Application Form

**STRICTLY CONFIDENTIAL**

A red and black logo

Description automatically generated with low confidence

**PERSONAL DETAILS**

Title Forename

Surname Birth Name

Current address

Postcode Home telephone number

Mobile Number Email Address

Nationality

(Please provide

a copy of your passport)

Passport Number

Birth date

Expiry Date

National Insurance number

# FURTHER INFORMATION

Do you hold a Driving License? Yes No



If yes, please advise if you have any current or past endorsements on your license and give details

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Where was your license issued?

Do you own your own vehicle? Yes No

Are you a manual driver? Are you an automatic driver?

Are you happy to drive a client around in his/her own vehicle?

Yes No

Do you have the necessary insurance in place to use your own vehicle for business/ work purposes?

Yes No

Have you ever previously applied or worked through Super Healthcare before?

Applied Yes No Worked Yes No

Worked at any other Agency? Yes No

If Yes, Which Company?

**NEXT OF KIN DETAILS**

Title Forename

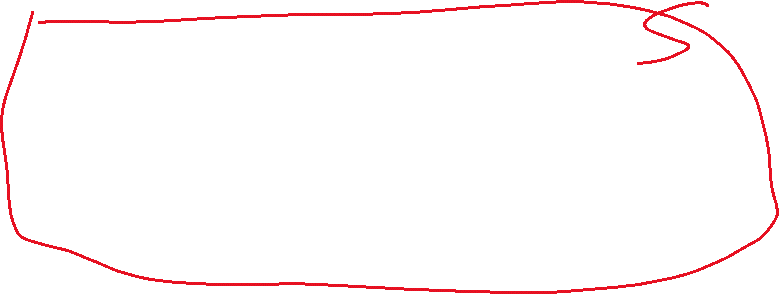
Surname Current address

Postcode Contact number

Email Address Relationship to applicant

# STATEMENT OF FITNESS FOR WORK

I declare that I am physically and mentally fit to be introduced to Super Healthcare clients. Should my circumstances change, I will advise Super Healthcare immediately.



Name Signature

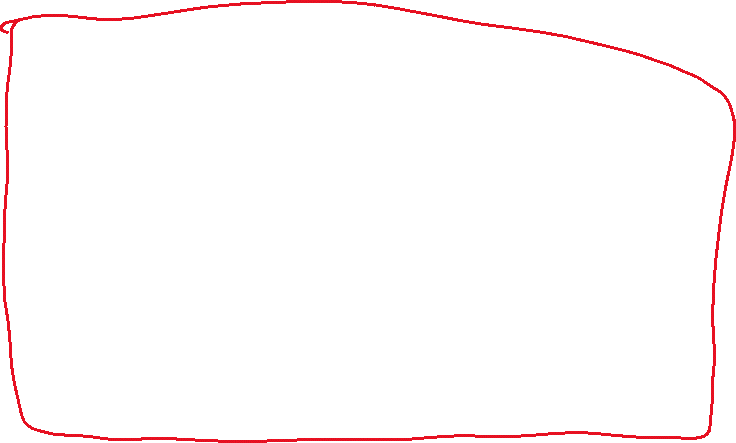
Date

# DISABILITIES

Do you require any special arrangements to be made for your interview on account of a disability?

Yes No

If “yes”, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and thus meet our obligations under the Equality Act 2010:



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**YOUR EDUCATION**

EDUCATION – Please list all Secondary Schools, College, Universities etc.

|  |  |  |
| --- | --- | --- |
| Dates (Month/Year) | School/College/University | Qualifications Obtained |
|  |  |  |

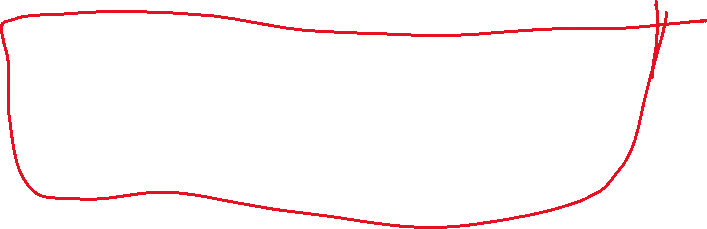
Please advise if you hold any of the following training qualifications. Should you reach interview stage, you will be asked to provide the original copy.

