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| AttachPassport Sized Photograph Here |

Xperience Recruitment Ltd

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Bedworth

CV12 8HY

Tel: 024 7631 5440

Fax: 024 7631 5430

Email: booking@xperiencecare.com

**Application for employment**

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Title: | Surname:  | Forename: |
| Address: | Tel (home): |
| Tel (mobile): |
| Tel (work): |
|  |
| NI Number:  | Date of Birth: |
| Position applying for | Religion:  | Nationality:  |
| Marital Status:  |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of University/College/School | Date studied from-to | Subject | QualificationLevel | Grade |
|  |  |  |  |  |

**Training courses:**

|  |  |  |  |
| --- | --- | --- | --- |
| Course taken: | Dates from-to: | Name of Governing Body: | Qualification: |
|  |  |  |  |

**Employment History:**

Please provide us with details of what you have been doing for the **past 5 years**. If you have not been working for some of the time during this period please provide an explanation for any gaps.

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: | Dates from-to: | Name and Address of Employer | Main Responsibilities and Reason for Leaving: |
|  |  |  |  |

**Reference Request:**

*Please give details of* ***two professional*** *and* ***one character*** *reference.*

|  |  |  |
| --- | --- | --- |
| Name:  | Job Title  | Company: |
| Address | Tel: |
| Fax: |
| Email: |
| Name:  | Job Title: | Company:  |
| Address:  | Tel: |
| Fax: |
| Email: |
| Name: | Job Title: | Company: |
| Address: | Tel: |
| Fax: |
| Email: |

**Emergency Contact:**

|  |  |  |
| --- | --- | --- |
| Name: | Relationship:  | Tel: |

**GP Details:**

|  |  |
| --- | --- |
| Name and Address of GP:  | Tel:  |
| Fax: |
| Email: |

**Registered Nurses and Social Workers:**

|  |  |  |
| --- | --- | --- |
| Pin No: | Pin Expiry:  | Register Entry: |

**Drivers Licence:**

Do you have a valid driving licence?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Provisional |  |

**Authority to make deductions**

I understand that Xperience will make deductions from my wages if

1. Any monies owing as a result of overpayment of wages

2. Any other monies outstanding to the Company

|  |
| --- |
|  |

Please tick

**Rehabilitation of Offenders Act 1974**

All Enhanced Disclosure applications will be fully checked on the Children and Vulnerable Adults register. If your application is successful and you hold a criminal record this will not automatically bar you from obtaining a position. Due to the nature of work for which you applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (exemptions amendments) Order 1986. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are considered “spent” under the provisions of the Act and in the event of employment, failure to disclose any convictions will result in the immediate removal from the register.

**Have you ever been convicted of a criminal offence in the past?**

Please tick:

|  |  |
| --- | --- |
| No |  |
|   |  |
| If “yes” please give details: |

**Data Protection Act 1998 and Inspection**

Part of the Commission for Social Care Inspection process involves checking that we maintain certain information on all of our staff Inspectors will need to know that the company is maintaining the information appropriately and adhering to the Data Protection Act 1998. From time to time outside agencies (i.e. CQC and Home Office etc.) will need to audit the information that we currently hold on your personal file. Xperience records are kept securely in a safe location in line with the Data Protection Act 1998.

**Equal Opportunities Monitoring**

Xperience Recruitment is committed to developing policies to promote equal opportunities in employment and to the elimination of unlawful or unfair discrimination on the grounds of an employee’s gender, sexual orientation, age, parental or marital status, religious beliefs, ethnic or national origin, race, colour of disability.

In order to ensure that these policies are carried out, and for no other reason you are asked to provide the information requested below. Any information you give us will be handled in a strictly confidential manner and will not effect your application in any way.

|  |  |  |
| --- | --- | --- |
| Name:  | Date of Birth: | Position applied for: |

I would best describe my cultural and ethnic origin as:

|  |  |
| --- | --- |
| White- British |  |
| White- Other |  |
| Black- British |  |
| Black- African |  |
| Asian- Oriental |  |
| Asian- Other |  |
| Other |  |

|  |  |
| --- | --- |
| Married |  |
| Single |  |
| Co-habiting |  |
| Separated |  |
| Divorced |  |
| Widowed |  |
| Other  |  |

**Disability Discrimination Act:**

The disability discrimination act 1995 protects employees, job applicants and contract workers who fall within the new definition of disability. Under this legislation, the act defines disability to include those who currently have disability and those who have had a disability in the past. This can include a physical or mental impairment, which has substantial and long term (over 12 months) adverse effects on a person’s ability to carry out normal day to day tasks.

