

APPLICATION FOR EMPLOYMENT WITH GALAXY STAFFING LTD

Please fill in the application form below and send to: registration@galaxystaffing.co.uk

Please note that questions marked with an asterisk * are mandatory and therefore **must be answered**.
PLEASE SIGN AND DATE EVERY SIGNATURE BOX.

*Please Note, if you do not complete every section of this form, it will be returned to you for correction. An interview will only be offered when the form is completed CORRECTLY.

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel.

| | |
|---|-----------------------|
| Job Title (The position you are applying for) | SUPPORT WORKER |
|---|-----------------------|

Personal Details

| | |
|---|--------------------------|
| Title | |
| *Surname/Family name | |
| *First name and middle name (include Alias here) | |
| Name in which you are registered with a professional body (if applicable) | |
| *UK national insurance number | |
| *Date of Birth | |
| *Current Address | |
| *Postcode | |
| *Country | |
| *Primary Telephone Number (UK Codes ONLY) | |
| Secondary telephone number | |
| Galaxy Staffing uses WhatsApp text messages to communicate with staff. Please TICK this box to give permission for us to do so, and provide a phone number connected to a WhatsApp account. | <input type="checkbox"/> |
| *Emergency Contact Name and telephone number | |
| *Your email address | |
| *Are you a United Kingdom (UK) National? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If you have answered 'No' above:

We will need to check your identity and right to work in the UK. For some applicants we may request a SHARECODE to check your VISA information online.

Please sign and date the box below giving written permission for us to use your share code to check your immigration status online:

| Name of Applicant | SHARECODE | Date | Signature |
|-------------------|-----------|------|-----------|
| | | | |

Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.

| Subject/Qualification | Place of study | Grade/result | Year obtained |
|-----------------------|----------------|--------------|---------------|
| | | | |
| | | | |

Relevant Training Courses Attended

Please provide details regarding training courses that you have attended or currently undertaking, together with the date completed. Please state which of the health care related mandatory training modules you have completed in the past 12 months.

| Course title | Training provider | Duration | Date completed |
|---|-------------------|-------------|----------------|
| Manual Handling | | | |
| CPR /Basic life support | | | |
| Safeguarding Adults | | | |
| Safeguarding children | | | |
| PMVA (Prevention and Management of Violence and Aggression) | | 3 Day/1 Day | |
| Health and Safety | | | |
| COSHH | | | |
| Caldecott Principles/GDPR | | | |
| PREVENT- Preventing Radicalisation | | | |
| Conflict resolution | | | |
| Fire safety | | | |
| Infection control | | | |

| | | | |
|-----------------------------------|--|--|--|
| Food Hygiene | | | |
| Suicide Prevention | | | |
| Fraud Prevention | | | |
| Any other relevant qualifications | | | |

Membership of Professional Bodies

Please provide details regarding any relevant professional registrations or memberships, e.g., NMC registration. This information will be subject to a satisfactory check.

If professional registration is not required, then go to **Employment History**.

| If you have answered 'I have current UK professional registration relevant for this post' then please enter the relevant details below. | | | |
|---|---------------------------------|--------------------------|----------------------|
| Professional body | Membership or registration type | PIN /Registration number | Expiry/ renewal date |
| | | | |
| Other Relevant Training/ Qualifications | | | |
| | | | |

Employment History

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

*Current/most recent employer (reference always required)

| | | | |
|----------------------|--|--------------------|--|
| Employer name | | | |
| Address | | | |
| Type of business | | Telephone number | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |

| | | | |
|---|--|------------------|--|
| Grade | | Salary | |
| Reporting to (job title) | | Period of notice | |
| Reason for leaving (if applicable) | | | |
| | | | |
| Brief description of your duties and responsibilities | | | |
| | | | |

***Previous Employer 1**

| | | | |
|---|--|--------------------|--|
| Employer name | | | |
| Address | | | |
| Type of business | | Telephone | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |
| Grade | | Salary | |
| Reporting to (job title) | | Period of notice | |
| Reason for leaving (if applicable) | | | |
| | | | |
| Brief description of your duties and responsibilities | | | |
| | | | |

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

***Previous Employer 2**

| | | | |
|---|--|--------------------|--|
| Employer name | | | |
| Address | | | |
| Type of business | | Telephone | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |
| Grade | | Salary | |
| Reporting to (job title) | | Period of notice | |
| Reason for leaving (if applicable) | | | |
| | | | |
| Brief description of your duties and responsibilities | | | |
| | | | |

References

Fields marked with an asterisk (*) are mandatory

Please provide the names and full contact details of your referees.

