Application Form



Please complete this form in black ink and complete all sections

Position Applied	d for				
Your Full N	lame				
I. Personal Det	ails				
Title Surna	ıme		Maiden Name		
Previous surnames (if an	у)		Forenames (in	full)	
Address					
Home Telephone		Work		Mobile	
Email address			Nationality		
May we contact you at	work? Yes	No Ple	ease ✓ as appropriate		
Date of Birth		National	Insurance Number		
Next of Kin to be notif	ied in case of emerg	gency: Name			
Address					
Home Telephone		Work		Mobile	
Relationship to you					
Relationship to you Which of the following	applies to you:				
. ,	applies to you: Support Worker (agency) S	Support Worker (care at ho	me)	Please ✓ as appropriate
Which of the following	Support Worker (agency) S	Support Worker (care at ho	me)	Please ✓ as appropriate

Data Protection Statement The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) is collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Aberness Recruitment Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful

Dates of employment should be accurate.

Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Do you hold a valid	d and current Br	ritish Driver's Licen	ce? Yes	No	Please √ as appropriate
If Yes, what type?	(E.g. Provisional,	Full, LGV, PCV)			
Do you have any e	ndorsements?		Yes	No	Please √ as appropriate
If Yes, please give of	letails				
Please state which	languages you sp	oeak, including an ir	ndication of fluenc	cy .	
Will you be using y	our car for com	muting to work?	Yes	No	Please √ as appropriate
If yes please submi	t a copy of your	Business Car Insur	ance. This is requ	ired if you ar	e claiming mileage expense
Are you a member	of a Union or F	Professional Organi	sation offering Inc	demnity Insur	rance?
			Yes	No	Please √ as appropriate
Body Name					
Amount of Cover					
Policy Number		E>	xpiry Date		
	which types	of work you w			tick all appropriate
Please specify boxes. The ser Please keep us	which types vice we give informed of	of work you we depends on acc all developme	curate, up to	date infor	
Please specify boxes. The ser Please keep us Positions	which types vice we give informed of part time	of work you we depends on acc all developme full time	curate, up to nts, in your ca	date infor areer and	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work	which types vice we give informed of part time NHS Pr	of work you we depends on acc all developme	curate, up to	date infor	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work Other, please specified	which types vice we give informed of part time NHS Pr	of work you we depends on acc all developme full time ivate hospitals	curate, up to nts, in your ca	date infor areer and	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work	which types vice we give informed of part time NHS Pr fy nights	of work you we depends on access all developme full time ivate hospitals	curate, up to nts, in your ca	date infor areer and	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work Other, please specific live in days	which types vice we give informed of part time NHS Pr fy nights ther work comr	of work you we depends on access all developme full time ivate hospitals visits mitments? Ye	curate, up to nts, in your ca	date infor areer and	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work Other, please specifies in days Do you have any of Which areas of work	which types vice we give informed of part time NHS Pr fy nights ther work comr	of work you we depends on acceptable and developme full time livate hospitals visits witments? Ye to exclude	curate, up to nts, in your ca	date infor areer and	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work Other, please specifies in days Do you have any of Which areas of work When will you be	which types vice we give informed of part time NHS Pr fy nights ther work commonk do you wish	of work you we depends on acceptable and developme full time livate hospitals visits mitments? Ye to exclude	curate, up to nts, in your ca	date infor areer and	mation. work preferences.
Please specify boxes. The ser Please keep us Positions Type of work Other, please specifies in days Do you have any of Which areas of work When will you be 4. Working T The European University working week that obligation to accept	which types vice we give informed of part time NHS Profy nights wither work comments do you wish available to start ime Direct on has laid down it is safe to work offered	of work you we depends on acceptable and developme full time livate hospitals visits mitments? Ye to exclude work?	curate, up to nts, in your care home Care home No workers, governitit is 48 hours per	date infor areer and Care at how ng the length week. Beca	mation. work preferences. me Support services
Please specify boxes. The ser Please keep us Positions Type of work Other, please specific in days Do you have any of Which areas of work When will you be 4. Working T The European University working week that obligation to accepyou may choose to	which types vice we give informed of part time NHS Profy nights wither work comments do you wish available to start ime Direct on has laid down it is safe to work offered to do so.	of work you we depends on acceptable and developments of all developments of the second of all time of the second	curate, up to nts, in your care home Care home No workers, governitit is 48 hours per compelled to workers	date infor areer and Care at how one at how make the length week. Becark more than	mation. work preferences. me Support services n of the maximum ause you are under no
Please specify boxes. The ser Please keep us Positions Type of work Other, please specifies in days Do you have any of Which areas of work When will you be 4. Working T The European University week that obligation to accepyou may choose to Please confirm belongs.	which types vice we give informed of part time NHS Profy nights wither work comments do you wish available to start ime Direct on has laid down it is safe to work offered to do so. ow that you have	of work you we depends on acceptable and developments of all developments of the second of all time of the second	curate, up to nts, in your care home Care home No workers, governing the stood this information workers.	date infor areer and Care at how one at how make the length week. Becark more than	mation. work preferences. The Support services of the maximum ause you are under no and 48 hours per week but

