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**Aquis House**

**27-37 Station Road Hayes, Middlesex, UB3 4DX**

**Tel: 02080774202/ 07568554033/ 07949157237**

**Email:** [**info@somcare.co.uk**](about:blank)**. Website: www.somcare.co.uk**

**APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| **Please complete this form accurately giving as many details as possible of your skills and experience relating to this job application. Please complete the form in black ink and BLOCK CAPITALS** | | |
| **DATE FORM COMPLETED:** | | |
| **JOB APPLIED FOR:** | | **WHERE DID YOU SEE THIS /POST ADVERSTISED:** |
| **TITLE: (MR / MRS / MISS / MS):** | | |
| **LAST NAME:** | | |
| **FIRST NAME: DOB:** | | |
| **NATIONAL INSURANCE NO:** | | |
| **ADDRESS:**  **POST CODE** | | |
| **HOME NO** | **MOBILE NO:** | |
| **EMAIL ADDRESS:** | | |
| **NEXT OF KIN** | | |
| **NEXT OF KIN ADDRESS:** | | |
| **NEXT OF KIN HOME TEL NO:** | | |
| **NEXT OF KIN MOBILE NO:** | | |
| **WHAT IS YOUR NATIONALITY?**  **If you are not a British Citizen what date did you enter this country Date:** | | |
| **WORK PERMIT NO (if Applicable) ………………………..……………** | | |

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| **PREFERENCES** |

**Please tick your preferably time to work**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EARLY SHIFT** |  | **LATE SHIFT** | |  |
| **NIGHT SHIFT** |  | **WEEKENDS** | |  |
| **WEEKDAYS** |  | **ANY SHIFT** | |  |
| **Do you have a Full Clear Driving Licence? yes / no** | | | | |
| **How Far are you willing to travel?** | | | | |
| **BANK DETAILS** | | | | |
| **NAME OF THE ACCOUNT HOLDER:…………………………..…………………………………**  **NAME OF BANK:…………………..……………………………………………………………………**  **ACCOUNT NUMBER: ……………….…………… SORT CODE: ……………………….**  **BANK ADDRESS: ………………………………………. POST CODE: ……………………….** | | | | |
| **I authorise SomCare Agency to pay me weekly earning directly into the bank or building society whose details I have given above. I confirm that I will notify SomCare agency in writing of any changes to these details.**  **Signed: …………………………………… DATE: ……………………………………………..** | | | | |
| **I have read and understood the SomCare Agency of 48hours working agreement as described in my Agreement Contract and I hereby consent that working week limit shall not apply to my assignment in accordance with the agreement.**  **I understand that I can end this agreement by giving 14 days’ notice in writings.**  **Print Name: ……………………………………………………………. Signed: ……………………………………… Date: ………………………..** | | | | |
| **If you require to be paid through a UK Limited Company then you will have to fill in the below details as well as bring in some documents \*please see document checklist** | | | | |
| **Company Name:** | | | | |
| **Company Reg No:** | | | **Company VAT No (if VAT payments required)** | |

|  |  |  |
| --- | --- | --- |
| **EDUCATIONAL BACKGROUND** | | |
| **DATE** | **SCHOOL/COLLEGE/UNIVERSITY ATTENDED** | **QUALIFICATIONS GRADES ATTAINED** |
|  |  |  |

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| **CAREER HISTORY** |

**Please write down your full employment history including the current employment. Please start with the most recent one**

