. Working Time Regulation/RTI

To comply with Real Time Information Legislation that came into force in April 2013, it would be helpful if you can 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	<p>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.</p> <p>I am willing to work more than 48 hours per week on average.</p> <p>Signed..... Date.....</p>
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8. Full Employment History (Most recent first). Please include ALL Employments in the last 5 years. Use the box at the bottom of the page to explain any employment gap(s). Use a continuation sheet or supply a CV if this page covers less than 5 years and do remember to include agencies you have worked for. All dates should include MONTH and YEAR. (Put "approximate date" next to month if exact dates are not known)

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	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>

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	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>

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	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>

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	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>	
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 to interview					
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 you completed a Patient Handling Course? YES / NO?		Do you have a Certificate? YES/NO		Date of Issue:	
Have you completed a Common Induction course 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					
Protection of vulnerable adults	Food, Safety Hygiene	Infection Control	Medication/drug calculation	Health & safety	First Aid
Date:	Date:	Date:	Date:	Date:	Date:
The Care certificate/ common induction	Manual handling	Basic Life support	Equality and Diversity	Information Governance	Dementia Awareness
Date:	Date:	Date:	Date:	Date:	Date:
The care certificates	COSHH	Epilepsy Awareness	Handling of Violence and Aggression	Restraint Awareness	Compliant Training and conflict resolution
Date:	Date:	Date:	Date:	Date:	Date:

REGISTERED NURSES ONLY: NMC Pin Number:

Pin Expiry Date:

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

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

11. References

Name of Referee (1)	
Position	
Relationship with applicant	
Email	
Tel/Mobile	

Name of Referee (2)	
Position	
Relationship with applicant	
Email	
Tel/Mobile	

12, P45 (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 Jobseekers Allowance, Employment & Support Allowance or taxable Incapacity Benefit or occupational pension.	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.	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. <i>(If you are required to repay your Student Loan through your bank or building society account, do not enter a tick in box D)</i>	D
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Please tell us why you want to do this type of work?

13. Work wear

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

14. Disclosure – Please read carefully

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 virtue of the 1975 Exceptions Order to Section 4 (II) of the Rehabilitation of Offenders Act (1974). You must also disclose details of any cautions which you admitted to. 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 Geocare Services Limited, you must inform us if you are convicted, or 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

If you have ticked the 2nd statement, you need to provide a written statement with details before we send off for a new disclosure. (DBS money is non-refundable, even if we do not offer you work.)

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

15. Permanent work

To be signed by candidates looking for permanent work only

1. Geocare Services Limited is a healthcare recruitment agency as defined under the Employment Agencies Act 1973.
2. I authorise Geocare Services Limited to seek work on my behalf, including forwarding my CV and relevant personal data to prospective clients as part of the recruitment process.
3. I wish to seek employment within the field of/as a _____ (e.g., health care assistant, clinical support worker, RGN and RMN).

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

16. Consent

To comply with some of our contracts with our clients, we have been asked to obtain consent to the following:

I consent to my data being made available to authorised third parties to comply with current regulations and for auditing.

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

Signed..... Full Name.....

Date.....

17. Declaration

Please read carefully and sign to confirm you understand your obligations

I understand that it is my responsibility to ensure that my immunisations are up-to-date and relevant to the type of work for which I am applying for. I understand that my engagement with Geocare Services Limited is subject to the receipt of a satisfactory Enhanced Criminal Records Bureau Disclosure.

I confirm that the information given on this application is true and accurate to the best of my knowledge. Failure to disclose or falsify any information may result in disciplinary and legal action. I understand that I must inform Geocare Services Limited if any of the details on this application form changes. I agree with the Company's Terms and Conditions.

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