Manual Handling

First Aid

Food Hygiene

Infection Control Fire Prevention



SOVA

Dementia

Health & Safety

**EMPLOYMENT HISTORY**

(Or enclose full CV)

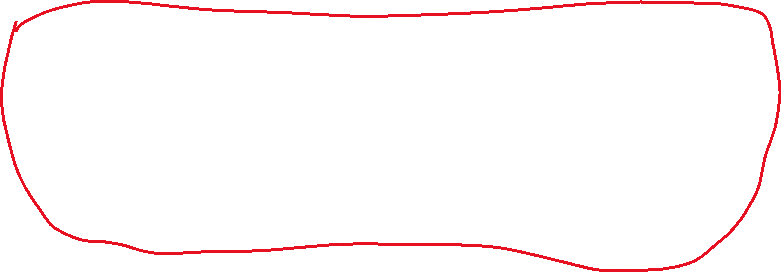
Please list below present and past employment since leaving Education, beginning with your most recent. There should be NO gaps. This should be in Month and Year format. Please list all movements since leaving school. If you have not been working (for example, raising family, unemployed etc...) list this also. Please include all paid and unpaid work.

|  |  |  |  |
| --- | --- | --- | --- |
| Date From - To | Name, Address & Telephone number of Employer | Job Title and Responsibilities | Date and Reason for Leaving |
|  |  |  |  |

Have you ever been subject to a formal investigation or under a disciplinary procedure in the workplace?

Yes No

If yes, please provide details



**SUPPORTING STATEMENT**

|  |
| --- |
| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of valuable importance to describe strengths and talents that set you apart from others as well as including skills gained from work, home, and other activities. |

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| **Equality Act 2010** |
| **Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at:** [**www.gov.uk/definition-of-disability-under-equality-act-2010.**](http://www.gov.uk/definition-of-disability-under-equality-act-2010)  **For the purposes of this application and the interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?**  **YES / NO / PREFER NOT TO DISCUSS** |

**REFEREES**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g., in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

|  |  |
| --- | --- |
| **Current or Most Recent Employer** | |
| **Name:** | |
| **Address:** | |
| **Postcode:** | |
| **Tel No:** | **Email:** |
| **Job title:** | |

|  |  |
| --- | --- |
| **Previous Employer to The One Above** | |
| **Name:** | |
| **Address:** | |
| **Postcode:** | |
| **Tel No:** | **Email:** |
| **Job title:** | |

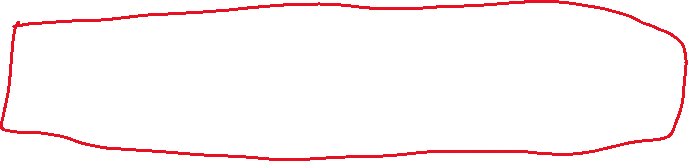
|  |  |
| --- | --- |
| **Character Reference** | |
| **Name:** | |
| **Address:** | |
| **Postcode:** | |
| **Tel No:** | **Email:** |
| **Relationship to you:** | |

**DECLARATIONS**

CRIMINAL RECORDS BUREAU DISCLOSURE

Under the Rehabilitation of Offenders Act 1974 (from which the healthcare industry is exempt) you are required to reveal all convictions. This must include ALL spent convictions as defined under the Act. If you are in any doubt whatsoever about a declaration, you must discuss this with the Super Healthcare Recruitment Team. A conviction does not automatically prevent you from registering, however failure to declare, or providing inaccurate information will lead to immediate action.

You are required to inform us if you are convicted of a criminal offence cautioned or have a hearing pending in the future. Failure to do so could lead to immediate de-registration from Super Healthcare. (From 29 May 2013, the DBS have started removing certain specified old and minor offences from criminal record certificates issued from this date. You will be asked “Do you have any unspent convictions, cautions, reprimands, or warnings?” The filtering rules, together with the list of offences that will never be filtered are available from [www.gov.uk/dbs.)](http://www.gov.uk/dbs.))



|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offence? | Yes | No |
| Have you ever been cautioned of a criminal offence? | Yes | No |
| Have you any Hearings pending?  If yes, please give details | Yes | No |