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| --- |
| **RECENT EMPLOYER:**  **Company Name**  **Position Held**  **Address**  **Town**  **County**  **Postcode**  **Country**  **Date of Employment FROM: TO:**  **Reason for Leaving** |
| **PREVIOUS EMPLOYER:**  **Company Name**  **Position Held**  **Address**  **Town**  **County**  **Postcode**  **Country**  **Date of Employment FROM: TO:**  **Reason for Leaving** |
| **PREVIOUS EMPLOYER:**  **Company Name**  **Position Held**  **Address**  **Town**  **County**  **Postcode**  **Country**  **Date of Employment FROM; TO:**  **Reason for Leaving** |
| **PREVIOUS EMPLOYER:**  **Company Name**  **Position Held**  **Address**  **Town**  **County**  **Postcode**  **Country**  **Date of Employment FROM; TO:**  **Reason for Leaving** |
| **Please continue here if you need to report any gaps or more employment history.** |

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| **REFERENCES** |

**Please provide details of the two most recent Employers. No two References should be from the same establishment.**

**We may approach your Referees prior to your interview**

**Do you agree to this? YES / NO**

**Applicants Name: …………………………………………………………………………………………………………………………**

|  |  |
| --- | --- |
| **NAME OF FIRST REFEREE: (MR / MRS / MISS / MS)** | |
| **Their Job Title:** | |
| **Name of Organisation or Home:** | |
| **Address:**  **Post Code:** | |
| **Telephone Number:** | **Fax Number:** |
| **E-mail Address:** | |
| **Dates you Started working: Left** | |
| **Have you informed this person that you have given us their name as a Referee? yes / no** | |

|  |  |
| --- | --- |
| **NAME OF SECOND REFEREE: (MR / MRS / MISS / MS)** | |
| **Their Job Title:** | |
| **Name of Organisation or Home:** | |
| **Address:**  **Post Code:** | |
| **Telephone Number:** | **Fax Number:** |
| **E-mail Address:** | |
| **Dates you worked here: Started: Left** | |
| **Have you informed this person that you have given us their name as a Referee? yes / no** | |
| **DECLARATION OF OFFENCE** | | | |

**PLEASE COMPLETE THIS SECTION EVEN IF YOU HAVE NO OFFENCES TO DECLARE**

**(Block Capitals Please)**

|  |
| --- |
| **Full Name:** |
| **Previous or other Name :** |
| **How long have you lived at your current Address:** |
| **Previous address if you lived the above address less than five years:** |
| **Details of any convictions, cautions or bound-over orders:**  **(Please write “None” if not applicable)** |
| **Details of Offence:** |
| **Date of Offence:** |
| **Date of Offence:** |

**I hereby declare that to the best of my knowledge, the information contained in this form is true and accurate. I understand that any false declaration may render me liable to dismissal.**

**Should you be convicted of any offence after completion of this form, you must notify us immediately, failure to do so will result in your name being removed from the Agency Register.**

**I also agree to apply and pay for a DBS Disclosure and any other relevant statutory checks as advised by the Personnel Department.**

**Please sign this declaration as confirmation that you are exempt from the Rehabilitation of Offenders Act 1974**

**(Exemption) Order 1975**

**In order to protect the public, 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 (Exemption) Order 1975. It is therefore not in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered as ‘Spent”.**

**Signed: …………………………………………… Date: ……………………………………….**

**I certify that to the best of my knowledge, all the information I have entered on this application form is factually correct and complete and that misleading statements may be sufficient for cancelling any agreements made.**

