

PRIVATE & CONFIDENTIAL

Return this form to:



POSITION APPLIED FOR _____ **Ref No:**

Title:	Schools	Qualification gained
Surname:		
Forename(s):		
Address:		
Postcode:		
Email address:		
Tel. No. (please include code): (Home) (Work) (Mobile)		
Current driving license? Yes/No Groups: Expiry Date: Details of any Endorsements:	College/University	Qualifications gained
NI Number:		
Are there any restrictions on you taking up work in the UK? Yes/No (if yes please provide details)	Other Training	
GSCC Registration/PIN no. (Social Work/Nursing):		

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

LEISURE

Please note here your leisure interest, sports and hobbies, or other pastimes, etc.

EMPLOYMENT HISTORY (please complete in full using a separate sheet if necessary, starting with your most recent employment and giving reasons for any gaps in employment)

Name & Address of Employer	Job title & Duties	Salary on Leaving	Reason for Leaving

REFERENCES

<p>Please provide details of two referees who can provide information relating to your competency. If you are a student, please give an academic referee and previous employer. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employers for a reference.</p>			
1	Name:	2	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Post Code:		Post Code:
	Tel No:		Tel No:
	May we approach the above prior to interview? Yes/No		May we approach the above prior to interview? Yes/No

GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the DBS will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offences? YES/NO (delete as required)

If YES, please give details

SPECIAL REQUIREMENTS (SOCIAL CARE SECTOR OR DBS ROLES)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

1. Your written consent to obtain a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to us.
3. Proof of identity – Birth or Marriage Certificate (where appropriate) and Passport.
4. Two satisfactory written references.
5. That you will supply 2 photographs of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that the information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for an Enhanced/Standard Disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

1st CRT Recruitment - (1st Choice Recruitment & Training Ltd)

EQUAL OPPORTUNITY MONITORING

Form EO (A)

PRIVATE & CONFIDENTIAL

Ref No:

Position applied for:.....

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

Date of Birth.....

I would describe my ethnic group and sex as: - (please tick one box for your ethnic group and one box for your sex)

A. White

English		Scottish	
Welsh		Irish	
White background, please specify.....			

B. Mixed

White and Black Caribbean		White and Black African	
White and Asian		Any other mixed background, please specify.....	

C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

Indian		Pakistani	
Bangladeshi		Any other mixed background, please specify.....	

D. Black, Black British, Black English, Black Scottish or Black Welsh

Caribbean		African	
Any other black background, please specify.....			

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group

Chinese		
Any other background, please specify.....		

F. Sex

Male		Female	
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Name:..... **Signed**

Date:

HEALTH QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

Ref No.:

Date:

Position applied for:

If the answer is yes to any of the questions **on** this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports.

Have you ever had:	* delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	*Yes/No	
Chest pain, heart condition or raised blood pressure?	*Yes/No	
Blackouts, fits or attacks of giddiness?	*Yes/No	
Depression, mental illness or nervous breakdown?	*Yes/No	
Rheumatism or arthritis?	*Yes/No	
Back trouble?	*Yes/No	
Typhoid, paratyphoid or other gland trouble?	*Yes/No	
Digestive or bowel disease?	*Yes/No	
Diabetes, thyroid or other gland trouble?	*Yes/No	
Bladder or kidney trouble?	*Yes/No	
Dermatitis or skin trouble?	*Yes/No	
Varicose veins?	*Yes/No	
Any other accident, operation or illness?	*Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	*Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	*Yes/No	
Do you intend to work night duties on a regular basis?	*Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	*Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	*Yes/No	
Do you smoke?	*Yes/No	
How many units of alcohol do you drink per week?	(one unit = 1/2 pint beer = 1 glass wine = 1 single whisky)	

AGENCY WORKER - CONFIDENTIALITY AGREEMENT

TO: CLIENTS of 1ST CHOICE RECRUITMENT & TRAINING LTD

In return forproviding information to me in the course of my assignment as an Agency Worker with 1st Choice Recruitment & Training Ltd, I promise to do the following in relation to the information given to me or obtained by me in the course of such placement (“the information”):

I promise to hold the information in the strictest confidence, and to ensure that it is kept in a safe and secure place when not in use. I acknowledge that no information is to be removed from Client premises without the permission of the client.

I promise to use the information only for the purpose of the work for which I have been given such information.

I promise not to disclose it to any third party or to copy the information except as may be required in the course of my duties.

I agree that any breach of this undertaking by me or any third party to whom I release the information may result in legal proceedings being commenced against me including a claim for the recovery of any losses and damages incurred by the client as a result of that breach.

Signed by.....

Print Name.....

Dated.....

