

# ***APPLICATION FORM***

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**[www.empire-health.co.uk](http://www.empire-health.co.uk)**

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Title:	Surname:	Forenames:	Previous Surname
Address			Photograph

Telephone No:	Date of birth:
Mobile No:	Nationality

Next of Kin Details:

Name:
Relationship:
Address:
Telephone No:

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## Training & Qualifications

Course details	Date achieved	Qualification

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Employment History (starting with your most recent employer, explain any gaps)

From:	To	Position	Employers Name & Address	Reason for leaving



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<b>Your Health</b>	<b>NO</b>	<b>YES(give details)</b>
Back problems		
Dermatitis or any allergies		
Have you ever been exposed to any communicable disease?		
Have you undergone surgery?		
Heart problems		
Raised blood pressure		
Mental health issues: Anxiety, depression, self harm etc.		
Tuberculosis or any chest infections/ complaints.		
Are you taking any medications?		
Any medical condition not listed above?		

Details of your General Practitioner (G.P)

Dr:	Address:
Tel Number:	

### **Rehabilitation of Offenders Act 1994**

By virtue of the Rehabilitation of Offenders Act 1994 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/ her normal duties. You must also inform Empire Health & Social Care Ltd if at anytime during employment you are convicted of a criminal offence.

**Have you ever been convicted of a criminal offence?    YES/ NO**

If yes, please give details on a separate sheet.

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## **Passport & Work Permit Details.**

Passport nationality	Passport number
Passport issue date	
Work permit issued      Yes/ No	Work permit Expiry date
Any Restrictions	

All staff are strongly advised to contact their G.P. or practice nurse for advice regarding the current immunization requirement as recommended by the Department of Health.

## **Immunization Status**

Rubella              Y/N    Date:	Hepatitis B
Chickenpox        Y/N    Date:	Date of last injection
Poliomyelitis     Y/N    Date:	Booster   1 <sup>st</sup> Y/N   2 <sup>nd</sup> Y/N   3 <sup>rd</sup> Y/N
TB Heaf Test      Y/N    Date:	Date of Blood results
Tetanus            Y/N    Date:	Results

## **Equal Opportunities Policy**

Empire Health & Social care Ltd is committed to a policy of equal opportunities for all and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. Empire Health & Social care Ltd will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, religion, ethnic or national origin and obligation upon all staff including Nurses and care workers representing Empire Health & Social care Ltd to respect and act in accordance with this policy. Empire Health & Social care Ltd will not accept instructions from clients who indicate an intention to discriminate unlawfully.

## **Working Time Directive**

I agree to opt out of the 48 hour working week limitation as held by the Working Time Directive 1998. I understand that I may end this agreement at any time by giving two weeks notice in writing to Empire Health & Social care Ltd.

I agree to comply with the above statement: **Signed**

**Date**

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## **Confidentiality**

You are required to safeguard the privacy of all service users including fellow co-workers. Any information which becomes accessible during your association with Empire Health & Social care Ltd must not be disclosed to anyone other than those involved in the protection of vulnerable clients. All documents issued by Empire Health & Social care Ltd remain the property of Empire Health & Social care Ltd and must not be disclosed to any third party. Breach of confidentiality will be viewed as serious misconduct and may result in the termination and offer of any future assignments.

I agree to comply with the above statement: **Signed**

**Date**

## **References**

Provide the name, position and professional address of two references. Reference (1) must be your present or most recent employer, including agency employers, but can not include family or friends. Can we contact your references prior to interview? **Yes / No**

Ref: 1	Ref:2
Name:	Name:
Address:	Address:
Position: <span style="float: right;">Tel No:</span>	Position: <span style="float: right;">Tel No:</span>
Date sent:	Date sent:
Date Rec:	Date Rec:

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## **Bank Details**

Name of Bank	National Insurance No
Address	P45(if main employment) Y / N
Account Name	P46(if not main employment) Y / N
Account No	Other
Sort code	

## **OFFICE USE ONLY**

<b>Interview date:</b>	<b>Interviewed by:</b>
Presentation & Communication skills:	
Knowledge & Experience of Agency work:	
Care work experience:	
Availability & Work Experience:	
Why Agency:	
Training Requirements:	
General Comments	

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## **Interview checklist**

Copy of Identification	Birth/ Marriage/ Passport/		Date
Copy of NVQ certificates	State	State	Date
Copy of certificates	State	State	Date
Copy of work permit	Restrictions	Expiry date	Date
Copy of immunisation	State	Advised	Date
Copy of Moving & Handling	State	Renew date	Date
CRB clearance (not held in file)	Requested	Received	Date
Terms of Engagement issued	At interview	Posted out	Date
Handbook issued	At interview	Posted out	Date
References	Comment	Comment	Date
Application Successful ( )	Unsuccessful( )	Letter sent	Date
			Date
<b>Empire Health &amp; Social care Ltd I.D. badge issued by:</b>			<b>Date</b>
Date of First Assignment:	Where		
Date of last assignment:	Reason for Leaving		
Return of I.D badge Y/ N	Action taken		