TLB 24/7 HEALTH CARE LTD

24 WESTGATE

ROTHERHAM

S60 1AP

TEL. 01709 366477

Logo, company name

Description automatically generated

Please complete this form in black ink and complete all sections.

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| POSITION APPLIED FOR |  |
| Full Name |  |

DATA PROTECTION STATEMENT

The personal information (data) collected on this form, and on the attachment, (which includes the collection of sensitive, personal data) are collected for the purpose of recruitment, personal administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of TLB 24/7 Healthcare to protect and keep secure, all personal data collected. All personal data is processed for the purpose of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

**Equal Opportunity Statement**

TLB 24/7 Healthcare equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability.

**Equality, Diversity, and Inclusion Statement**

The purpose of a policy on equality, diversity and inclusion is to make sure that the service is fully committed to these principles and values and to communicate this commitment to all stakeholders.

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| 1. PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE |  | | | | | | | SURNAME | | |  | | | | | | | | | | MAIDEN NAME | | | | | | | |  | | | | | |
| PREVIOUS SURNAME (IF ANY) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORENAMES (IN FULL) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TELEPHONE | | HOME | | | | | | | | | | | WORK | | | | | | | | | | | | MOBILE | | | | | | | | | |
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| EMAIL ADDRESS | | | |  | | | | | | | | | | | | | | | | | | | NATIONALITY | | | | | | |  | | | | |
| MAY WE CONTACT YOU AT WORK | | | | | | | | | YES NO PLEASE AS APPROPRIATECheckmark with solid fill | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | | | | | | | | | | | | | | NATIONAL INSURANCE NUMBER | | | | | | | | | | | | | | | | | | |
| NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY: NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RELATIONSHIP TO YOU | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. FORMAL EDUCATION AND QUALIFICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of  School/College/University  and location | | | | | | | Dates of Attendance | | | | | | | | | | | | | Course of Study/Qualification(s)  Gained e.g., GCSE’s, “A” Levels,  NVQ, Degree etc | | | | | | | | | | | | | Grade | |
| From | | | | | To | | | | | | | |
| Month/Year | | | | | Month/Year | | | | | | | |
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| 3. EMPLOYMENT HISTORY  Please print details of all your employment for a period of at least the last 10 years.  Start with your present or last position, please include reasons for any gaps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and address of employer | | | | | Dates of Employment | | | | | | | | |  | | | | | | | Position held and summary of duties and responsibilities | | | | | | | | | | Reason for leaving/last salary or wage | | |
| From | | | | | | | | | To | | | | | | |
| Month/Year | | | | | | | | | Month/Year | | | | | | |
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| 4. TRAINING – EG. Manual Handling, CPR, Infection Control, First Aid, etc  Please provide certificate if available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of training | | | | | | | Date from Date to | | | | | | | | | | | Courses taken | | | | | | | | | | Attainment | | | | | |
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| 5. GENERAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold a valid and current British Driver’s License? YES NO Please X as appropriate  If yes, what type? (E.g. Provisional, Full, LGV, PCV)  **\*The nature of work demands that you drive to service users’ properties. \***  Do you have any endorsements?  If yes, please give details YES NO please X as appropriate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state which languages you speak, including.  An indication of fluency | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| DBS – Is the DBS on update service? If yes please add DBS number starting with 001 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 6. PREFERENCE REGARDING WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| . Please specify which type of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.  Full time  Bank  Are you available to work at Weekends? (Bank staff only)  Do you have any prebooked holidays?    If YES, what holidays do you have booked. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. IMMUNISATIONS – PROOF OF IMMUNISATIONS MUST BE PROVIDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RUBELLA | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| SKIN TEST FOR TB | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| COVID 1ST JAB | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| COVID 2ND JAB | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| COVID - BOOSTER | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| TETANUS | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| DIPTHERIA | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |
| HEPATITIS B | | | | | | | |  | | | | | | | | | | | | | | DATE | | | | | | | | | | | |

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| 8. REFERENCES  References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self – employed, your last employer and/or character reference. | | | |
| Name, Address and Post Code | | Name, Address and postcode | |
| Telephone Number |  | Telephone Number |  |
| Email Address |  | Email Address |  |
| Position |  | Position |  |
| Relationship to you |  | Relationship to you |  |
| May we contact the person now?  YES NO | | May we contact the person now?  YES NO | |

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| 9. CONFIDENTIALITY DECLARATION |
| Registration implies acceptance or our code of confidentiality.  In the course of your duties, you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager. You should not disclose ANY information to your family, friends, or neighbours.  If you are worried by any information, you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.  Failure to observe these rules will be regarded as serious misconduct which could result in your dismissal from TLB 24/7 Healthcare.  I have read and understood the above and I agree to abide by the contents therein.  Signed Date |

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| 10. REHABILITATION OF OFFENDERS ACT |
| As a rule, no - one need answer questions about spent convictions. However, this general rule does not apply to specific professions, employments, and occupations. By virtue of the rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Orders, the exemption rule does not apply to:   1. Any employment or other work which is concerned with the provision of health services, and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or 2. Any employment or other work which is concerned with the provision of care services to vulnerable adults, and which is of such kind as to enable the holder of that employment, or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties.   One or both above apply to work at TLB 24/7 Healthcare  You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.  **Records will be checked via the Criminal records Bureau.** |
| **I have no convictions I have convictions** |
| NOTE  (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form) |
| CRIMINAL RECORDS – DISCLOSURE CERTIFICATE |
| The criminal records Bureau (CRB) have issued a Code of Practise regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure certificate will only be requested in the event that you are successful in your application for employment. |
| ASYLUM AND IMMIGRATION ACT 1996 |
| Under section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:  That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or  The person comes into a category specified by the Home Secretary where such employment is allowed.  Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.  Are you eligible to work in the UK? YES NO |
| Personal declaration |
| I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and  I give permission for any enquiries that need to be made to confirm such matters as qualifications.  Experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.  I give permission for the processing of the personal data contained in this form for employment purposes.  I understand that any false or misleading information could result in my dismissal.  Signed ……………………………………………… date…………………………………. |

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| ***HEALTH QUESTIONNAIRE***  ***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 Additional Information to “Yes” response  applicable  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 infectious disease? 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  Vision or Hearing problems? 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 activitiesfor  morethan one week during the past year? Yes/No  Any physical or mental impairment which has a  substantial and long term effect on your ability to carry  out day to day activities? If yes, please specify any  special adjustmentsrequired in relation to work. Yes/No  Do you smoke? Yes/No  How many units of alcohol do you drink per week?  (1 unit = 1/2 pint beer = 1 glass wine = 1 single whisky [ ] |

If completing electronically you can type out your answers

Text

Description automatically generated