**Signed: …………………………………………… Date: ……………………………………….**

|  |
| --- |
| **Equal Opportunity**  SOMCARE AGENCY Equal Opportunity Policy aims to ensure that no person working or applying to work at SOMCARE AGENCY less favourable treatment on grounds of sex marital status colour race, nationality, ethnic or national origins, disability, age, religion, trade union or political beliefs or activity, dependants, sexual orientation, or is disadvantaged by conditions or requirements which cannot be justified.  ETHINICTY MONITORING INFORMATION  Choose One Section from A TO F then tick appropriate box |
| ***What is your Date of Birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***WHITE***  ***British □***  ***Irish □***  ***Any other White Background Please state ……………………………………………………………………….*** |
| ***MIXED***  ***White and Black Caribbean □***  ***White and Black African □***  ***White and Asian*  *□***  ***Any other Mixed background, please state ……………………………………………………………………….*** |
| ***ASIAN OR ASIAN BRITISH***  ***Indian □***  ***Pakistan*  *□***  ***Bangladeshi □***  ***Any other Asian Background ………………………………………………………………………………………*** |
| ***BLACK OR BLACK BRITISH***  ***Caribbean □***  ***African □***  ***Any other Black ……………………………………………………………………………………*** |
| ***CHINESE/OTHER ETHNIC GROUP***  ***Chinese □***  ***Other ethnic background not covered above ………………………………………………………………………*** |
| ***GENDER***  ***Female □ Male □ Other □*** |
| ***RELIGION/FAITH/BELIEF***  ***Christian □ Buddhist □ Hindu □ Jewish □ Muslim □***  ***Sikh □ None □ Prefer Not □*  *Other(please specify) □*** |
| ***Do you consider yourself to have a disability Yes □ No□*** |
| ***If the above answer is Yes please give a brief* details of the disability on a separate sheet** |

**MEDICAL DETAILS**

**Please give details of any illnesses or other medical conditions you have suffered or are suffering. You must also detail if you have ever been counselled or medically advised in connection with AIDS.**

**Date Nature of illness or medical condition Length of time away from work**

**Have you ever been diagnosed as having, or are you currently receiving treatment for the following**

|  |  |
| --- | --- |
| **Back or Joint Injuries**  **Tuberculosis (Pulmonary or Non-Pulmonary)**  **Asthma**  **Any other disease of the lungs or chest.**  **(Especially if night-time symptoms are troublesome)**  **Rheumatic Fever**  **Rheumatism**  **Heart Disease**  **Arthritis**  **High Blood Pressure**  **Fits/Epilepsy**  **Mental Health Problems**  **Hernia**  **Diabetes**  **Skin Diseases**  **Problems with your sight**  **Problems with your hearing**  **HIV**  **Hepatitis**  **Any medical condition requiring that you take medication to a strict timetable** | **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no**  **Yes / no** |
| **If you answered “YES” to any of the above please give details** | |
| **DECLARATION** | |

**I hereby declare that the information given above is correct to the best of my knowledge and belief and I hereby give my consent to further enquiries being made in order to confirm the information given. Any illness or medical condition from which I have suffered or am suffering, including back pain, and which may affect my ability to undertake the duties required of me in the position for which I am applying has been declared above.**

**I understand that the non-disclosure or suppression of any relevant facts known to me may prejudice an application to join the staff or, if appointed, any benefits applicable thereafter and could lead to the termination of my employment.**

**Signature:**

**Print Name: Date:**

**Your attention is drawn to the following provisions from the Access to Medical Reports Act 1988:-**

**An employer cannot apply for a medical report on behalf of an employee unless the employer has notified the individual concerned and received their consent.**

**The individual is entitled, on request, to have access to the report before it is supplied.**

**The employee can veto production of the report to the employer and the employee can request that the report be amended by the Doctor if it is inaccurate or misleading.**

**This form must be kept indefinitely.**

**DOCUMENTS TO BE SENT/BROUGHT WITH THE APPLICATION FORM**

Please provide a photocopy of the document below when sending your application to us alternatively you can bring all the originals at the office together with the application.

(Please bear in mind that we will still need to see the Originals even if you post the photocopies)

PLEASE BRING ALL THE DOCUMENTS PRINTED BELOW:-

Application Form □

Originals of Passport & Residents Permit □

2 Passport size Photos □

Training Certificates if available □

2 Referees Name □

An Enhanced CRB Certificate Most current □

For Processing CRB FORM you must bring

2 ID: Birth Certificate/Passport/ Driving Licence □

2 proofs of address. A utility bill which shows your current address (phone / gas / water bill), your Driving

License □

NI Card □

**---------------------------------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY**

Original documents obtained and checked

Checked **□**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_