

Position applied for:

Certified NVQ Level:

OFFICE USE ONLY		
Employee No:	Start Date:	P45 Date:

1. Personal Details

Title	First Name(s)	Last Name
Address		Previous Surname
Postcode		Telephone No
Date of Birth	National Insurance Number	Mobile No
Email	Are you happy for payslips to be YES/NO	



2. Next of Kin (or person to be contacted in case of emergency)

Name:	Relationship to you:	Telephone Number(s)
Address:		

3. How did you hear about Hanover Care?

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4. Transport

Do you have a full driving licence?	YES / NO
What are your usual means of transport?	

5. Your right to work in the UK I confirm that I am entitled to work in the UK on the following basis (tick one box only)

UK Citizen:	Work Permit:	Expiry Date:
EU Citizen:	Student Visa:	
Workers Registration scheme:	Working Holiday:	
Permanent Residency:	Other (Please state)	

6. Disability

Do you consider yourself to have a disability? YES / NO	Nature of Disability:
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7. Working Time Regulations/RTI

In order to comply with Real Time Information Legislation coming into force April 2013, it would help at the application stage if you indicate the approximate number of hours you are seeking. Please circle one option below, and sign if applicable.		
Less than 16 hours per week	Between 16 and 30 hours per week	More than 30
If you would like the opportunity to work MORE than 48 hours per week you must sign the statement below, in order to comply with Working Time Regulations. I am willing to work more than 48 hours per week on average. Signed.....Date.....		

8. Full Employment History (Most recent first). Please include ALL Employment as we need to go back a MINIMUM of 10 years. Use the box at the bottom of the page to explain any gaps in your employment, including dates. Use a continuation sheet if this page covers less than 10 years, unless it is on your CV, which we ask you to supply in addition to this form. Do remember to include any agencies that you worked for. All dates should be MONTH and YEAR. (Put 'approx' next to month if exact dates not known).

COMPANY NAME:	Telephone Number:	Email/ Fax
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Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>
COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>
COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>
COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
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COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Line Manager:		Main duties (If agency, please state companies you were placed at)		
Your Job Title:				
Date Employed from:	Date Employed to:	Reason For Leaving:	Salary/Pay Rate	<i>Please inform your interviewer if there is any reason why we CANNOT reference</i>
COMPANY NAME:		Telephone Number:	Email/ Fax	
Company Address:				
Please explain any gaps in the employment history above, including dates: (E.g studying, childcare, unemployment)				

Have you ever been dismissed from any employment? **YES / NO**

9. Training and Qualifications Please bring all certificates to interview

Relevant Qualification(s) and Training					
Do you have a relevant NVQ ?		YES / NO		Level	
Are you currently studying for a relevant NVQ ?		YES / NO		Level	
Would you be interested in NVQ training ?		YES / NO		Level	
Have you completed a Patient Handling Course?		YES / NO		Do you have a Certificate? YES / NO	
				Date of Issue:	
Have you completed a Care Certificate Course in the last 2 years?		YES / NO		Do you have a Certificate? YES / NO	
				Date of Issue:	
Have you completed any of the following courses in the last 3 years? Please circle and include issue date if known.					
Safeguarding Adults	Food Hygiene	Infection Control	Protection of Children	Health & safety	First Aid
Date:	Date:	Date:	Date:	Date:	Date:
Deprivation of Liberty	Mental Capacity Act	Learning Disability	Challenging Behaviour	Medication	Dementia
Date:	Date:	Date:	Date:	Date:	Date:
TRAINED NURSES ONLY: Pin Number:			Pin Expiry Date:		

10. Bank Details – Weekly wages will be paid directly to your account

Bank	Sort code	--		--	
Address	Account No.				
	Your Name as it appears on the account				

11. P46 (substitute)

If you intend to start work without a P45 from your previous employer, please read all the following statements and tick the one that applies to you.

A – This is my first job since last 6 th April and I have not been receiving taxable Jobseekers Allowance, Employment & Support Allowance or taxable Incapacity Benefit or a state or occupational pension OR	A
B – This is now my only job, but since last 6 th April I have had another job, or have received taxable Jobseekers Allowance, Employment & Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension OR	B
C – I have another job or receive a state or occupational pension.	C
Student Loans If you left a course of Higher Education before last 6 th April and received your first Student Loan instalment on or after 1 st September 1998 and you have not fully repaid your Student Loan, please tick box D. (If you are required to repay your Student Loan through your bank or building society account, do not enter a tick in box D)	D

13. Disclosure – Please read carefully

Due to the nature of the work for which you are applying, you must disclose any information regarding any criminal convictions either current or which would normally be considered as spent. This is provided for by virtue of the 1975 Exceptions Order to Section 4 (II) of the Rehabilitation of Offenders Act (1974). You must also disclose details of any cautions, which, when given, you admitted. All information will be treated in strictest confidence. Any pending offences, for which you are awaiting an outcome, must be disclosed. In addition, during your period of engagement with Hanover Care, you should inform us if you are convicted, or are awaiting an outcome, of any new offences (including motoring offences.)

I confirm that I **do not** have a cautions, charges or convictions / I confirm that I **do have** cautions, charges or convictions

(Please cross through the statement which does NOT apply to you)

If the answer is the 2nd statement you will need to provide a written statement with details before we send off for a new disclosure. Any DBS money is non-refundable, even if we do not offer you work. If you subscribe to the DBS update service, this may save you money, but you would need to let Hanover Care see your original certificate, and sign the consent form below- No15.)

Signed..... Full Name..... Date.....

14. Permanent work

To be signed by candidates looking for permanent work only

- Hanover Care are to provide you permanent recruitment services that is to say we will act as an agency as defined under the Employment Agencies Act 1973.
- I authorise Hanover Care to seek work on my behalf, including forwarding my CV and relevant personal data to prospective clients as part of the recruitment process.
- I wish to seek employment within the field of/as a _____ (e.g all care & support work, nursing, nursery).

Signed..... Full Name..... Date.....

15. Consent

In order to comply with some of our contracts with our Clients, we have been asked to obtain consent to the following:

- I consent to my personal data being made available to authorised third parties in order to comply with current regulations and for the purposes of auditing.
- I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
- If I have subscribed to the DBS update service, I am happy to show an original DBS certificate to Hanover Care, and am happy for Hanover Care to check this certificate online.

Signed..... Full Name..... Date.....

16. Declaration

Please read carefully and sign to confirm you understand your obligations

I understand that it is my responsibility to check that I am up to date with any immunisations, which are relevant to the type of work for which I am registering. I will need to supply these proofs, which are normally obtainable from a GP or health centre. I understand that my engagement with Hanover Care is subject to the receipt of a satisfactory Enhanced DBS Disclosure. I confirm that the information given on this application is, to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform Hanover Care if any of the details on this application form change. I agree to the Company's Terms and Conditions of Engagement and have received a staff handbook and agree to abide by its policies.

Signed..... Full Name..... Date.....

17. Additional Documents

Applicant to tick and sign under when received & completed or understood where applicable. This may be post-interview

HEALTH QUESTIONNAIRE † TERMS OF ENGAGEMENT † STAFF HANDBOOK † ID BADGE †

HOVE OFFICE: 71 Church Road Hove BN3 2BB
TEL: 01273 723090
FAX: 01273 725779
Email: hove@hanovercare.co.uk

WORTHING OFFICE: 1-2 Liverpool Buildings
Liverpool Road Worthing BN11 1SY
TEL: 01903 258258
FAX: 01903 235696
Email: Worthing@hanovercare.co.uk