

TRAINING COURSES

Course Title	Duration	From/To

PRESENT OR MOST RECENT EMPLOYMENT

Name and address of employer

.....

.....

Job Title.....

Date From Date To.....

Notice Period.....

Reason for Leaving.....

.....

Please provide a brief description of your duties and responsibilities:

EMPLOYMENT HISTORY

Please list with most recent first. You may include voluntary work or work undertaken at home.

From/To	Job Title	Name and address of Employer/Nature of Business	Reason for Leaving

Employment Gaps

Please provide the details, if there are any employment gaps

(Please continue a separate sheet if necessary)

Professional Misconduct

Have you been, or are you currently subject to, any fitness or practice proceedings, or suspension from an employer, or are such pending or threatened against you either in the UK or any other country?

Yes

No

(If you have answered yes, please provide additional information below)

REFERENCES

Please provide the names of two people who can provide references relating to your work experience and suitability for the post applied for. One of the references must be provided by your last employer.

Name.....	Name.....
Position.....	Position.....
Address.....	Address.....
.....
Telephone.....	Telephone.....
Email	Email
Relationship to Referee.....	Relationship to Referee.....
Length of time known to you.....	Length of time known to you.....
Can we approach prior to interview? YES/NO	Can we approach prior to interview? YES/NO

BANK ACCOUNT DETAILS

Bank Name	
Account Name	
Sort Code	
Account Number	

DBS (Disclosure and Barring Service)

This post requires all applicants to receive an Enhanced DBS check. The company will register an interest (or subscribe) with the DBS for updates regarding any employee's ongoing DBS registration status. Please sign the declaration below which provides your acknowledgement of this and confirms your consent for the company to check your DBS status.

Are you registered with the DBS Update Service? YES / NO

If yes, please supply service number

Certificate Number

If you are not registered with the update service, do you agree to pay for your DBS?

This cost will need to be taken upfront, to continue the application process.

Place of Birth (Town & Country)

When did you move to the UK?

Have you ever been known by another name? YES / NO

If yes, please supply Name..... Change Date.....

Females Only:

Surname before Marriage.....

Year of Marriage.....

Addresses required from the past 5 years

Current Address: _____

Postcode: _____

Address since: ___ / ___ / ___

Previous Address: _____

Postcode _____

Address from: ___ / ___ / ___ TO ___ / ___ / ___

Previous Address; _____

Postcode: _____

Address from: ___ / ___ / ___ TO ___ / ___ / ___

Previous Address; _____

Postcode: _____

Address from: ___ / ___ / ___ TO ___ / ___ / ___

(Please continue a separate sheet if necessary)

REHABILITATION OF OFFENDERS

Have you ever been convicted of a criminal offence?

YES / NO

Do you have any unspent convictions?

YES / NO

If yes, please give details of any offences and penalties, including length of service and dates:

HEATH QUESTIONNAIRE

GP ADDRESS & CONTACT NUMBER

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Medical History

All staff groups complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates		
Do you think you may need any adjustments or assistance to help you to do the job?		

Additional Information
(If you have answered yes to any questions above please provide additional information below)

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Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year (Include Holidays/ Vacations)		
If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates.		
Have you had a BCG vaccination in relation to Tuberculosis?		
If you answered yes, please state when Date:		
A cough which has lasted for more than 3 weeks		
Unexplained weight loss		
Unexplained fever		
Have you had tuberculosis (TB) or been in recent contact with open TB		

EVD (Ebola Virus Disease)

Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)		

Additional Information
(If you have answered yes to any questions above please provide additional information below)

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Chicken Pox or Shingles

Yes No

Have you ever had chicken pox or shingles		
	If yes, Date	

Immunisation History						
Have you had any of the following immunisations				Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)						
Polio						
Tetanus						
Hepatitis B (If Yes is ticked please give dates below)						
Course:	1		2		3	
Boosters	1		2		3	

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes	No

Declaration		
<p>I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return. I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Healthier Business UK Ltd to make recommendations to my employer.</p>		
Name	Signature	Date

EQUAL OPPORTUNITIES: PLEASE STATE

First Language Spoken.....

Male / Female / Prefer not to say

Ethnicity (Please tick appropriate box)

- | | |
|--|---|
| <p>Asian:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian Background (specify if you wish) <p>Black:</p> <ul style="list-style-type: none"> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black Background (specify if you wish) <p>Chinese:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Chinese Background (specify if you wish) <p>Mixed Ethnic Background:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian and White <input type="checkbox"/> Asian Bangladeshi and White <input type="checkbox"/> Asian Indian and White <input type="checkbox"/> Black African and White <input type="checkbox"/> Black Caribbean and White <input type="checkbox"/> Chinese and White <input type="checkbox"/> Any other Mixed Ethnic Background (specify if you wish) | <p>Polish</p> <ul style="list-style-type: none"> <input type="checkbox"/> Polish <p>White:</p> <ul style="list-style-type: none"> <input type="checkbox"/> British <input type="checkbox"/> Gypsy Traveller <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> White <input type="checkbox"/> Any other White Background (specify if you wish) <p><input type="checkbox"/> Please tick if you do not wish for your Ethnic Origin to be specified</p> |
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DISABILITY

Do you consider yourself to have a disability:

YES / NO

If yes, please provide details including any adjustments we may need to make to assist you at the interview

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Working Time Regulations

The WTR place a limit on the average number of hours per week a candidate can work. If you are prepared to work more than the stipulated average hours per week and therefore opt out of the WTR agree, please indicate this by signing below.

In order to comply with the new GDPR regulations from May 25th, 2018 we hereby notify you that:

Elite Care Recruitments holds and securely stores your data in encrypted electronic format and paper format. None of this data is sold or shared and is only used by Elite Care Recruitments for the recruitment process. If you become inactive in working with us for more than a year, all your data will be securely shredded.

Name	Signature	Date

Declaration

I give Elite Care Recruitments Pvt Ltd permission to check my registration status with the DBS and to register their interest with the DBS to receive updates regarding my ongoing registration status during the period of my employment with them.

I confirm that I have read this document fully and that all the information given to Elite Care Recruitments Pvt Ltd is correct to the best of my knowledge and belief. I understand that a false declaration may lead to refusal of this application. If, while I am working with Elite Care Recruitments Pvt Ltd, any of the information provided changes, I agree to notify Elite Care Recruitments Pvt Ltd in writing immediately. I understand and agree to Elite Care Recruitments Pvt Ltd disclosing this information to their clients for the purpose of finding me assignments. I have read, understood and accept the information contained within the Staff Handbook I have read and agree to adhere to the Elite Care Recruitments Pvt Ltd Terms of Engagement.

Name	Signature	Date

Instructions for employees – (Payroll Details)

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

Employee's personal details

Title: Mr/Mrs/Miss/Ms

Surname..... Address.....

Forename(s).....

Date of Birth.....

NI Number

Employment Start Date

Employee statement

You need to select only one of the following statements A, B or C

- A. This is my first job since 6 April and I've not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B. This is now my only job but since 6 April I've had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- C. As well as my new job, I have another job or receive a State or Occupational Pension.

Student Loan

- 1. Do you have one of the Student Loan which is not fully repaid? (Yes / No) if NO please go to declaration
- 2. Are you repaying your Student Loan directly to the Student Loans Company by direct debit? (Yes / No)
- 3. What type of Student Loan do you have? (Plan 1 / Plan 2 / Both)

Pension

As per our company policy, everyone will be automatically enrolled for the Government pension scheme.

Declaration

I confirm that the information I've given on this form is correct.

Name	Signature	Date