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**The Affectionate
Care Company**
...we have affectionate care to share

APPLICATION FORM

Personal Details

Position Applied For:

Title & Surname: _____ Fore name(s): _____

Previous Surname if any: _____ Date of Birth: _____

Nationality: _____ Are you eligible to work in the UK? _____

NI Number: _____ Type of passport held: _____

Address: _____

Postcode: _____ Tel no (home): _____ Mobile: _____

Email Address: _____ Other contact no: _____

Languages spoken: _____

Do you hold a valid British Driver's Licence? Yes/No _____ If yes what type? _____

Do you have any endorsements? Yes/No _____ If yes give details: _____

Emergency Contact Details

Title & Surname: _____ Forename(s): _____

Relationship: _____ Tel no (home): _____

Mobile: _____ Other contact no: _____

Qualifications

Parts of the NMC register: _____ NMC pin no: _____ Expiry Date: _____

Extended Roles/Additional training: _____

Any other qualification(s): _____

You will be required to complete a separate OCCUPATIONAL HEALTH form.

Education & Training

Please include any training received that involved college attendance stating Month & Year (MMYYYY).

Name of College, School or University and Location	Course	Date From – To (MMYYYY)	Grade

Present/Last Employment

Position held:	
Name of employer:	
Address:	Salary:
	Nature of business:
	Dates (from – to):
	Reason for leaving/wishing to leave:
Postcode:	
Do you have to give notice to present employer? _____ If yes how many days notice? _____	
Brief description of duties and responsibilities:	

Previous Employment

Date from – to(MMY)	Name & location of Employer	Position held & responsibilities	Reason for Leaving

Additional Information

Please give any additional information to support your application, in accordance with the requirements of the post as detailed in the person specification (ensuring your name is on every additional sheet).

References

References are normally taken up for candidates selected for interview. Give details of the names and addresses of two work-related referees. One of the referees should be your current employer, or if presently unemployed or self-employed then your last employer.

Name(1):	Name(2):
Address:	Address:
Postcode:	Postcode:
Occupation:	Occupation:
Tel no:	Tel no:
Email address:	Email address:

Disclosure Information

Declaration and/or knowledge of a Criminal Conviction will not necessarily preclude you from any engagement by The Affectionate Care Company as we consider all applicants for employment on their merits.

Because of the sensitive nature of the duties you will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position. The post you have applied for is exempted from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need not be disclosed.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning? **Yes / No**

If yes, please give details of offences, penalties and dates _____

Are you aware of any enquiries or investigations undertaken following allegations made against you, which may have a bearing on your suitability for this post? **Yes / No** If yes, please give details

PLEASE NOTE YOU WILL ALSO BE REQUIRED TO COMPLETE A CRIMINAL RECORDS BUREAU(CRB) DISCLOSURE FORM AND A SEPARATE PROTECTION OF CHILDREN AND VULNERABLE ADULTS FORM

Are you unable to work for any Nursing Agency, Hospital Trust or Ward? Or do you currently have any complaints that are under investigation from the NMC or any Nursing Agency, Hospital Trust or Ward? **Yes / No** If yes give details _____

Personal Declaration

The working time regulations act 1998 ("the regulations") requires The Affectionate Care Company to limit your average weekly working time to 48 hours unless you agree with the Agency that the limit shall not apply to you.

The Affectionate Care Company wishes to have an agreement with you (which shall apply until terminated by notice) on the basis that:

- The 48 hour limit on average weekly working time will not apply to you.
- You may terminate the agreement (so that it would apply to you) by giving the person at the company to whom you usually report 3 months written notice.

Under the regulations, The Affectionate Care Company must keep records relating to your working time. This is the case whether or not you reach an agreement with the Agency about waiving working time limits. If you accept the company's proposal, please sign below. This document will then serve as a record of agreement between you and The Affectionate Care Company.

Signed: _____

Date: _____

To be signed at the office

I have read and understood the professional code of conduct and I agree that, during the time I am engaged by

The Affectionate Care Company when working in any capacity of care or social work, I will

1. Not disclose to any person, any information obtained whilst attending an assignment, which is confidential.
2. Hold in trust and confidence for The Affectionate Care Company all such information and never use it other than for the benefit of The Affectionate Care Company.
3. Adhere to the code of conduct contained in the staff Handbook at all times.

The information given in this application form is correct to the best of my knowledge. I understand that any false statement or omission will automatically invalidate any contract issued to me and may result in legal action being taken against me. I understand it is a criminal offence to give false information in order to gain employment. I hereby authorize The Affectionate Care Company to:

- i. Approach Government Agencies, former employers and referees I have provided for the purpose of verifying the information given.
- ii. Divulge to a prospective employer any information provided by me or on my behalf for the purpose of employment.
- iii. Provide a reference on request as to my work history and ability on assignments.

Signed: _____

Date: _____