

OFFICE USE ONLY		
Employee No:	Start Date:	P45 Date:

Position applied for:

Certified NVQ, RGN, RMNH, RMN, RN Level:

1. Personal Details

Title	First Name(s)	Last Name	
Address		Previous Surname	
Postcode		Telephone No	
Date of Birth	National Insurance Number	Mobile No	
Email		Are you happy for pay slips to be sent electronically? YES/NO	

2. Next of Kin (or person to be contacted in case of emergency)

Name:	Relationship to you:	Telephone Number(s)
Address:		

3. How did you hear about us?

4. Transport

Do you have a full driving licence?	YES / NO
What are your usual means of transport?	

5. Your right to work in the UK I confirm that I am entitled to work in the UK on the following basis (tick one box only)

UK Citizen:	Work Permit:	Expiry Date:
EU Citizen:	Student Visa:	
Workers Registration scheme:	Working Holiday:	
Permanent Residency:	Other (Please state)	

6. Disability

Do you consider yourself to have a disability? YES / NO	Nature of Disability:
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7. Working Time Regulations/RTI

In order to comply with Real Time Information Legislation coming into force April 2013, it would help at the application stage if you indicate the approximate number of hours you are seeking. Please circle one option below, and sign if applicable.

Less than 16 hours per week	Between 16 and 30 hours per week	More than 30	If you would like the opportunity to work MORE than 48 hours per week you must sign the statement below, in order to comply with Working Time Regulations. I am willing to work more than 48 hours per week on average. Signed.....Date.....

8. Full Employment History (Most recent first). Please include ALL Employment as we need to go back a MINIMUM of 5 years. Use the box at the bottom of the page to explain any gaps in your employment. Use a continuation sheet or supply a CV if this page covers less than 5 years, and do remember to include any agencies that you worked for. All dates should be MONTH and YEAR. (Put 'approx.' next to month if exact dates not known)

COMPANY NAME:		Telephone Number:		Email/ Fax	
Company Address:					
Line Manager:		Main duties (If agency, please state companies you were placed at)			
Your Job Title:					
Date Employed from:	Date Employed to:	Reason for Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>	

COMPANY NAME:		Telephone Number:		Email/ Fax	
Company Address:					
Line Manager:		Main duties (If agency, please state companies you were placed at)			
Your Job Title:					
Date Employed from:	Date Employed to:	Reason for Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>	

COMPANY NAME:		Telephone Number:		Email/ Fax	
Company Address:					
Line Manager:		Main duties (If agency, please state companies you were placed at)			
Your Job Title:					
Date Employed from:	Date Employed to:	Reason for Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>	

COMPANY NAME:		Telephone Number:		Email/ Fax	
Company Address:					
Line Manager:		Main duties (If agency, please state companies you were placed at)			
Your Job Title:					
Date Employed from:	Date Employed to:	Reason for Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>	

Please explain any gaps in the employment history above, including dates:
(E.g. studying, childcare, unemployment)

Have you ever been dismissed from any employment? **YES / NO**

9. Training and Qualifications Please bring all certificates to interview

Relevant Qualification(s) and Training					
Do you have a relevant NVQ?		YES / NO		Level	
Are you currently studying for a relevant NVQ?		YES / NO		Level	
Would you be interested in NVQ training?		YES / NO		Level	
Have you completed a Patient Handling Course?		YES / NO		Do you have a Certificate? YES / NO	
				Date of Issue:	
Have you completed a Common Induction course in the last 2 years?		YES / NO		Do you have a Certificate? YES / NO	
				Date of Issue:	
Have you completed any of the following courses in the last 3 years? Please circle and include issue date if known.					
Safeguarding Adults	Food Hygiene	Infection Control	Protection of Children	Health & safety	First Aid
Date:	Date:	Date:	Date:	Date:	Date:
Deprivation of Liberty	Mental Capacity Act	Learning Disability	Challenging Behaviour	Medication	Dementia
Date:	Date:	Date:	Date:	Date:	Date:
TRAINED NURSES ONLY: Pin Number:			Pin Expiry Date:		

10. Bank Details – Weekly wages will be paid directly to your account

Bank	Sort code	--		--	
Address	Account No.				
	Your Name as it appears on the account				

11. P46 (substitute)

If you intend to start work without a P45 from your previous employer, please read all the following statements and tick the one that applies to you.	
A – This is my first job since last 6 th April and I have not been receiving taxable Jobseekers Allowance, Employment & Support Allowance or taxable Incapacity Benefit or a state or occupational pension OR	A
B – This is now my only job, but since last 6 th April I have had another job, or have received taxable Jobseekers Allowance, Employment & Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension OR	B
C – I have another job or receive a state or occupational pension.	C
Student Loans	If you left a course of Higher Education before last 6 th April and received your first Student Loan instalment on or after 1 st September 1998 and you have not fully repaid your Student Loan, please tick box D. (If you are required to repay your Student Loan through your bank or building society account, do not enter a tick in box D)
	D

Please tell us why you want to do this type of work?

12. Work wear

The work you have applied for may require you to wear a uniform. Please circle your uniform size:	<u>Male</u> Small Medium Large	<u>Female</u> 8 10 12 14 16 18 20 22 24 26 28 30
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13. Disclosure – Please read carefully

Due to the nature of the work for which you are applying, you must disclose any information regarding any criminal convictions either current or which would normally be considered as spent. This is provided for by virtue of the 1975 Exceptions Order to Section 4 (II) of the Rehabilitation of Offenders Act (1974). You must also disclose details of any cautions, which, when given, you admitted. All information will be treated in strictest confidence. Any pending offences, for which you are awaiting an outcome, must be disclosed. In addition, during your period of engagement with VINE Recruitment, you should inform us if you are convicted, or are awaiting an outcome, of any new offences (including motoring offences.)

I confirm that I **do not** have a cautions, charges or convictions

I confirm that I **do have** cautions, charges or convictions

(Please cross through the statement which does not apply to you. If the answer is the 2nd statement you will need to provide a written statement with details before we send off for a new disclosure. Any DBS money is non-refundable, even if we do not offer you work.)

Signed..... Full Name..... Date.....

14. Permanent work

To be signed by candidates looking for permanent work only

1. Vine Recruitment Solutions Ltd are to provide you permanent recruitment services that is to say we will act as an agency as defined under the Employment Agencies Act 1973.
2. I authorise Vine Recruitment Solutions Ltd to seek work on my behalf, including forwarding my CV and relevant personal
3. I wish to seek employment within the field of/as a _____ (e.g. all care & support work, nursing, nursery).

Signed..... Full Name..... Date.....

15. Consent

In order to comply with some of our contracts with our Clients, we have been asked to obtain consent to the following:

- I consent to my personal data being made available to authorised third parties in order to comply with current regulations and for the purposes of auditing.
- I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.

Signed..... Full Name..... Date.....

16. Declaration

Please read carefully and sign to confirm you understand your obligations

I understand that it is my responsibility to check that I am up to date with any immunisations, which are relevant to the type of work for which I am registering. I understand that my engagement with Vine Recruitment Solutions Ltd is subject to the receipt of a satisfactory Disclosure and Barring Service (DBS) checks. I confirm that the information given on this application is, to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform Vine Recruitment Solutions Ltd if any of the details on this application form change. I agree to the Company's Terms and Conditions of Engagement

Signed..... Full Name..... Date.....

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