Allure LTD.

Trading as Ideal personnel,

58 Maryon Grove,

Charlton, SE7 8BZ

Attach Your Photo (1)

# Ideal Personnel Application Form

Please tick the position you would like to apply for:

*Qualified Nurse
*Healthcare Assistant support worker
*Security
*Qualified social worker *Domestic/ Cook/ Kitchen Assistant
*Cleaners

PLEASE COMPLETE FULLY AND IN CAPITALS.

| | |
|---|---|
| Surname: | First Name: Middle Name |
| Previous surname : | Date of Birth (DOB) |
| National Insurance Number (NI): | Email Address: |
| Current address :( Note: For Criminal Record check purposes, addresses covering the ten years up to the application date must be supplied. If necessary, use another sheet of paper.) | Post code: |
| Previous addresses & Postcodes: | Date(s) |

| | |
|---|---|
| Mobile number: | Telephone number (Telephone number (work - will be used with discretion): |
| Do you own your transport (Yes/No) | Full UK driving license (Yes/No) |
| How long has your license been held? | Endorsements: |

## EDUCATION

| School/College/University | Examinations Passed/Qualifications gained | Dates |
|---|---|---|
| | | |

## TRAINING HISTORY/PROFESSIONAL STATUS

| Qualification | Location/ Training Centre | Dates |
|---|---|---|

| | | |
|---|---|---|
| | | |

## SHORT COURSES ATTENDED

| Subjects | Location / Training Centre | Dates |
|---|---|---|
| | | |

## EMPLOYMENT HISTORY

Most recent Information about your employment must cover the last ten years to date. State the reasons for any break(s) in employment. Use a separate attached and signed sheet(s) if required.

| Name and address of your current employer: | Position held and reason for leaving: |
|---|---|
| | |

| | | |
|---|---|---|
| Name and address of Employer 1: | From: | To: |
| Name and address of Employer 2: | From: | To: |
| Name and address of Employer 3: | From: | To: |
| Other Employment(s) | From | To |
| | | |

Please provide details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if space provided is insufficient.

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## HEALTH DETAILS

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|---|
| Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying for? Yes / No |
| If yes, please give details: |
| Do have any other medical condition(s) that we may need to now regarding this employment?<br>Yes/No |
| If yes, please give details: |
| What adjustments (if any) need to be made to the working environment to accommodate your disability? |
| Please give details of all absences from work in the last 12 months, except holidays: |
| Please give details of any illnesses/accidents/injuries in the last 2 years |

| | |
|---|---|
| GP's name: | |
| Tel no: | |
| Address: | |
| (Your GP will not be contacted without your consent) | |
| | |

## NEXT OF KIN:

| | |
|---|---|
| Full name: | |
| Relationship: | |
| Tel no: | |

| Address: |
|---|

## RIGHT TO WORK IN THE UK

| | |
|---|---|
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No? |
| If yes, please provide details. | |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No? |

Note: Minimum age legislation dictates that care workers in general must be 18 years or older, and Carers working with people with learning disabilities must be 21 years or older. Please inform your interviewer immediately if you do not meet these specifications.

## REFEREES

Please provide three references one of whom must be from your current or most recent employer. All referees will be contacted, please inform them before we do so. If you are unable to provide the required references, please discuss the matter with us.

### Current or most recent employer

| | |
|---|---|
| Name: | |
| Address: | |
| Post code: | |
| Job title: | |
| Tel No: | |
| Email: | |

### Referee 1

| | |
|---|---|
| Name: | |

| | |
|---|---|
| Address: | |
| Post code: | |
| Job title: | |
| Tel No: | |
| Email: | |

Referee 2

| | |
|---|---|
| Name: | |
| Address: | |
| Post code: | |
| Job title: | |
| Tel No: | |
| Email: | |

NON OPTIONAL SECTION – Applicant Declaration – Read and understand before signing 1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.

OPTIONAL SECTION - Applicant Declaration – 1. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above ( ). 2. I agree that the employer reserves the right to require me to undergo a medical examination in order to assess my suitability for my work ( ). 3. I do not wish to complete the questionnaire ( ) 4. And I do not wish to have a free health assessment ( ). Tick as appropriate (i.e. either tick 1, 2, 3, 4, all or none).

Signed: _____ Date: _____

Print name: _____

| | |
|---|---|
| Notice period with existing employer: | |
| Please indicate where you found out about the vacancy: | |

| | | |
|---|---|---|
| NI Number: | NI Category: | |
| Tax Code: | Month/Week 1: | Yes / No |
| Gross Pay TD: | Tax Paid TD: | |

| DECLARATION – IMPORTANT – READ BEFORE SIGNING |
|---|
| I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately. I understand that I cannot be offered a post until a satisfactory response has been received with respect to my SIA Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the CRB / DBS. I understand that until a satisfactory response is received from the CRB / DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request an SIA Register check and a criminal records check from the CRB / DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my SIA Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.<br><br>Signed: _____ Date:_____ |

## CRIMINAL RECORD

Workers in this establishment are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the CRB / DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You may not be eligible for work in a care setting if you are on the SIA Register(s).

## BANK DETAILS

| | |
|---|---|
| Name on Account: | Bank Name |
| Account Number: | |
| Sort Code: | |
| B/S Roll No.: | |

## P45 DETAILS (Please Attach P45 with Job Start Form)

### AUTHORISATION SIGNATURES

| | |
|---|---|
| Employee: | Date: |
| Administration: | Date: |
| Registered Provider: | Date: |

### AUTHORITY TO PAY WAGES TO BANK ACCOUNT IN A DIFFERENT NAME

In accordance with money laundering regulations, where an employee requires payment of wages into a bank account which is not in their own name as recorded in the personnel file, their explanation and authority is required. The Manager must assess whether the request and the explanation is reasonable, and does not appear to be connected with money laundering (concealment of sources of income). Accounts with the same surname but different initials (e.g. husband/wife situations) do not require certification/explanation. Any explanation recorded below will be kept fully confidential.

| |
|---|
| Name: (Your Name as in Application form) |
| Date: |
| Bank details (sort code) |
| Bank details (account number): |
| Bank details (name on account): |
| Explanation for name on account differing from my name: |
| Signed: Date: |
| Approved by (Manager): |