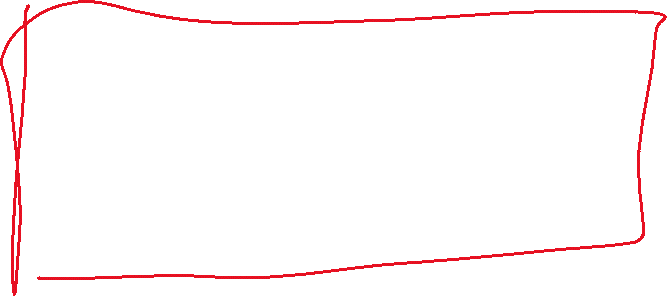
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I am willing to complete an enhanced application for a Criminal Records Bureau Disclosure (and/or Protection of Vulnerable Groups Disclosure Scotland if applicable) I understand these are self-funded and renewed every 3 years. I can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with children or vulnerable adults.



Name (please print)

Signature



Date

# DATA PROTECTION

Under the Data Protection Act 1998 (“the Act”) we are required to provide you with certain information and to seek your consent to the processing of personal data supplied by you on this form.

For the purposes of the Act, the data controller in respect of personal data relating to you is Super Healthcare. The purposes for which personal data supplied by you on this form are intended to be processed are as follows.

* To assess your skills, suitability, and eligibility to become a companion/carer.
* If you are subsequently accepted as one of our carers, you will be introduced to our clients.
* This may also include providing clients with copies of photographs for identification purposes of care.

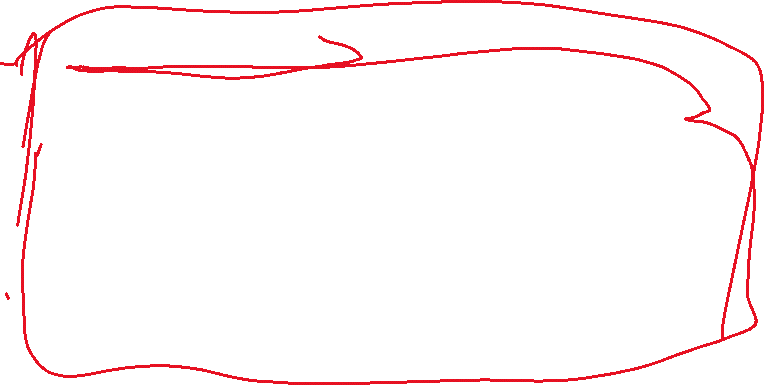
We may retain certain personal data supplied by you on this form for a period as required by law. after you have ceased to be a Super Healthcare employee, to comply with current legislation and client requirements.

Please sign this declaration to indicate your consent to the processing by the Company of the data supplied by you on this form.

# DECLARATION

I consent to the Company processing all or any personal data supplied by me on this form, or any result of searches made following and resulting from its completion, and to the disclosure and transfer of such personal data, for the purposes described above.

Name (please print)



Signature

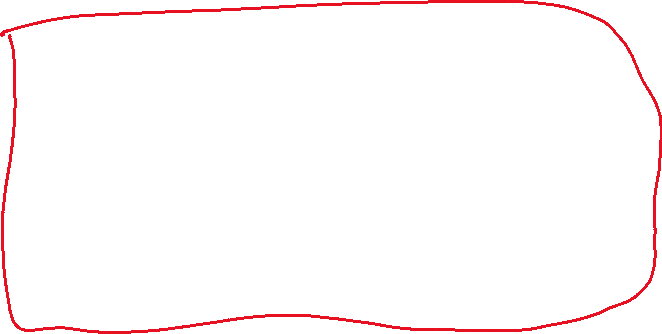
Date

**AGREEMENT**

I accept that under no circumstances will I make a private arrangement, financial or otherwise with a client introduced to me by the Agency. Nor will I introduction a client to a third party, without first informing the Agency, in order that the Agency’s terms of business may be sent to a third party.



Name (please print)



Signature

Date

Please return the completed application form with the following documents

## Passport or valid Permit/Home Office letter. (This is a requirement under the Asylum and Immigration Act 1996, section 8) If you are a British citizen, please ensure you enclose a copy of your passport.