DATA PROTECTION ACT 1998

I consent/do not consent (please circle as appropriate) to employer having access to the information held on my personnel file, for the purpose of inspection.

Signed.....

Name.....
(In capital letters please)

Date.....

New Employee Starter Form

- Surname _____
- First two Forenames _____
- Title _____
- Gender _____
- Address _____

- Post Code _____
- Date of Birth _____

- Start Date _____
- National Insurance No. _____
- Department _____
- Rate of Pay / Salary _____
- Extra Rates & Info _____

- Hours Per Week _____
- Standard Deductions _____
- P45 or P46 Attached _____
- Payment Method _____

Bank Details

- Account Name _____
- Bank Name _____
- Bank Address _____

- Sort Code (6 digits) _____
- Account No (8 digits) _____
- Building Soc Roll _____

- Any other Information _____

TIMESHEETS

- A. Must be emailed, faxed or post to Office weekly, Timesheet must be received by 12 noon Monday (for the previous weeks work). finance@1stcrtgroup.com
- B. If timesheets are going to be late, discuss this with the office immediately!
- C. Late timesheets (i.e. handed in 2 weeks or more after the visits have taken place) cause lots of problems and cost the company money - this will not be tolerated!
- D. Be warned that late timesheets may not be paid in the week in which they are submitted or may not be paid at all if they have caused problems with our invoicing procedures.
- E. Constantly late timesheets will result in formal warnings being issued.
- F. Must be signed by the client at every single visit. If the client cannot sign - write this on the timesheet and state why they are unable to sign.
- G. Don't forget client name and address, your name, days, dates and times.
- H. Record exact times of the visit in the 'Time in' and 'Time Out' boxes on the timesheet.
- I. In the 'Total Hours' column you can record the actual number of booked hours as told to you by the office.
- J. If there is a big difference between how long you stayed in the clients home and the amount of time you were actually booked for, please write the reason for this in the comments box on your timesheet.
- K. No Replies must be written in the comments box on the timesheet - next to the visit day and time when you had the no reply.
- L. I have read, understood and agreed to me above.

Print Name: _____

Signed: _____ Date: _____

INDUCTION CHECKLIST

Form IC

PRIVATE AND CONFIDENTIAL

Name :Date Joined:

Please read this form and then sign the statement below.

I have read and understand the current Employee Handbook. I accept that it forms part of my Contract of Employment and I will keep myself informed of its contents. I agree that those entitlements and provisions relating to the Working Time legislation, e.g. annual holidays, constitute a Relevant Agreement for the purposes of this legislation.

Employee Signature: Date.....

I have supplied the following documentation and information (tick as applicable).
Details marked * can be recorded on the back of this form.

- A. P45 or P15/signature on P46
- B. National Insurance number / / / /
- C. Certificate of reduced rate NI
- D. SSP leavers form Expiry date
- E. SSP change-over form
- F. DSS link letter
- G. Personal pension details * Contracted out. Yes/ No
- H. Bank details * Address, sort code, account no.
- I. Emergency contact * Name, address, phone no., relationship
- J. Driving licence *Expiry date, vehicle groups
- K. Work permit (non-EU residents only)
- L. .
- M..
- N. .
- O. .

The Following Handbooks and details have been explained to me (tick as applicable)

- P. Hours of work, including time recording details, break times
- Q. Explain working time and rest periods obligations
- R. Layout of premises, including fire exits, first aid facilities
- S. Introduction to colleagues
- T. Welfare facilities including toilets, arrangements for breaks
- U. Discuss Employee Handbook
- V. Discuss Safety Handbook

NOTES REGARDING CANDIDATE PLACEMENT, ASSIGNMENTS, REFERENCES ETC

Please bring the following documents

1. Valid Passport or Birth Certificate and clear official photographic ID
2. Right to work/ Worker Registration Scheme (applicable for those from Czech republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia)
3. NI card/ NI proof
4. 5 years work references
5. 2 proof of address (Utility bills, driver's license, bank statement, letter from the Department of Social Security)
6. Bank statement not older than 3 months
7. Email your CV (must be from the age of 16 to date in MM/YYYY format (e.g. Jan/2000 to Jan/2008) – there must be no gaps in CV, if there is a gap for some reason it must be specified even if it is personal (example: travelling, maternity break. Etc)
8. Translated and verified Overseas Police Check (applicable only if you have not lived in the UK since the age of 16)
9. Current enhanced CRB + Amount of £54 to apply for a new CRB with us (if applicable)
10. Training certificates/ professional qualifications/ diplomas
11. 2 passport sized pictures

Please note we will not be able to proceed with your application unless you provide at registration/interview ALL documents mentioned above.