

## APPLICATION FORM

Translucence Care Ltd

27 Ruskin Walk  
Bromley  
BR2 8EP

0208 4627625

The recruitment process within this organization has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

<b>Position applied for:</b>	
<b>Approx. no. of hours wanted:</b>	
<b>Full-time / part-time</b> (please circle which you want to work)	<b>Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only</b> (please circle which you are able to work)
<b>Surname:</b>	<b>First name(s):</b>
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc.):	
<b>Current address:</b>	
Post code:	Moved to this address on (date):
<b>Previous address</b> Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
<b>Telephone number (home):</b>	Telephone number (work - <i>will be used with discretion</i> ):
Own Transport (Yes/No): How long has your license been held?	Clean current driving license: Endorsements:
<b>Details:</b>	

**EDUCATION**

School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply copies of certificates)</i>

**TRAINING HISTORY/PROFESSIONAL STATUS**

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

**ADDITIONAL COURSES ATTENDED**

Subjects	Location

## EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

<b>Name and address of your most recent/last employer:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Other roles</b> (use additional sheet if necessary):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

## ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

This information will not be used in reaching a decision on whether to offer employment.

Any offer of employment may be made subject to a satisfactory medical report.

GP's name:

Tel no:

Address:

*(Your GP will never be contacted without your permission)*

**NEXT OF KIN**

Full name:	
Relationship:	
Tel no:	
Address:	

**IDENTITY DETAILS**

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

**CAPACITY TO WORK IN THE UK**

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No ( <i>circle as appropriate</i> )
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No ( <i>circle as appropriate</i> )

**Note:** Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

## REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. 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:	
Post code:	
Tel No:	
Job title:	

### Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

### Character reference

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	

## CRIMINAL RECORD

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

**Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and Warnings and cautions in the space provided below.**

**SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING**

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Translucence Care Ltd to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers or withdrawal of any registration required by my employment status.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EQUAL OPPORTUNITIES MONITORING FORM**

Translucence Care Ltd is committed to promoting equal opportunities for all its employees and all prospective employees.

To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a 'tick' in the appropriate box. This will allow the organisation to monitor its policies.

**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.

**GENDER**

**What is your gender (please tick)?**

Male	
Female	
Prefer not to say	

**Do you identify as transgender?**

For the purpose of this question, 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

Yes		No		Prefer not to say	
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**ETHNIC GROUP**

<b>A</b>		<b>B</b>		<b>C</b>	
<b>White:</b>		<b>Mixed race:</b>		<b>Asian or Asian British:</b>	
British - English, Scottish or Welsh		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Other White background		White and Asian		Bangladeshi	
		Other Mixed background		Other Asian background	



<b>D</b>		<b>E</b>			
<b>Black or Black British:</b>		<b>Chinese and other groups:</b>			
Caribbean		Chinese		Prefer not to say	
African		Other ethnic group			
Other Black background					

**AGE**

**What is your age (please tick)?**

16–17		18–21		22–30		31–40		41–50	
51–60		61–65		66–70		71+		Prefer not to say	

**SEXUAL ORIENTATION**

**How would you describe your sexual orientation (please tick)?**

Heterosexual / straight		Bisexual		Prefer not to say	
Gay man		Gay woman / lesbian			

**DISABILITY**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long- term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

**Do you consider that you have a disability under the Equality Act (please tick)?**

Yes		No	
Used to have a disability but not anymore		Don't know	