**REGISTRATION FORM / APPLICATION FORM**

PLEASE COMPLETE FULLY AND IN CAPITAL LETTERS

|  |  |  |
| --- | --- | --- |
| **What position are you applying for?**  **(Please circle)** | Recruitment Manager / Office Manager / Employment Advisor | |
| **Please Circle:** | Full-time /Part-Time: Days/ Nights/ Mornings/ Afternoon/ Evenings/ Weekends only  I am fully flexible and can work any hours, any day. | |
| **When are you available to start work? (Notice period (if applicable)):**  I can join immediately. | | PIN: |

PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| **LastName: (Mr/Mrs/Miss/Ms)** | | ***Company Use Only***  **Ref No:** |
| **First Name:**  **Previous names/Maiden Name (if applicable):**  **Sex: or Other (specify) Date of Birth:**  **Nationality:** | | **Equal Opps check:** |
| **Current Address (and previous if less than 10 years** (on separate sheet)**):**  **Postcode:** | | |
| **Home Tel No:** | **Mobile No:** | |
| **National Insurance Number:** | **E-mail Address:** | |
| **Do you have a UK Passport?** | **Do you need permit to work in the UK?** | |
| **Passport No.:** | **If yes, please provide your work permit / visa number:** | |
| **Are you lawfully resident in the UK?** | **Are there any restrictions on your visa?** | |
| **Are there any restrictions on your continued residence in the UK?** | **If yes, please detail:** | |
| **If yes, please state your home office / port reference number here:** | **Visa expiry date (if applicable):** | |
| **Do you have a full driving licence?**  **Is it clean?**  **If no, please give details:** | **Please provide details of Next of Kin to be contacted in Emergency :**  **Name of the person:**  **Relationship to you:**  **Address :** | |
| **Do you have daily use of a car?** | **Phone Number:** | |

BANK DETAILS

|  |  |
| --- | --- |
| **Name of Bank / Building Society:** | **Sort Code:** |
| **Name on Account**  **(if LTD company, give name of company)** | **Account No.** |
| **Bank Address:** | **Office Use:** |

**“I confirm that the above bank details are correct and I authorise my payments to be made directly into the account. I indemnify Soulecare and Help Ltd for any loss of payment correctly paid into my account”**

# Name Signature

REFERENCES

Please provide details of your current and previous employers and a character reference, from whom we can obtain references. Any offer of employment is conditional on our receiving satisfactory references. We will not approach your present employer until an offer of employment has been made and accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current/Most Recent Employer** | | **Other Employer** | |
| **Contact Name:** |  | **Contact Name:** |  |
| **Job Title:** |  | **Job Title:** |  |
| **Company Name:** |  | **Company Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone Number:** |  | **Telephone Number:** |  |
| **E-mail Address:** |  | **E-mail Address:** |  |

PERSONAL/CHARACTER REFERENCE

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Address:** |  |
| **Telephone** |  | **Email:** |  |

TRAINING / EDUCATION

Please include both educational and vocational qualifications starting with the most recent (continue on separate sheet, if required).

|  |  |  |
| --- | --- | --- |
| **Dates (from - to)** | **Educational Institution** | **Qualifications Obtained** |
|  |  |  |

VOCATIONAL SKILLS & COMPETENCE

Please provide details of any specific skills or competence that is particularly relevant to your application (e.g. any registration , any special industry skills etc.)

EMPLOYMENT HISTORY

Please state your full employment history, starting with your most recent employer (also indicate if it was arecruitment agency), and continue backwards in time. Please continue on separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Employer Company Name** |  | | |
| **Job Title / Dates of Employment** |  | | |
| **Nature of Business** |  | | |
| **Reasons for Leaving** |  | | |
| **Salary on Leaving** |  | **Notice Period**  **(if relevant)** |  |
| **Duties / Responsibilities of the Role** |  | | |

|  |  |
| --- | --- |
| **Company Name** |  |
| **Job Title / Dates of Employment** |  |
| **Nature of Business** |  |
| **Reasons for Leaving** |  |
| **Salary on Leaving** |  |
| **Duties / Responsibilities of the Role** |  |
| **A full Employment history since leaving education is required. Use separate sheet if necessary.** | |

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

If you require any special arrangement in order for you to participate in our recruitment process (i.e. Large print forms) please specify below.

None required.

The information will not be used in reaching a decision on whether to offer employment

|  |  |
| --- | --- |
| **An offer of employment may be made subject to a satisfactory medical report. Please provide your GP’s details** | |
| GP’s Name: |  |
| Tel No: |  |
| Address |  |

DISCLOSURE AND BARRING SERVICES AND REHABILITATION OF OFFENDERS ACT (1974) DECLARATION REHABILITATION OF OFFENDERS ACT (1975)

Because of the type of work that you have applied for, the Rehabilitation of Offenders Act (1974) (Exemptions 1975 apply) imposes a duty on people who apply for social care positions to disclose any conviction that would otherwise be considered ‘spent’.

Haveyoubeenconvictedofacriminaloffence?(ifyes,pleaseprovidedetails):

HaveyoubeengivenaconditionaldischargeforacriminalOffence?(ifyes,pleaseprovidedetails) .

I UNDERSTAND THAT ANY INFORMATION I GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE. ANY INFORMATION THAT I GIVE THAT DETAILS ANY OFFENCES WILL NOT JEOPORDISE MY APPLICATION.

SIGNED:……………………… Date:…………………………

DISCLOSURE AND BARRING SERVICE CHECK (DBS)

Before you can commence working as a Care Worker in the community, the Company must obtain a DBS clearance for you. You will have already completed the form and supplied documents that confirm your identity.

The Company will keep the documentation under the terms of the Data Protection Act 1998 as amended. The DBS documents will only be checked by CQC Inspectors for inspection purposes under the Care Standards Act 2000 when the Company’s records are checked.

I GIVE MY CONSENT TO THE DISCLOSURE OF THE CRB DOCUMENTATION RELATING TO MY APPLICATION ONLY IN THE CIRCUMSTANCES DESCRIBED ABOVE.

SIGNED:………..………………………Date:……………….……………………

DECLARATION

I confirm that the information I have given is correct and that I have not withheld any information of which the company should be made aware. I also understand that giving any incorrect or misleading information could lead to my subsequent dismissal, or withdrawal /termination of assignment.

Signed: Date:

EMPLOYMENT HISTORY CONTINUATION PAGE

Additional Page for Continuation of Employment History (if necessary)

|  |  |
| --- | --- |
| **Company Name** |  |
| **Job Title / Dates of Employment** |  |
| **Nature of Business** |  |
| **Reasons for Leaving** |  |
| **Salary on Leaving** |  |
| **Duties / Responsibilities of the Role** |  |

|  |  |
| --- | --- |
| **Company Name** |  |
| **Job Title / Dates of Employment** |  |
| **Nature of Business** |  |
| **Reasons for Leaving** |  |
| **Salary on Leaving** |  |
| **Duties / Responsibilities of the Role** |  |

|  |  |
| --- | --- |
| **Company Name** |  |
| **Job Title / Dates of Employment** |  |
| **Nature of Business** |  |
| **Reasons for Leaving** |  |
| **Salary on Leaving** |  |
| **Responsibilities of the Role/Duties** |  |