

# Application Form

ABOUT YOU		
Title:	Surname:	
Forenames:		
Contact Number:		
Nationality:	National Insurance Number:	
Address:	Email address:	
Postcode:		
Position applied for:		
How many hours would you like to work?		
FULL TIME / PART TIME CONTRACT OR FLEXIBLE AGENCY?		
DAYS / NIGHTS / MORNINGS / AFTERNOONS / EVENINGS / WEEKDAYS / WEEKENDS (Please circle those you can work)		
Although it is not a requirement for you to have a driving license to work for us, we would appreciate if you could complete the following:		
Do you have a full UK driving license?	YES	NO
Do you have your own vehicle?	YES	NO
QUALIFICATIONS		
ACADEMIC QUALIFICATIONS		
Location of study	Qualification Date	Date (to and from)
PROFESSIONAL & CLINICAL QUALIFICATIONS		
Location of study	Qualification Date	Date (to and from)
CURRENT EMPLOYMENT INFORMATION		
Name & details of employer: (name, address, contact details)		
Position held:		
Start date: MM/YYYY	End date: MM/YYYY	
Reason for leaving:		



## REFERENCES

### PROFESSIONAL REFERENCES

Please provide full names and addresses of two professional employment referees. Your first reference must be from your current or previous last place of work.

Professional referee 1	
Name:	Job title:
How do you know this person?	Company:
Address:	
Telephone number:	Email:
Professional referee 2	
Name:	Job title:
How do you know this person?	Company:
Address:	
Telephone number:	Email:

### CHARACTER REFERENCES

Please provide full names and addresses of two character references. This can be anyone who has known you for longer than 5 years. This CANNOT be a family member.

Character referee 1	
Name:	How do you know this person?
Address:	
Telephone number:	Email:
Character referee 2	
Name:	How do you know this person?
Address:	
Telephone number:	Email:

**NEXT OF KIN**

Title:	Surname:
Forename:	Relationship:
Address:	
Contact number:	Email:

**DISCLOSURE & BARRING SERVICES CHECKS**

This employment is not except from the provisions of the Rehabilitation of Offenders Act 1974, you are not therefore entitled to withhold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent. I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal. Should I be offered employment, I accept that I will be required to inform the company of any changes to my DBS status.

Do you have any criminal convictions/cautions or bind overs in the UK or abroad?	YES	NO
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If YES, please give details:

Are you/ have you been under/ or undergoing any criminal investigation, disciplinary or suspension process pending or otherwise?	YES	NO
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If YES, please give details:

## Confidentiality

If you are successful in your application for employment with Optimum Services4U: All information you see or hear in the course of your duty is confidential. You must not disclose any personal details or information relating to clients, their medical conditions or information which is deemed to be commercially sensitive to the organisation.

## Data Processing

Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. In line with the legislation Optimum Services4U's files are kept in a safe and secure location. You understand that any personal data held by Optimum Services4U may be accessed from time to time by inspectors from the Care Quality Commission (CQC), other regulated bodies and designated individuals in line with contractual obligations.

## Working Time Allocations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information:

I **DO NOT** wish to work more than 48 hours per week\*

I **DO** wish to work more than 48 hours per week\*

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached, and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will always be supervised at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

By signing this application, you have confirmed that you have read, understood and accepted all the above

Sign:

Date:

Print Name: