



Staff Call UK

Specialist Staffing Solutions

APPLICATION FORM

POSITION

Personal Details

FORENAMES:	DATE OF BIRTH:
SURNAME:	NATIONAL INSURANCE NO':
TELEPHONE:	BANK DETAILS (BRANCH, SORT CODE, ACCOUNT NO):
MOBILE:	
ADDRESS:	
POST CODE:	DRIVERS LICENSE NUMBER:
	CAR REGISTRATION NO':

Employment Record (starting most recently)

Name / Address Of Employer:	From :	To:	Job Title / Responsibilities:	Reason for Leaving:

Education / Further Education / Membership of Professional Organisations

Dates From and To:	School / College	Examinations / Qualifications	Grade / Result

Relevant Training Record & Dates courses attended:

Course Title: Eg.) First Aid	Training Provider / Location: Eg.) NHS - HULL	Dates: Eg.) May 2008

Professional Referees

<p>Name : Position: Company: Address: Telephone: Relationship:</p>
<p>Name : Position: Company: Address: Telephone: Relationship:</p>

Health Declaration:

*All personnel are required to complete this health declaration.

* Have you ever had any of the following? (including childhood)

	Yes / No		Yes / No
Heart / Circulatory illness		Blood disorders	
Asthma / Hay fever		Bronchitis, Pneumonia, Pleurisy	
Tuberculosis		Epilepsy	
Diabetes - recent onset		Migraine, Headaches	
Diabetes - since childhood		Anxiety, Depression	
Dermatitis, Psoriasis, Eczema		Hearing loss	
Frequent sore throat		Vision defects	
Hepatitis / Jaundice		Colour blind	
Bladder / Kidney disorder		Any deformities (movement)	
Indigestion / stomach ulcers		Treated for Weight loss	
Any current infection		Diarrhoea/vomiting (6mths)	
Any contact with MRSA		Any regular prescriptions	
Are you registered disabled		Recent hospital treatment	
Any major operations/illness		Date of last chest X-ray	
Any other Physical disabilities			

Have you ever been vaccinated, immunised or tested for the following:

Hepatitis B		Heaf, Mantoux or tine	
Hepatitis B Antibodies		Tuberculosis inc BCG	
Rubella (German Measles)		Poliomyelitis	
Typhoid		MRSA	
Tetanus		Other	

G.P's Name / Address:.....

Declaration:

I declare the information given in this form is true. I am permitted to work in the United Kingdom

I have read and understood and agree to the conditions of work for temporary workers.

I understand my application is subject to the receipt of satisfactory references & other checks.

I undertake to inform you should I be convicted of any criminal offence in the future.

I undertake to inform you immediately if I am engaged through your introduction, including the offer of permanent employment following a temporary assignment.

I also acknowledge this information I will have access to as determined by the Data protection act 1984

I agree to respect the confidentiality of patients and any other information I have access to at all times.

Professional Indemnity Insurance for carers.

Contribution to the scheme is compulsory and is currently £1 per week and automatically deducted from your wage payment. Under the terms of the scheme you are covered for negligence claims arising out of malpractice to a maximum value.

Signature..... **Date:**

Role Suitability:

(Please explain in your own words why you are suitable for the role applied for)

Availability / Other interests / Commitments / Work preferences:

Full or part time hours?.....

Early / late / nights / Weekends?.....

Any hobbies? Eg.) Darts weds night, play football Saturday etc?

Any P/t College course?.....

Children - School hours?.....

Disability Discrimination Act 1995:

Section one of this act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long term effect on his / her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself disabled? YES or NO (circle appropriate)

If yes, do you require any special arrangements to be made to assist you if / when called for interview?.....

Verification of Information:

I certify that all information I have provided is correct and I understand that any false information I have given may result in a job offer being withdrawn.

Signature:..... Date:.....

Additional Information Required for Criminal Record Check Purposes:

Have you had more than your current address in the last 5 years? – If yes please list the details below

Address:	Address:
(Including Post Code)	(Including Post Code)
.....
Dates:	Dates:
.....

Have you ever been know as any other name? – If yes please list

Name:	Name:
Date:	Date:

Place of birth (town / Country):

.....

I give my permission for Staff Call UK to use my information within an online application to seek a Criminal Record Check prior to employment.

Signed: Name: Date: