# APPLICATION FORM

## Application Form for Support Workers

**Personal Details**

|  |  |
| --- | --- |
| Full Name: | Click here to type fullname (as it appears on NMC / HCPC register) |

|  |  |
| --- | --- |
| Title | Choose Title. |

|  |  |
| --- | --- |
| Maiden Name | Enter Maiden Name if applicable. |

|  |  |
| --- | --- |
| Gender | Choose Gender. |

|  |  |
| --- | --- |
| Date of Birth | Click or tap to select date. |

|  |  |
| --- | --- |
| Home Tel. | Click or tap to enter Home Number |

|  |  |
| --- | --- |
| Mobile Tel. | Click or tap to enter Mobile number. |

|  |  |
| --- | --- |
| Email Address | Click or tap here to enter email address |

|  |  |
| --- | --- |
| Address | Click or tap here to enter Address Line 1  Click or tap here to enter Address Line 2  Click or tap here to enter Address Line 3  Click or tap here to enter Address Line 4 |

|  |  |
| --- | --- |
| Postcode | Click or tap here to enter Postcode |

|  |  |
| --- | --- |
| Country | Click or tap here to enter text. |

|  |  |
| --- | --- |
| N.I. Number | National Insurance Number. |

## Next of Kin

|  |  |
| --- | --- |
| Full Name | Next of kin name |

|  |  |
| --- | --- |
| Relationship | How related e.g. spouse |

|  |  |
| --- | --- |
| Contact Number | Next of kin contact number |

## Work Requirements

Do you require:

**Flexible Agency Work Short Term Long Term (12 + months)**

**Full Time Hours Part Time Hours Ad Hoc Shifts**

|  |  |
| --- | --- |
| When are you available to start work? | Click or tap to select date. |

|  |  |
| --- | --- |
| When are you available till? | Click or tap to select date. |

|  |  |
| --- | --- |
| Which clinical area/specialty do you wish to work in? | Click or tap to select date. |

**A&E ITU Medical Mental Health**

|  |  |  |  |
| --- | --- | --- | --- |
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**Midwifery Paediatrics Surgical Theatres**

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Other (Please Specify):

Click or tap here to enter text.

**Professional Indemnity Insurance**

GAP Recruitment requires you to have your own Professional Indemnity insurance. Do you already have this in place?

Yes:

No:

If you do not have this, it is a GAP Recruitment requires you to have this, please arrange the relevant cover.

**Right to Work in the United Kingdom**

Are you an EU citizen? Yes: No:

Do you hold a British or EU passport? Yes: No:

If you do not hold a British/EU passport, do you hold any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| Spousal Visa |  | Student Visa (Tier 4) |  |
| Ancestry Visa |  | Work Permit / Sponsorship (Tier 2) |  |
| Residency Visa |  | Working Holiday / Youth Mobility (Tier 5) |  |
| Other |  |  |  |

Other (Please Specify):

Click or tap here to enter text.

|  |  |
| --- | --- |
| Visa/Permit Expiry Date | Click or tap to select date. |

Please note:

*All passports and visas will be verified as part of GAP Recruitment’s recruitment procedure*.

**EMPLOYMENT HISTORY**

Please list most recent employer and provide us with 10 years of history, accounting for any gaps in employment of over one month. If necessary, to do so, please use a separate sheet if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of Hospital / Employer | Position, Grade and Speciality | From (Month / Year) | To (Month / Year) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Additional Information |
| Click or tap here to enter text. |

**Health and Post-Basic Courses / Training**

(Including Post Graduate Diploma, Training Courses etc)

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifications / training Course | Place where obtained | From (Month / Year) | To (Month / Year) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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| Date of last Life Support training | Click or tap to select date. |

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| --- | --- |
| Date of last Moving & Handling training | Click or tap to select date. |

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| --- | --- |
| Date of last Health and Safety training | Click or tap to select date. |

*Please provide documentary evidence of all the above; all certificates will be verified*

