

Hent Healthcare Limited Application for Employment Form

POSITION _____

The contents of this form will be treated as confidential

PERSONAL DETAILS

Surname

Forenames

Mr/Mrs/Ms/Miss (delete as appropriate)

Address

Post Code

Telephone number

Email address:-

NI:

NATIONALITY DETAILS

Are you: (tick what applies)

- A British passport holder
- An EEC passport holder
- A dependant of a British work permit holder
- A permanent residency holder
- Other (specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

NEXT OF KIN DETAILS

Name ; Relationship to the applicant:

Contact Details: Address

Emergency Telephone number

PROFESSIONAL DETAILS: (C.V attached/already sent)

NMC NO

Part(s) of NMC Register:

EXPIRY DATE

Do you have a valid Professional Indemnity cover: yes/no

AVAILABILITY

Preferred area of work: Prison work Hospital Based Community work Can work anywhere

How did you hear about Hent Healthcare?
(specify)

Friend (please provide their name)

other (

EDUCATION HISTORY		
School / College / University attended	Dates of attendance	Qualifications Gained

RECORD OF PROFESSIONAL QUALIFICATIONS/ COURSES/STUDY DAYS			
Course/Qualification	Education establishment/ training provider	Date completed	Duration years/days/hours

TEN YEAR EMPLOYMENT HISTORY
(Beginning with your most recent employer)

From – To dd/mm/yy –	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving /Dates

EXPERIENCE (TICK WHAT APPLIES)

Prison Health	Hospital (general)	Hospital (Mental Health)	Community
In-Patient Care	A&E	Acute	Health Visiting
Out Patient Care	EMI	Rehab	CPN
Wing based care	Medical	PICU (general)	Drug and Alcohol Services
IDTS	ITU	PICU (Forensic)	Practice Nursing
Reception Screening	Theatre	Rehab (general)	Macmillan Nurse
Primary Mental Health	Recovery	Rehab (Forensic)	
In-Reach	SCBU		Learning Disability
	Gynaecology		Nursing home
	Orthopidics		Homecare
	Renal		Live in care
	Urology		Supported living
	oncology		

REFERENCES

Please give the name and contact details of two referees. One should be your present/most recent employer.

Name:	Name:
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:

All information provided will be kept in confidence and use for recruitment and personnel procedures and in line with data protection act.

CRIMINAL RECORDS BUREAU (CRB/DBS) – DISCLOSURE DOCUMENT

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require a Criminal Records Bureau (CRB) check to be undertaken and provision of a suitable disclosure document. The Protection of Children Act and the Protection of Vulnerable Adults Act will apply in this case.

Please confirm your acceptance of this check by signing below.

Signed: Date:

Rehabilitation of Offenders Act 1974

The nature of work for which you are applying involves working with vulnerable children and young people. Therefore the post is exempt from the provisions of Section 4(2) of the above Act and all applicants who are offered employment will be subject to an enhanced criminal record check from the Criminal Record Bureau before the appointment is confirmed. Applicants are therefore **NOT ENTITLED** to withhold information about convictions or cautions/warnings/reprimands. Failure to disclose such information will result in post not being confirmed. If your application is successful and it is subsequently found that convictions have not been disclosed, you may be liable to immediate dismissal or alternative disciplinary action.

Having a criminal record will not necessarily prevent you from working with us. This will depend on the nature of the position, circumstances and background of the offence.

Have you at any time been convicted of an offence, spent or unspent ? Yes No

Do you have any pending or recorded cautions, reprimands final warnings or cautions? Yes No

Are you on the POVA/POCA list ? Yes No

If YES please supply further information on a separate sheet of paper. Information will remain confidential and will only be used in conjunction with your application.

DO YOU YOU HAVE A CURRENT DBS? YES/NO IF YES STATE ISSUE DATE:

ARE YOU PRISON CLEARED ? YES/NO**IF YES STATE YEAR CLEARED AND CATEGORY OF CLEARANCE:****PROOF OF ELIGIBILITY**

Under Section 8 of the Immigration Act we are required to check that all employees are eligible to work within the UK. Please confirm that, if you are offered a locum position within our organisation, which of the document(s) you would be prepared to supply to us and allow us to check and make a copy.

**You MUST include either: One document from List One OR
Two documents from One of the Combinations in List Two**

LIST 1 – ONE DOCUMENT ONLY	<i>Please Tick</i>
• A British Citizen passport.	
• A passport or national identity card issued by a State which is a party to the EEAA (European Economic Area Agreement) or Switzerland, describing the holder as a national of that State.	
• A Home Office issued residence permit to a national from a State which is a party to the EEAA or Switzerland.	
• A passport or other document endorsed and issued by the Home Office stating that the holder has a current right of residence in the United Kingdom as the family member of a named national of a State party to the EEAA or Switzerland who is resident in the United Kingdom.	
• A passport or other travel document endorsed showing the holders entitlement to indefinite stay in the United Kingdom, or no restrictions on the length of stay.	
• A passport or other travel document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do type of work you are offering if they do not have a work permit.	
• A Home Office issued Application Registration Card for the asylum seeker stating that the holder is permitted to take employment.	

OR ALTERNATIVELY

LIST 2 – COMBINATION A. DOCUMENT 1, PLUS ONE FROM THE OTHER SEVEN:	<i>Please Tick</i>
1. A document giving the person's permanent National Insurance Number and name. This could be: P45, P60, National Insurance Card, or a letter from a Government Agency.	
2. A full Birth Certificate issued in the United Kingdom, which must include the names of the holder's parents.	
3. A Channel Islands, Isle of Man or Ireland issued Birth Certificate.	
4. A Registration or Naturalisation Certificate confirming the holder is a British Citizen.	
5. A Home Office issued letter to the holder confirming that the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
6. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
7. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	
8. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	

OR ALTERNATIVELY

LIST 2 - COMBINATION B. DOCUMENT 1, PLUS ONE FROM THE OTHER TWO		<i>Please Tick</i>
1.	Work Permit or other approval to take employment issued by Work Permits UK	
2.	Passport or other travel document endorsed, showing the holders entitlement to stay in the United Kingdom and can take the work permit employment in question.	
3.	A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and can take the work permit employment in question.	

Declarations

1. Terms and Conditions

I confirm that the information given in this application is true to the best of my knowledge.

I am permitted to work in the UK

I understand that my registration is subject to the receipt of two satisfactory references and enhanced disclosure from Criminal Records Bureau.

I undertake to inform Hent Healthcare should I be convicted of an offence in the future.

I undertake to inform Hent Healthcare immediately if I am engaged through their introduction, including offer of permanent employment following a temporary assignment.

I will respect the confidentiality of Service Users and any other information I may have access to at all times.

I am clear that Hent Healthcare cannot guarantee assignments and that they have no responsibility to pay for hours not worked.

I understand that my registration with Hent Healthcare can be terminated at any time following unsatisfactory work reports.

I have read, understood and agree to the conditions of work for temporary workers of which I have been given a copy.

Signature..... Date.....

2. Working Time Regulations

In accordance to the Working Time Regulations 1998 (as amended), I consent to work in excess of 48 hours per week. I understand that I may withdraw this consent by giving Hent Healthcare not less than three months notice.

Signature..... Date.....

3. Data Protection

I agree that Hent Healthcare retains the right to hold this application and any other data required to process it and to pass on to any other authorised third party the details held within, and also to retain these details for as long as reasonably necessary in accordance to the Data Protection Act.

Signature..... Date.....

4. Bank Details

I have completed my bank details and confirm that they are correct. I understand that any incorrect or incomplete details can result in a delay of my payment.

Signature..... Date.....