- References must cover a 3-year period of continuous employment, training, or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
- Your referee could be an HR department, line manager or someone in a position of responsibility.
- **You must provide an email address for each referee.** This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field. If you are a student or trainee this should include a teacher/tutor at your school/college or university.

- If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. **A character reference must not be from a relative or someone who has a financial arrangement with you.**
- Emails for employers must be a valid work email address and not the referee's personal email address unless the email being provided is covering a gap in work history or the employer no longer exists, and the referee being used is a personal/character referee.

| *Reference Request Consent Form | | | |
|---|--|-------|--|
| <p>I, (insert applicants name) _____ give full permission for Galaxy Staffing to get in contact the referees I have provided in my application form. To facilitate this reference, I also give Galaxy Staffing my full permission to share relevant identifying details such as my date of birth, address, and national insurance number.</p> <p>I consent that the information may be received via telephone; written on paper or via email. I consent to Galaxy Staffing sharing a copy of this signed consent form to the named referees on this application form, in line with the GDPR Regulations.</p> | | | |
| *Name of Applicant: | | Date: | |
| *Signature of Applicant: | | Date: | |

***Referee 1**

| | | | |
|---|---|--------------|--|
| * Type of reference | <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/Character | | |
| Title | | | |
| *Surname/Family name | | * First name | |
| *Relationship | | | |
| Employer name | | | |
| Referee job title | | | |
| *Address | | | |
| *Postcode | | | |
| Telephone | | *Country | |
| *Referee email address | | Fax | |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) | | |
| *Can the referee be contacted prior to interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

***Referee 2**

| | | | |
|---|--|--------------|--|
| * Type of reference | <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/Character | | |
| Title | | | |
| *Surname/Family name | | * First name | |
| *Relationship | | | |
| Employer name | | | |
| Referee's job title | | | |
| *Address | | | |
| *Postcode | | | |
| Telephone | | *Country | |
| *Referee's email address | | | |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) | | |
| *Can the referee be contacted prior to interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Supporting Information

In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this position. This can include **relevant skills, knowledge, experience, voluntary activities, training etc.**

Please indicate your reasons for applying and take the opportunity to highlight your talents and strengths, (what you feel you can personally offer- what is unique to you – what sets you apart from your peers).

You may also attach your CV to your application.

| |
|---|
| * Supporting information (Please continue with additional sheets if necessary). |
| |

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

Supervision Agreement

I understand that I will attend a supervision session at least every three months. This may be held at the Galaxy Staffing offices, ad hoc at a work placement, or over the telephone. This is to assess my ability to effectively work with Galaxy Staffing clients and to help improve the services that Galaxy Staffing provides. This information will be kept on my record and used during my annual appraisal.

| | |
|------------------------|-------|
| Signature (applicant): | Date: |
| | |

GDPR Regulations

I am aware that Galaxy Staffing Ltd will create and maintain computer and paper records about me, both during my employment and after I leave the company. These records will be processed in order to maintain employee records and will be held in compliance with the principles of the GDPR regulations.

I Consent that the information in the records may be used for reports both internally within Galaxy Staffing Ltd and to external bodies working with us in employment administration.

| | |
|------------------------|-------|
| Signature (applicant): | Date: |
| | |

Working Time Disclaimer:

You have the option to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulations 1998.

Do you wish to opt out?

YES/NO

I understand that I may end this agreement by giving one week's notice in writing to Galaxy Staffing Ltd.

| | |
|------------------------|------|
| Signature (applicant): | Date |
| | |

| Where did you see this vacancy advertised? | |
|---|--|
| <input type="checkbox"/> GALAXY STAFFING website <input type="checkbox"/> Google <input type="checkbox"/> Search engine <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn | <p>**If you were referred to apply for a position with GALAXY STAFFING by an existing employee, please state their full name and job title here:</p> <p>Name _____</p> <p>Job Title _____</p> <p>Once you have worked a minimum of 48 hours for the agency, the referrer will receive a tax-free 'referrers fee'.</p> |

This section of the application form will be detached from your application and will not be used as part of the selection process, nor will it be seen by anybody who is interviewing you.

Galaxy Staffing recognises the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act (2010), organisations must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the organisation look at the profile of individuals who apply, are shortlisted for, and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act (2010).