Do you or have you ever had a disability?

|  |  |
| --- | --- |
|  |  |
|  |  |

If you have answered “yes” please give details:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Declaration**

The information that I have provided on this application form is to the best of my knowledge, complete and accurate in all respects. I have read and understood this Applicant Certification. I understand that knowingly giving false information will disqualify me from registering with Xperience. I also agree to keep Xperience advised of any changes to any of the information supplied.

|  |
| --- |
| Signed: |
| Print: | Date: |
| Signed by Consultant: |
| Print: | Date: |

**Employee Bank Details**

Please provide your bank details on the form below and send it back so that your payments can be made. Thank you.

Name as it appears on card…… ………………………….....................

Name of Bank: …… …………….........................................................

Bank Address: …………………………………………………………….

Sort Code: ………………………………………………………………….

Account Number: ………………………………………………………….

**Fitness to work certificate**

Please mark below whether you would be able to do the following tasks:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Food handling |  |  | Driving |  |  |
| Moving lifting and handling of other objects |  |  | Contact with client for personal care |  |  |
| Night work  |  |  | Exposure to blood or bodily fluids |  |  |
| Shift rotation |  |  | Moving, Lifting and handling of clients |  |  |
| If you have ever felt that working at night is harmful to your health, please state here: | If you have felt that you have a medical condition that may affect your working at night please state here: |
| How many days have you lost from work in the past year? | Please state what this loss was due to: |

**Medical History: please answer ALL questions:**

*Have you ever suffered from:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eyesight problems not corrected by glasses |  |  | Any accidents that have affected you physically or mentally  |  |  |
| Difficulties walking bending or lifting |  |  | Asthma, bronchitis or serious chest problems |  |  |
| Hearing difficulties not corrected by a hearing aid |  |  | Tuberculosis requiring treatment |  |  |
| Muscular-skeletal problems including arthritis and back problems |  |  | Coughs for more than 3 months, coughing up blood |  |  |
| Significant discomfort when using a keyboard |  |  | Unexplained loss of weight or fever |  |  |
| Any psychological conditions including stress at work |  |  | Gastrointestinal problems including hepatitis |  |  |
| Fits blackouts of epilepsy |  |  | Diabetes, thyroid or endocrine problems |  |  |
| Cardio-vascular problems including hypertension or a blood disorder |  |  | Dysentery, typhoid, paratyphoid, food poisoning salmonella or severe diarrhoea |  |  |
| Have you any impairment that may affect your ability to perform your duties safely?  |
| Have you had an operation in the past 2 years?  |
| Are you on any medication?  |
| Are you waiting for any medical treatment or results of medical tests?  |
| Do you have a drug or alcohol problem?  |
| Do you have any disability?  |
| Do you suffer from frequent headaches or migraines?  |
| If you have answered yes to any of the above questions please give details: |

**Immunisations and blood tests:**

*This section is meant to ensure that you have necessary protection against some risks of infections.*

|  |
| --- |
| Immunised? |
| Yes  | No |
| Hepatitis B |  |  |
| Hepatitis C |  |  |
| Rubella (German measles) |  |  |
| Varicella (chicken pox) |  |  |
| Tuberculosis (BCG- A qualified practitioner will confirm a BCG scar) |  |  |
| Have you been screened for MRSA? |  |  |

**Declaration**

1. I declare that the information provided on this questionnaire is true to the best of my knowledge and accept that it will form the basis upon which the qualified medical practitioner will base the certification as to my fitness to work for the position applied for.
2. I also state that I will inform Xperience Recruitment of any changes that may occur that may affect my ability to work for the position applied for.
3. I understand that it is my responsibility to ensure that all of the information provided is based on my truthfulness and that if I fail to notify Xperience Recruitment of any changes that may occur at any time, Xperience Recruitment may their choice cease placing me for job vacancies
4. I accept that my personal details will be safely stored and handled by Xperience Recruitment in accordance with the data protection act 1998, and that the same may be made available for Audit/Review by relevant organisations like NHS, PASA, CSCI and where by law necessary the company’s service users.

Signed by Applicant: . Date: .