

# Devoted Home Care Services

PERSONAL DETAILS		
Title:	Surname:	First Name:
Date of Birth:		
Speciality:		Grade:
National Insurance Number:		Payroll No: (Office use)
<b>Please enclose 2 recent passport style photographs of yourself for an identity badge and our records.</b>		

CURRENT ADDRESS DETAILS	
Address:	
Postcode:	
Home Tel:	Mobile Tel:
Work Tel:	E-mail:

NEXT OF KIN	
Name:	
Address:	
Postcode:	
Relationship:	
Home Tel:	Mobile Tel:
Please indicate any specific contact details	

NATIONALITY AND ELIGIBILITY TO WORK	
Do you hold a British Passport <b>Yes / No</b>	Do you hold any of the following?
Are you an EU/EEA citizen? <b>Yes / No</b>	Working Holiday Visa <b>Yes / No</b> Expiry Date:
Nationality:	UK Residency Visa <b>Yes / No</b> Expiry Date:
Passport Number:	Student Visa <b>Yes / No</b> Expiry Date:
Passport Expiry Date:	Work Permit <b>Yes / No</b> Expiry Date:
If you hold any other type of visa or residency permit please provide details:	
<b>Please note: You will be required to produce all original documents at interview</b>	

### BANK / BUILDING SOCIETY DETAILS

Name of Bank/ Building Society:

Name on Account:

Address:

Postcode:

Account Number:

Sort Code:

### WORK REQUIREMENTS

Date available to start work:

Dates unavailable for work (eg holidays):

Finishing date (if known):

Would you consider a permanent position?

**Yes / No**

Are you available:

Please state which areas of the UK you would like to work in:

Full-time **Yes / No**

Part-time **Yes / No**

Days **Yes / No**

Evenings **Yes / No**

Weekend **Yes / No**

**Health Professionals Council (HPC) Registration:**

Expiry Date:

**Speciality**

**Experience**

**Nursing & Midwifery Council (NMC) Registration:**

Expiry Date:

**Speciality**

**Experience**

**Health Care Assistant:**

Expiry Date:

**Speciality**

**Experience**

## PROFESSIONAL QUALIFICATIONS AND TRAINING

Please list all professional qualifications held training courses undertaken, including Post-Graduate Diplomas/Courses etc. Professional qualifications and training will be verified. Please continue on a separate sheet of paper if necessary. Please note: you will be required to produce all original documents/certificates at interview.

Qualifications	Place Where Obtained	From (MM/YYYY)	To (MM/YYYY)

### Mandatory Training

Module	Date	Module	Date	Module	Date
Manual Handling		SOVA		Lone Worker	
Basic Life Support		SOCA		Handling Medication	
Infection Control		COSSH		Managing Challenging behaviour	
Health and Safety		RIDDOR			
Fire Safety		Food			

## EMPLOYMENT HISTORY

Please list the last 5 years of your employment history. It is important that you explain any gaps of employment over 1 month in duration. Please continue on a separate sheet of paper if necessary.

**Please attach your current CV as this is essential to aiding us in placing you in the correct position(s)**

Employer	Position Held	Date from/To	Duties
Reason for Leaving:			
Reason for Leaving:			
Reason for Leaving:			
Reason for Leaving:			
Reason for Leaving:			

## REFEREES

Please supply two professional referees. One must be from your last substantive post and one must be relevant to the position applied for and both must have held a more senior post than yourself. This may include another recruitment agency.

Name:	Name:
Title:	Title:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Tel No:	Tel No:
Capacity Known:	Capacity Known:
Can we contact your referees immediately? <b>Yes / No</b>	

## CONFIDENTIALITY

Information concerning patients, their treatment and their affairs is strictly confidential and must not be disclosed to any unauthorised person(s)

You are reminded that any breach of confidentiality may result in the termination of your engagements with the Health Authority / Trust and could result in civil action for damages

## REHABILITATION OF OFFENDERS ACT 1974

The post for which you are applying is exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (exceptions order 1975). Applicants are not therefore entitled to withhold information about conviction which for other purposes are then spent under the provision of the Act, and in the event of employment, any failure to disclose such convictions could result in disciplinary action, including dismissal, being taken by the client. Any information given will be completely confidential and will only be considered in relation to the application for positions to which the order applies.

**Please list below any offences relating to the above names Act. Please attach a further sheet if necessary. If you have no convictions, please state NONE.**

## WORKING TIME REGULATIONS

These regulations govern the time limits for each worker and are in force in the UK. However, the 48 hours per week is optional.

Therefore, if you wish to opt out and work more than 48 hours per week, please tick this box.

## PROTECTION OF CHILDREN PROTECTION OF VULNERABLE ADULTS (POVA)

Staff with access to children AND vulnerable adults must give his/ her permission for an Enhanced DBS check to be carried out for both children AND vulnerable adults.

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

I, the above names give permission for an Enhanced DBC check to be carried out.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

## DECLARATION

I have received and agree to the Terms & Conditions of Delight Recruitment Solutions. I declare that all the information given on this application is accurate and true to the best of my knowledge.

I acknowledge the assurances of Delight Recruitment Solutions that the above details will be treated with the strictest of confidence although some details may have to be disclosed for the purpose of suitable positions.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_