



Application Form

Please complete **all** fields and send to jobs@panddhealthcare.co.uk. Please complete in black or blue ink using **block** letters.

Personal details

Title (Mr, Mrs, etc)		First Name			
Surname			DOB:		
Address					
Postcode			Job position applied for		
Telephone			RGN	RMN	
Other phone			Health Care Assistant		
Email address					
NI number					NMC PIN
Next of Kin			Tel No / Email		

If you were told about this job by someone that works for us, please tell us their name:

Are you legally entitled to work in the UK? Yes No

If you answered 'yes', what document/s will you provide to prove this?

Do you have your own vehicle for transport? Yes No

Education / Professional Qualification

Subject / Qualification	Name of Institution	Grade	Date Obtained

Professional Membership

Professional Body	Membership Details	Expiry Date

Employment History - Please provide below details of your work history within the last 5 years beginning with your most current employment. If you require more space, please use additional sheet.

Name of Employer			
Address			
Telephone			
Your job role			
From (mm/yy)		To (mm/yy)	
Reason for leaving (only if applicable)			
Brief description of your job duties and responsibilities			

Employment History – continued

Name of Employer			
Address			
Telephone			
Your job role			
From (mm/yy)		To (mm/yy)	
Reason for leaving (only if applicable)			
Brief description of your job duties and responsibilities			

Please attach a copy of your CV to this application if you need to.

REFEREES

Please provide the details of your referees including names and full contact details. Referees must be your current or previous employer or your former tutor when you were in formal education.

Referee's name		
Position		
Organisation		
Relationship		
Address and postcode		
Telephone		
Email		
Period of reference	From (mm/yy)	To (mm/yy)
Do you give consent to contact this referee	Yes	No

Referee's name		
Position		
Organisation		
Relationship		
Address and postcode		
Telephone		
Email		
Period of reference	<i>From (mm/yy)</i>	<i>To (mm/yy)</i>
Do you give consent to contact this referee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Training and Courses

<i>Training / Course title (e.g. NVQ, Manual Handling, First Aid, etc and please supply evidence)</i>	<i>Training/course provider</i>	<i>Date of completion</i>

Criminal record

Care workers work with children and vulnerable adults and are required to disclose details of all criminal convictions under the Rehabilitation of Offenders Act 1974 (Exceptions) order. Please answer the below questions honestly and truthfully. All information provided will be treated with strict confidentiality and will only be considered in relation for positions to which the order applies.

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as outlined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975?

Yes No

If you've answered 'Yes' to the above, please provide details below including dates and convictions

To the best of your knowledge, are you currently under any police investigation or subject of any criminal proceedings (e.g. charged or summoned and ongoing)?

Yes No

If you've answered 'Yes' to the above, please provide details below

As an organisation assessing applicants suitability for our jobs and due to the nature of the positions, do you consent to us applying for an enhanced Disclosure and Barring Service (DBS) check on you.

Yes No

Please note if the criminal record discovers a failure to accurately disclose the information requested above, P&D Healthcare Ltd reserves the right to remove you from our database or terminate your assignment without notice. Please be aware that a criminal record does not necessarily mean we cannot employ you as this will be discussed with the applicant in such scenario. Please sign below that you confirm the above disclosure information is accurate and you accept the DBS charges as this is non-refundable.

Full name:

Signature:

Date:

Initials

Declarations

Please read the following statements carefully and if unsure or clarification is required, please ask before you sign below. I confirm the information supplied on this application is true and accurate. I agree that any misleading or false information, misrepresentation and deliberate omission during the application process may disqualify me or if already employed by P&D Healthcare Ltd, may result in dismissal.

Working Time Regulations

I consent to opt out of the average 48 hours per week restriction under the Working Time Regulations 1998. I understand that I may withdraw this consent by giving P&D Healthcare Ltd 2 weeks' notice.

GDPR Declaration

I consent to my details being processed, maintained and held by P&D Healthcare Ltd on computer and paper records in compliance with the GDPR principles and regulations while in employment and after I leave the company for the duration allowed to keep such.

Consent

I consent that P&D Healthcare Ltd may use the information in my records internally and to authorised external parties for the purpose of audit and as permitted or required by law for compliance purposes.

Full name:

Signature:

Date:

Initials