**Professional References**

**Please give the names and contact details of 3 professional referees from your current/previous employment. Referees must have worked in a senior position to yourself. GAP Recruitment are unable to offer you work until satisfactory references have been obtained and that GAP Recruitment are required to obtain references for you on an annual basis.**

|  |  |
| --- | --- |
| Referee 1 | |
| Organisation: | Click or tap here to enter text. |
| Dates Employed: | Click or tap here to enter text. |
| Referee name: | Click or tap here to enter text. |
| Professional Title: | Click or tap here to enter text. |
| Work Address: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Capacity in which you know your referee: | Click or tap here to enter text. |
| Can we contact them immediately? | Yes: No: |

|  |  |
| --- | --- |
| Referee 2 | |
| Organisation: | Click or tap here to enter text. |
| Dates Employed: | Click or tap here to enter text. |
| Referee name: | Click or tap here to enter text. |
| Professional Title: | Click or tap here to enter text. |
| Work Address: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Capacity in which you know your referee: | Click or tap here to enter text. |
| Can we contact them immediately? | Yes: No: |

|  |  |
| --- | --- |
| Referee 3 | |
| Organisation: | Click or tap here to enter text. |
| Dates Employed: | Click or tap here to enter text. |
| Referee name: | Click or tap here to enter text. |
| Professional Title: | Click or tap here to enter text. |
| Work Address: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Capacity in which you know your referee: | Click or tap here to enter text. |
| Can we contact them immediately? | Yes: No: |

**Declarations**

**Criminal Records**

Please note that under new filtering rules - certain offences may be removed from your criminal record after 11 years (5.5 years if you were under the age of 18). Cautions will be removed after 6 years (2 years if you were under the age of 18); providing that this was your only offence and did not result in a custodial sentence. Serious offences will never be filtered. If you are unsure of whether your conviction/caution/ reprimand is filtered, please see the DBS website for more information before signing the declaration. If you do not declare a conviction/caution/reprimand that later appears on your DBS this could result in dismissal or non-employment.

Please tick:

Yes: No:

**Do you have any convictions, cautions or reprimands that are not “protected” as defined by the Rehabilitations of Offenders Act (amended 2013)?**

Yes: No:

**Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?**

Yes: No:

**Have you ever had a Police check in another country? If**

**so, please provide details below and enclose a copy if held.**

## If you have answered yes to any of the above, please give details below:

Click or tap here to enter text.

Please note that if at any stage whilst working for GAP Recruitment we receive a DBS Enhanced Disclosure that highlights information you have not declared, then you will be removed from your assignment.

**Declarations**

1. I understand that if I am charged or cautioned after signing this declaration, I must inform GAP Recruitment Consultants LTD. Yes:  No:
2. Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct? Yes:  No:
3. I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by GAP Recruitment Consultants LTD, which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them. Yes:  No:

1. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Questionnaire. Yes:  No:
2. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that GAP Recruitment Consultants may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to GAP Recruitment Consultants.

Yes: No:

1. I acknowledge and confirm that GAP Recruitment Consultants is authorized to apply for and obtain a Disclosure and Barring Service Check (including the online status update service check if app) and references from any previous employers and educational establishments.

Yes: No:

1. I acknowledge that my personal details will be stored and handled correctly by GAP Recruitment Consultants in accordance with the Data Protection Act 1998 however; I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information in- cluding all documents – DBS, Occupational Health, References). Yes:  No:
2. I understand that if I am on a student visa, I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform GAP Recruitment Consultants. Yes:  No:
3. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform GAP Recruitment Consultants. Yes:  No:
4. I understand that if it is pre-authorized that my travel expenses will be reimbursed outside of the GAP Recruitment Consultants Privilege Payments scheme, I cannot make a duplicate claim under the GAP Recruitment Consultants Privilege Payments Scheme and that any attempt to do so will be treated seriously. Yes:  No:

**Declarations**

1. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for GAP Recruitment Consultants, I must inform the organisation immediately. Yes:  No:
2. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. NMC) or being investigated by my current or previous employer. I will inform GAP Recruitment Consultants LTD if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for the organisation.

Yes:  No:

1. I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.

Yes:  No:

1. I give my permission for GAP Recruitment Consultants LTD, to run a Right to Work check with the Home Office if I provide them a Biometric Residence Card for my Right to work in the UK.

Yes:  No:

1. I acknowledge that should I reach the 12-week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if GAP Recruitment Consultants LTD, deems it necessary

Yes: No:

|  |  |
| --- | --- |
| Signed | Type full name |

|  |  |
| --- | --- |
| Date | Click or tap to select date. |