* If unable to complete your full work history in the allocated space, please include a FULL CV.



Prospective applicants should be aware that we may use an electronic identity document validation system to validate documents produced to us by job applicants and your continuation with our recruitment process signifies your consent to and acceptance of us submitting your identity documents for inspection and validation. We pass details of all identity document issues or concerns raised within our processes to the United Kingdom Border Agency, (UKBA).



Copy of Passport/Valid Permit/Home office Letter

Enclosed

Full work history/CV

Enclosed

v

**PRIVACY**

Super Healthcare Ltd will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this document, you consent to Super Healthcare Ltd holding the information contained.

We are required to keep this information within the candidate’s personnel file. We cannot estimate the exact time it will be held for. When that period is over, we will delete your data.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of successful recruitment of the candidate.

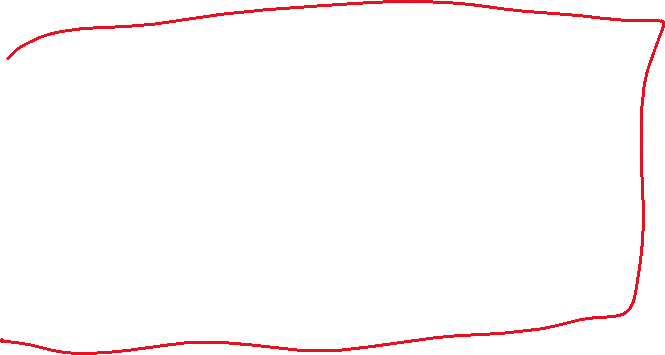
You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data.

If you would like to discuss this further or withdraw your consent at any time, please contact the office.



Name (please print)

Signature



Date

Super Healthcare Ltd is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential.

The information you provide will be treated as strictly confidential in line with the Data Protection Act 2018 and will be used only for equal opportunities monitoring. It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

**IMPORTANT - Please Note:**

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.

Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

**Ethnic Origin** - Please indicate your Ethnic Origin

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British** | **Mixed** | **Other Ethnic**  **Background** |
| * Bangladeshi * Indian * Pakistani * Any other Asian | * White & Asian * White & Black African * White & Black Caribbean * Any other mixed | * Chinese * Any other Chinese * Any other ethnic |
| **Black or Black British** | **White** |  |
| * African * Caribbean | * British * Irish | **o** I do not wish to disclose my ethnic origin |
| **o** Any other Black | **o** Any other white |  |

**Gender** - Please indicate your Gender

|  |  |
| --- | --- |
| **o** Female | **o** Male |
| **o** Transgender Female | **o** Transgender Male |
| **o** Other | **o** I do not wish to disclose my gender |

**Sexual Orientation** - Please indicate your Sexual Orientation

|  |  |  |
| --- | --- | --- |
| **o** Bisexual | **o** Heterosexual | **o** Other |
| **o** Gay | **o** Lesbian | **o** I do not wish to disclose my sexual orientation |

**Religion or Belief** - Please indicate your Religion or Belief

|  |  |  |
| --- | --- | --- |
| **o** Buddhist | **o** Jewish | **o** None |
| **o** Christian | **o** Muslim | **o** Other |
| **o** Hindu | **o** Sikh | **o** I do not wish to disclose my religion or belief |

**Marital Status** - Please indicate your Marital Status

|  |  |  |
| --- | --- | --- |
| **o** Common Law Partnership | **o** Married/Civil Partnership | **o** Widowed |
| **o** Divorced | **o** Single | **o** Other |

**Caring Responsibilities** - Do you have any care responsibilities for anyone?

|  |  |  |  |
| --- | --- | --- | --- |
| **o** Yes | | **o** No | |
| If yes are they: | | | |
| **o** Children under 16 | **o** Disabled | | **o** Sick or Elderly |

# APPLICATION DECLARATION

I confirm that the information given on this application form is correct to the best of my knowledge. I understand that any false statement may disqualify me from registering with Super Healthcare.

I authorize the Company to approach the employers listed on my application, and to conduct all other necessary enquiries to confirm that the employment information is correct. I also authorize the Company (or any company authorized to act on their behalf), to approach any other former employer or educational establishment named on my CV or application form.

Signature

Date