As well as for monitoring, your date of birth will be used for administration purposes including pre-employment checks and creation of your personal record if you are appointed.

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of

- their age and sex.
- their race which includes colour, nationality, ethnic or national origin.
- their religion or belief, including a lack of any belief.
- their sexual orientation

| | |
|----------------------------------|--|
| Please state your date of birth: | |
| Please indicate your gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> (Insert Gender Identity) _____ <input type="checkbox"/> I do not wish to disclose this |

Equality Act 2010

The Equality Act 2010 protects bisexual, gay, heterosexual, and lesbian people from discrimination on the grounds of their sexual orientation.

| Which of the following options best describes how you think of yourself? (Optional) | |
|---|--|
| <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other sexual orientation not listed <input type="checkbox"/> Prefer not to say |

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

| Please indicate your ethnic origin (Optional) | | |
|---|--|--|
| Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background | Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background | Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say |

Health Questionnaire

This questionnaire asks for information of a personal nature, but it is necessary as are aspects of work which require us to assess any health risks, to protect both our employees and our clients.

As a result of the information given it may be necessary to request your permission to obtain further information from your General Practitioner.

This would be done according to the guidelines of the Access to Medical Reports Act 1988, and therefore your co-operation and honesty in completing this questionnaire is appreciated.

The purpose of this questionnaire is to alert the Company to any issued affecting your health of which the Company should be aware, for the reasons of ensuring your (or colleagues') health and safety at work or compliance with any duty of the Company to makes reasonable adjustments to any provision, criterion, practice, or Company premises that may be required in your case.

The Data Protection Act 2018 requires us to give you certain information about how and why we process this information – details can be found in the privacy notice issued to you previously, as well as further information as detailed in our Data Protection Policy. If you have any questions at all regarding the data protection implications of this questionnaire, please speak to the company GDPR Officer by calling 01903 910035.

Please note that not providing this information may prevent us from complying with our duties to you and other colleagues.

| 4. MEDICAL CONDITIONS | | | |
|---|--|--|--|
| Do you experience, or are you diagnosed with any of the following? | | Please tick | If answered 'yes', please give details |
| 1. | Fits, blackouts, fainting, sudden physical weakness, loss of balance, dizziness, loss of consciousness; Recurrent headache or migraine | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | Diseases of the nervous system e.g., neuritis, stroke, rheumatic fever, multiple sclerosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | Spinal/Musculoskeletal disease - including back trouble, or hernias. Rheumatism, arthritis, or any other muscle or joint pain | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | Heart Disease - Angina, palpitations, high/low blood pressure or breathlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. | Lung Disease - Asthma, bronchitis, emphysema, pleurisy persistent cough, pneumonia, TB (tuberculosis) or any other lung disease including Covid-19 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. | Liver Disease – Jaundice, hepatitis, or other liver problem | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. | Skin Disorders - Psoriasis, dermatitis, eczema, allergies, or other skin disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. | Anxiety, depression, or any other mental health condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. | Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. | Endocrine Disorder, e.g., thyroid disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. | Disease of the urinary tract, e.g., kidney disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. | Blood borne virus | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. | Digestive tract disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. | Allergies/ Anaphylaxis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. | Any other serious illness not covered above, including any current treatment you are receiving | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. | Impaired sight, or any other eye disorder | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Impaired Hearing, or any disorder of the eye | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | Are there any medical reasons why you should not do shift work? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. | ARE YOU FULLY VACCINATED AGAINST COVID-19? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. PAST MEDICAL HISTORY | | | |
| Have you ever had to give up a previous job for medical reasons? If YES, please provide brief details. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |
| Have you been off work continuously for more than a month in the last five years? If YES, please provide details. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |
| Please list your current medication here | | | |

| | |
|--|--|
| | |
| Has any previous occupation caused your health problems? If YES, please provide details. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

Please give last date of immunisation or vaccination of:

| | |
|---|--|
| Are you in receipt of a medical pension or other disability benefit? If YES, please provide details. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| Approximately how many days absence have you had from work, school, or university for health reasons during the last 5 years? | |
| | |
| Have you ever been refused employment because of your health? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| Have you ever sustained an industrial injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. DECLARATION

I am willing to undergo a medical examination if required and declare that the information given in this questionnaire is true and complete.

