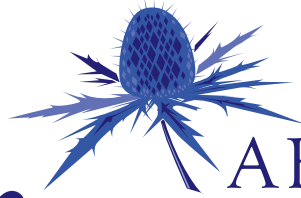


# Application Form



**ABERNESS**  
recruitment agency

Please complete this form in black ink and complete all sections

**Position Applied for**

**Your Full Name**

## I. Personal Details

Title  Surname  Maiden Name

Previous surnames (if any)  Forenames (in full)

Address

Home Telephone  Work  Mobile

Email address  Nationality

May we contact you at work? Yes  No  Please  as appropriate

Date of Birth  National Insurance Number

Next of Kin to be notified in case of emergency: Name

Address

Home Telephone  Work  Mobile

Relationship to you

Which of the following applies to you:

Qualified Nurse  Care Assistant  Personal Assistant  Please  as appropriate

SSSC pin number  Expiry Date

(please enclose copy of statement of entry and pin card)

UKCC registration number

(please enclose copy of registration)

### Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) is collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Aberness Care Ltd to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose

### Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

## 2. Formal Education and Qualifications

Name of School / College / University and Location	Date From (month / year)	Date To (month / year)	Course of Study / Qualification(s) gained e.g. GCSE's, A Levels, NVQ, Degree etc	Grade

## 3. Employment History

**Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.**

Name and address of employee	Date From (month / year)	Date To (month / year)	Position held and brief summary of duties and responsibilities	Reason for Leaving / Last Salary or wage

## 4. Training e.g. Manual handling, CPR, infection control, first aid etc, (please provide certificates)

Details of training Hospital / establishment	Date From (month / year)	Date To (month / year)	Courses Taken	Attainment

## 5. Additional Information

**Please state your reasons for applying to work with Aberness Care Ltd and give any additional professional / personal information you believe will support your application.**

## 6. Working Time Directive

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered you will never be compelled to work more than 48 hours per week but you may choose to do so.

Please confirm below that you have read and understood this information indicating your preference.

I do not wish to work more than 48 hours per week    **Yes**     **No**     **Please ✓ as appropriate**

**Signed**

**Date:**

## 7. General Information

Do you hold a valid and current British Driver's Licence?    **Yes**     **No**     **Please ✓ as appropriate**

If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements?    **Yes**     **No**     **Please ✓ as appropriate**

If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance?

**Yes**     **No**     **Please ✓ as appropriate**

Body Name

Amount of Cover

Policy Number     Expiry Date

## 8. Preference regarding work

**Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.**

**Positions**    part time     full time

**Type of work**    NHS     private hospitals     nursing home     industry     Clients in their own home

Other, please specify

live in     days     nights     visits

Do you have any other work commitments?    Yes     No

Which areas of work do you wish to exclude

When will you be available to start work?

## 9. Immunisations - proof of immunisations must be provided

Rubella    Yes     No     Date

Skin Test for TB    Yes     No     Date

BCG    Yes     No     Date

Tetanus    Yes     No     Date

Varicella (Chickenpox/Vz.Abs)    Yes     No     Date

Poliomyelitis    Yes     No     Date

Diphtheria    Yes     No     Date

Hepatitis B    Date of last injection    Booster 1st    2nd    3rd  
           

Date of last blood    Result (titre levels)    IUL  
   

## 10. References

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

Name

Name

Address

Address

Post code

Post code

Telephone

Telephone

Email

Email

Position

Position

Relationship to you

Relationship to you

May we contact the above person now

May we contact the above person now

yes     no

yes     no

## 11. Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than your line manager of Abernesh Care Ltd. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else DISCUSS THIS AT THE EARLIEST CONVENIENCE TO YOUR LINE MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in disciplinary action being taken against you and possible dismissal.

I have read and I understand the above and I agree to abide by the contents therein.

**Signed**

**Date:**

## 12. Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or

The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

**Are you eligible to work in the UK?** Yes  No  Please ✓ as appropriate

## 13. Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available on request. A criminal record will not necessarily be a bar to obtaining a position.

**Records will be checked via the Criminal Records Bureau procedures**

**I have no convictions**  **I have convictions (see Note below)**  Please ✓ as appropriate

**Note:** To protect the confidentiality of this information, please detail convictions on our Self-Disclosure form. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Self-Disclosure" and attach this to your completed Application Form.

## 14. Criminal Records – Self - Disclosure (Enhanced)

The Criminal Records Bureau (CRB) has issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. You will be required to become a member of the PVG (Protection of Vulnerable Groups) Scheme from Disclosure Scotland which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. If you are already a member of the scheme we will require a Scheme Update. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

I have never been cautioned by the police or convicted of any criminal offence

Yes  No  Please ✓ as appropriate

**Signed**

**Date:**

I have a police record as follows (give details):

I have been questioned by police, arrested or charged with a criminal offence as follows (give details):

**Signed**

**Date:**

## 15. Personal Declaration

**I declare that to the best of my knowledge the above information, and all accompanying documents, is correct, and:**

I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.

I give permission for the processing of the personal data contained in this form for employment purposes

I understand that any false or misleading information could result in my dismissal.

**Signed**

**Date:**

**For Office Use Only**

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**Initials**

**Date Application received**

**Date References requested**

**Date of Interview**

**Date PVG requested**

**Decision**

**Date Informed**

**Notes**