ARCHERS
HEALTHCARE LTD

APPLICATION FORM

Please complete this Application Form in Black ink. Please write clearly and use Capital Letters.

Position Applied for:	
Date applied:	

PERSONAL DETAILS			
Title (Mr, Mrs, Miss, Ms):		**Surname:**	
Forenames:			
Postal address:			
Tel No: (Home):		**Mobile:**	
e-mail:			

ELIGIBILITY TO WORK IN THE UK	
Please complete if applicable ☐ EA citizen ☐ Bulgarian/Romanian with Blue Card ☐ Bulgarian/Romanian with Yellow Card ☐ Family member of EEA National ☐ Indefinite Leave to Remain ☐ Visa spouse ☐ HSMP ☐ Work permit ☐ Student ☐ Working Holiday Maker ☐ UK Ancestory Visa ☐ Other (please state)	**Please complete if applicable:** Work permit No:_____ Date permit Expires:_____ Name of employer on permit: Residence permit document No:_____ Date UK entry clearance/leave to remain expires:_____
Blue/Yellow card number & date of expiry if applicable: _____	**WRS No:**_____ **Date of Issue:**_____

EMPLOYMENT			
Company Name of current or most recent employer:			
Full postal address of present (or most recent) employer:			
Manager's Name:		**Job Title:**	
Telephone No:		**e-mail:**	
Job Title:			
Start Date:		**Leaving Date:**	
Please give a brief description of your job role:			
Reason for Leaving:			
Please advise when we may approach this employer for a reference: **Date:** No approach will be made to your employer **without your permission**; however you would be unable to commence employment without a reference from your present/most recent employer. All employment is subject to references being satisfactory to Archers HealthCare Ltd.			

PREVIOUS EMPLOYMENT HISTORY (Please list in chronological order with the most recent company first).

To comply with CQC and CSSIW regulations we are required to apply for references from all previous employers you have worked for within the care sector. Please ensure you list all previous employment & give reasons for any gaps in your employment history. Failure to provide this information or to omit any of your previous employers could be considered as an act of gross misconduct.

Company Name	Full postal address & Telephone number	Dates from and to	Position held	Reason for leaving

REFERENCES
Please give the names and addresses of two people willing to give you a reference and state the capacity in which you are known to them. The reference must be from an official or professional source and relevant to your most recent history, e.g. school teacher, college lecturer, university lecturer. **Please ensure all contact details are correct and ensure all text is written clearly and in capital letters. Thank you**

Referee's Name:	
Job title & capacity in providing a reference:	
Address:	
Telephone Number:	
Email Address:	

Referee's name:	
Job title & capacity in providing a reference:	
Address:	
Telephone Number:	
Email Address:	

QUALIFICATIONS			
Please be advised that we will contact universities, colleges and schools for references should you not be able to provide sufficient employment references.			
Date or Year	**Course Name/Qualification**	**Grade Achieved**	**Place of Study**

PROFESSIONAL MEMBERSHIP	
Please provide details of any membership details you hold of professional institutes.	
Name of Professional Body:	
PIN No/Membership No:	
Date Obtained:	

PLEASE GIVE ANY FURTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO YOUR APPLICATION
GENERAL
Please give details of your interests, pastimes and hobbies:
Please give details of any community or volunteer experience you have:

REHABILITATION OF OFFENDERS ACT 1974 - EXEMPTION FROM SECTION 4(2).		
This vacancy is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means that you must declare on this form all offenses, convictions, cautions, bind-over or any court cases you may have pending. As this post involves working with or having access to vulnerable adults and/or their records, we will require an Enhanced Disclosure from the Criminal Records Bureau for successful candidates.		
Have you ever been cautioned or convicted of a criminal offence?	☐ Yes	☐ No
Does your name appear on the ISA list?	☐ Yes	☐ No
Does your name appear on the Protection of Children Act list?	☐ Yes	☐ No
Do you have any spent convictions?	☐ Yes	☐ No
Do you have any unspent convictions?	☐ Yes	☐ No
If you have answered yes to any of the above statements, please give the full details:		
If you fail to disclose any criminal conviction, including those spent, it could result in the withdrawal of the job offer, dismissal or disciplinary action. **I understand that I will be responsible for paying the current applicable charge for this DBS search if I do not complete my six month probationary period.** **Signed:**_____ **Dated:**_____		
DATA PROTECTION		
Archers HealthCare Ltd intends to fulfil its entire obligation under the Data Protection Act 1998. Archers HealthCare Ltd will ensure that all information held and processed will be maintained in confidence and treated with all due care. However, the National Care Standards Commission, whose requirements you will have to satisfy (including those imposed by the Care Standards Act 2000 and related regulations and national minimum standards), have the right to scrutinise all recruitment paperwork including this form. Archers HealthCare Ltd will try to keep information held about you accurate and up to date. However, if you find any inaccuracies you have the right to have them corrected.		

I declare that the information given in this document 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.

Full Name:			
Signature:		**Date:**	

MEDICAL DECLARATION

This information is used for the purpose of assessing the medical fitness of candidates to carry out the tasks involved with employment; the information is confidential and will only be disclosed to the Recruitment Persons and the Manager.

Full Name:		**Sex:**	**M** ☐ **F** ☐
Address:			
Name of GP:			
GP Address:			

Do you suffer from any of the following?

	Yes	No	Please give details
Angina	☐	☐	
Allergies	☐	☐	
Back pain/slipped disc	☐	☐	
Diabetes	☐	☐	
Dizzy Spells	☐	☐	
Rheumatism	☐	☐	
Asthma / Heart Problem	☐	☐	
Skin Disorders	☐	☐	
Sleeping Pattern Problems	☐	☐	
High/Low Blood Pressure	☐	☐	

Have you ever suffered from any of the following?

	Yes	No	Please give details
Tuberculosis (BCG)	☐	☐	
Hepatitis	☐	☐	
Heart Attack	☐	☐	
Migraine	☐	☐	
Mental illness	☐	☐	

Have you been immunized against the following?

	Yes	No	Please give details
Tetanus	☐	☐	
Hepatitis	☐	☐	

Have you ever had any major operations or current illnesses?

Please Tick: ☐ **Yes** ☐ **No**

If YES please give details:

Are you vaccinated against Covid19?

Yes	No	Evidence of Covid19 Vaccination must be provided.
☐	☐	

Please Note: Failure to disclose any relevant information will result in disciplinary action

DBS APPLICATION CHECK LIST

1. **Three (3) forms of ID** - all in the same name and (no more than 3 months old - Please note NI card, credit card is not ID) – Passport, EU Card, Birth Certificate or Driver's License MUST be provided

ITEM	TICK
Passport	☐
Driving Licence	☐
EU Card	☐
No more than 3 months old - Bank Statement	☐
Birth Certificate	☐
No more than 3 months old - Gas Bill	☐
No more than 3 months old - Electricity Bill	☐
No more than 3 months old - Water Bill	☐
No more than 3 months old - TV Licence	☐
NIC Number Letter	☐
Council Tax Bill	☐
Income Tax/Tax Code Letter	☐

2. **5 years address history;** Provide the address history, for the last 5 years: if previous addresses are in a foreign country, please provide the foreign address(s)

From: To:	From: To:	From: To:
From: To:	**From: To:**	**From: To:**

3. **Maiden Name (Married female employees):**
   Married Female applicant must provide the Maiden Name (Surname before marriage)

4. **Date of marriage:** **Contact telephone number:**