I will notify you immediately if any of my answers change on my completed questionnaire.

| | | | | | |
|---|--|-------------------------|--|--------|--|
| Name: | | Signature of applicant: | | Date: | |
| Rubella (German measles) | | | | | |
| Tuberculosis | | | | | |
| Tetanus | | | | | |
| Hepatitis B | | | | | |
| Date of last chest X-ray: | | | | | |
| Have you ever been in contact with a person suffering from Tuberculosis (TB)? | | | | YES/NO | |
| Do you have a current 'Fitness to Practice' certificate? | | | | | |
| When did you last consult your GP and why? | | | | | |
| Name and address of your GP: | | | | | |

Is there any additional Information regarding your health not covered above?

I declare that the information I have given is correct and true to the best of my knowledge. Withholding information may lead to summary dismissal and may invalidate insurance.

I give my full consent for GALAXY STAFFING LTD to contact my GP should they need to gain relevant information about my health. (N.B Galaxy Staffing will never approach your GP without speaking to you first).

| | | |
|-------------------------|--|-------|
| Signature of Applicant: | | Date: |
| Name of Applicant: | | Date: |

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 here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Reasonable adjustments will be made available should you be invited to interview.

| | |
|--|---|
| * According to the definition of disability do you consider yourself to have a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information |
|--|---|

| | |
|--|---|
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment; in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. | |
| <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Learning disability/difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the person specification? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Safeguarding (Fields marked with an asterisk (*) are mandatory. This section of the application form will only be viewed by those who need to see it as part of the recruitment process. **Galaxy Staffing will treat any information disclosed in the strictest confidence.**

Disclosure and Barring Service (DBS)

| |
|---|
| Are you currently registered with the DBS Update Service? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please sign below to give written consent for Galaxy Staffing to carry out an online DBS enhanced check:

| | | |
|--|--|-------|
| Do you give permission for Galaxy Staffing to carry out an online DBS check? (This will include your permission for us to re-check your DBS report annually) | | |
| Signature of Applicant: | | Date: |
| Name of Applicant: | | Date: |

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

Galaxy Staffing aims to promote equality of opportunity and is committed to treating all applicants equally and fairly based on their skills, experience and ability to fulfil the duties of the role being applied for.

Suitable applicants will not be refused positions because of criminal record information or other information declared, where it has no bearing on the role (for which you are applying) and no risks have been identified against the duties you would be expected to perform as part of that role. This pertains also to any information shown on a DBS check which we carry out for all staff members. Should this be required, a risk assessment will be completed around this. A decision may also be made whether to share the risk assessment with our clients and will be discussed with applicants beforehand.

During the rehabilitation period you are required to declare current 'unspent' criminal convictions or cautions (including reprimands and final warnings).

You are not legally required to provide any information about criminal offences that have become spent. Certain criminal offences can be regarded as spent after a specified rehabilitation period as outlined by the Rehabilitation of Offenders Act 1974.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the information you provide and the position you are applying for.

* Do you have any UNSPENT convictions as outlined in the Rehabilitation of Offenders Act 1974?

This includes any unspent convictions that may have been issued in any other country, where it would be an equivalent offence in England and Wales.

It also includes all unspent convictions or Summary Hearings that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in England and Wales.

You **are not** required to disclose any information in relation to convictions that have become SPENT. In these circumstances you should select NO to this question.

☐ Yes ☐ No

If you have answered YES, you now have two options on how to disclose this information. *

☐ I want to disclose the information now ☐ I want to disclose the information separately

If you have selected 'I want to disclose the information now' please provide details of the conviction or Summary Hearing including the date and sentence administered in the space below. *

*

Do you have any UNSPENT cautions, reprimands or final warnings as outlined in the Rehabilitation of Offenders Act 1974?

This includes any unspent cautions, reprimands or final warnings that may have been issued in any other country, where it would be an equivalent offence in England and Wales.

It also includes all unspent cautions that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in England and Wales.

You **are not** required to disclose any information in relation to cautions, reprimands or final warnings that have become SPENT. In these circumstances you should select NO to this question.

☐ Yes ☐ No

If you have answered YES, you now have two options on how to disclose this information. *

☐ I want to disclose the information now

☐ I want to disclose the information separately

If you have selected 'I want to disclose the information now' please provide details of the cautions, reprimands or final warnings including the date and sentence administered in the space below

If you have selected 'I want to disclose the information separately', You can disclose your record separately together with any statement detailing your unspent conviction or Summary Hearing. A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately.

Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details and any other information which is required for this position.

I agree to the above declaration

Signature

Name

Date

Thank you for completing this application form. Please email to: Registration@galaxystaffing.co.uk.