



CAREGATES

Attach photo x 2

CARE GATES SERVICES

SUITE 1 207 CRANBROOK ROAD IG1 4TD

MOB: 07842789749 TEL: 02086369961

WEBSITE: www.caregates.com

HCA APPLICATION FORM

Please complete all sections in black ink

POSITION APPLIED	
YOUR SURNAME AND INITIALS	

Data Protection Statement

The personal information(data) collected on this form and attachments, (Which include collection of sensitive data) is 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 for future vacancies) the application forms(and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the agency to protect, and keep secure all personal data collected. All personal data is processed for the sole purpose of recruitment and in the case of successful applicants for the satisfactory administration of their employment, and for no other purpose.

Name :

Signature :

Date :

Equality of opportunity statement

The agency's equal opportunities policy covers all employees, or potential employees, and embraces the principle that all people should be treated equally, regardless of their age, gender, ethnicity, nationality, colour, religion, marital status, sexual orientation, religion or belief, or disability.

PERSONAL DETAILS			
TITLE		SURNAME	MAIDEN NAME
PREVIOUS SURNAMES NAMES (IF ANY)			
FORENAMES (IN FULL)			
TELEPHONE	HOME	WORK	MOBILE
EMAIL ADDRESS			
DATE OF BIRTH			
NATIONAL INSURANCE NUMBER			
NEXT OF KIN'S NAME			
CONTACT NUMBER			
CURRENT ADDRESS			
POST CODE			
RELATIONSHIP TO YOU			

Formal education and qualifications

NAME OF SCHOOL COLLEGE UNIVERSITY AND LOCATION	DATES OF ATTENDANCE (FROM - TO)	QUALIFICATIONS	GRADES

Employment history

NAME AND ADDRESS OF EMPLOYER	DATE OF EMPLOYMENT (From - To)	POSITION HELD, AND BRIEF SUMMARY OF RESPONSIBILITIES	REASONS FOR LEAVING

Preference regarding work

Please specify which types 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.

POSITIONS : PART TIME FULL TIME

TYPE OF WORK : NHS PRIVATE HOSPITALS NURSING HOME INDUSTRY

CLIENTS IN THEIR OWN HOME OTHER, PLEASE SPECIFY

LIVE IN DAYS NIGHTS VISITS

DO YOU HAVE ANY OTHER WORK COMMITMENTS? YES NO

WHICH AREAS OF WORK DO YOU WISH TO EXCLUDE?	
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WHEN WILL YOU BE AVAILABLE TO START WORK?	
---	--

Doctor information

GP NAME	
---------	--

ADDRESS	
---------	--

POST CODE	
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PHONE NO	
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Confidentiality declaration

Registration implies acceptance of 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 of the agency. 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 removal from the agency register. I have read and I understand the above and I agree to abide by the contents therein.

Name : Signature : Date :

Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

a) 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

b) any employment or other work which is concerned with the provision of care services to vulnerable adults 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 vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

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 procedures

I HAVE NO CONVICTIONS I HAVE CONVICTIONS (SEE NOTE BELOW)

PLEASE AS APPROPRIATE

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/DBS) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB/DBS 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 :

Equal Opportunities Monitoring Form

Care Gates Services Ltd operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire.

Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?

Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.

British

Irish

White and Black Caribbean

White and Black African

White and Asian

Indian

Pakistani

Bangladeshi

Caribbean

African

Chinese

Any other, please write here.

SEX: FEMALE MALE

Disability

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e. do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

YES NO

Bank details

NAME	
A/C NAME	
BANK NAME	
BANK ADDRESS	
A/C NUMBER	
SORT CODE	
SIGNATURE	
DATE	

Referees

Please give the names of two referees (not relatives), stating their occupation and position. One of the referees must be your most recent employer,

Referee 1

FULL NAME	
COMPANY	
POSITION HELD BY REFEREE	
DATES OF EMPLOYMENT	
EMAIL ADDRESS	
TELEPHONE NUMBER	

Referee 2

FULL NAME	
COMPANY	
POSITION HELD BY REFEREE	
DATES OF EMPLOYMENT	
EMAIL ADDRESS	
TELEPHONE NUMBER	