5. Immunisations - proof of immunisations must be provided

Please submit a copy of your childhood and most recent immunisations. If you wish to work NHS shifts, this should include proof of BCG, MMR and Hep B immunisations. If you do not have this, you will need to contact local pharmacies who will be able to give these vaccines.

	П	- 7	•				
6.	ĸ	$\boldsymbol{\alpha}$	\mathbf{a}	ra	n	\boldsymbol{c}	Δc
U.	I١	U	C	ᆫ	ш	u	こっ

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer.

Name	Name
Address	Address
Post code	Post code
Telephone	Telephone
Email	Email
Position	Position
Relationship to you	Relationship to you
May we contact the above person now yes no	May we contact the above person now yes no

7. Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than your line manager of Aberness Recruitment Agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else DISCUSS THIS AT THE EARLIEST CONVENIENCE TO YOUR LINE MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in disciplinary action being taken against you and possible dismissal.

I have read and I understand the above and I agree to abide by the contents therein.

Signed	Date:	

8. Data Protection

Our Regulators and Clients can audit our services on a regular basis to ensure we are compliant with Scottish Law in relation to the supply of nurses and carers. They audit employee files to ensure all employment checks have been carried out prior to assignment to work.

Our Regulators are the Care Inspectorate.

Our Clients are healthcare companies that require the services of our staff. These include the NHS, Barchester, HC-One, Local Council and other smaller private companies.

I give permission for auditors to audit my personal file from Aberness Recruitment Agency during any inspection.

Yes No Please ✓ as appropriate

Signed Date:

On occassion Aberness Recruitment Agency may take pictures at our ceilidhs or awards ceremonies or during training in offices etc. We may use these pictures on our website and facebook pages.

I give permission for Aberness Recruitment Agency to put my picture on media sites from ceilidhs, award ceremonies or training sessions within the office.

Yes No Please ✓ as appropriate

Signed Date:

9. Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or

The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK?

Yes No Pleas

Please √ as appropriate

10. Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application. A copy of our written policies is available on request. A criminal record will not necessarily be a bar to obtaining a position.

Records will be checked via the Criminal Records Bureau procedures

Note: To protect the confidentiality of this information, please detail convictions on our Self-Disclosure form. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Self-Disclosure" and attach this to your completed Application Form.

11. Criminal Records – Self - Disclosure (Enhanced)

The Criminal Records Bureau (CRB) has issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. You will be required to become a member of the PVG (Protection of Vulnerable Groups) Scheme from Disclosure Scotland which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. If you are already a member of the scheme we will require a Scheme Update. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

I have never been cautioned by the police or convicted of any criminal offence

Yes No Please ✓ as appropriate	
Signed	Date:
I have a police record as follows (give details):	
I have been questioned by police, arrested or charge	ed with a criminal offence as follows (give details):
Signed	Date:

12. Personal Declaration

I declare that to the best of my knowledge the above information, and all accompanying documents, is correct, and:

I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.

I give permission for the processing of the personal data contained in this form for employment purposes

I understand that any false or misleading information could result in my dismissal.

Signed	Date:

In it is a	
Initials	
Date Application received	Date References requested
Date of Interview	Date PVG requested
Decision	Date Informed
Notes	
Notes	