



Application Form

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Please complete this form using black ink or type and return to info@annicare.co.uk or post to **22a The Forum, North Hykeham, LN6 8HW**. Please ensure that you have completed all parts of the application form and signed the declaration and consent section.

Post Applied for:	Referred by (Name):
	Phone Number /Email: Fee

How did you hear about Annicare:

Section 1: Personal details:

Title:	Forename(s):	Surname:
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Previous name(s):	Known as:
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Address: Post code: From: to:	Date of birth:
	N.I. number:
	NMC/HCPC PIN: Expiry Date:
	Primary Contact Number:
	Secondary Contact Number:
	Email address:
<i>Previous address if less than 5 years at present address</i> Address: Post code: From: to:	Next of Kin Name: Address: Contact Number: Relationship to you:



Section 2: Eligibility to Work

If you have lived or worked outside of the UK for 6 months or more in the last 5 years, please provide details:

Country:	From:	To:

Do you need a work permit to work in the UK?

Yes

No

Passport Nationality:

Do you have any endorsements in your passport which limit your stay or length of employment in UK? Yes No

Note: The Company will require proof of this before an offer of employment can be confirmed – e.g. A long birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.

Section 3: Current or most recent employment

Post Title:	
From:	To:
Name of Employer:	
Address:	Postcode:
	Contact number:
Brief outline of duties:	Notice period:
	Reason for leaving:
	Last day of service if applicable:



Section 4: Previous employment

Please give details of **all previous employment** (paid or unpaid). Please give your most recent first, and use a continuation sheet if necessary. Should there be any gaps in employment, please state why.

Period of Employment

Post Title:	
From:	To:
Name of employer:	
Address:	Postcode:
	Contact number:
	Reason for leaving:
Brief outline of duties:	

Period of Employment

Post title:	
From:	To:
Name of employer:	
Address:	Postcode:
	Contact number:
	Reason for leaving:
Brief Outline of Duties:	



Period of Employment

Post title:	
From:	To:
Name of employer:	
Address:	Postcode:
	Contact number:
	Reason for leaving:
Brief Outline of Duties:	

Period of Employment

Post title:	
From:	To:
Name of employer:	
Address:	Postcode:
	Contact number:
	Reason for leaving:
Brief Outline of Duties:	



Period of Employment

Post title: _____

From: _____ To: _____

Name of employer: _____

Address: _____ Postcode: _____

Contact number: _____

Reason for leaving: _____

Brief Outline of Duties: _____

Section 5: Education/Qualifications/Training

Please give details of all qualifications obtained & training courses attended, along with the grade and date achieved. Please give your most recent first.

school/college/university/other	Professional Body	Date	Level	Subject	Grade

Any other relevant training: _____



Section 6: References

Please provide details of **2 people** who can provide us with references covering the **last 5 years** of employment. They must hold a senior position to yourself and can comment on your ability and work experience. **One must be your present or most recent employer.**

Reference 1 - Name:	Job Title:
Address:	Postcode:
	Contact number:
	Organisation:
Email Address:	

Can we contact this referee immediately? Yes No

Reference 2 - Name:	Job Title:
Address:	Postcode:
	Contact number:
	Organisation:
Email Address:	

Can we contact this referee immediately? Yes No

Reference 3 - Name:	Job Title:
Address:	Postcode:
	Contact number:
	Organisation:
Email Address:	

Can we contact this referee immediately? Yes No



Reference 4 - Name:	Job Title:
Address:	Postcode:
	Contact number:
	Organisation:
Email Address:	

Can we contact this referee immediately? Yes No

Section 9: Equal Opportunities

A – Disability

Disability is defined by the Disability Discrimination Act 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. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

Please tick one option below:

- A. I am not aware that I have a health condition or disability that might impair my ability to undertake effectively the duties of the position that I have been offered.
- B. I do have a health condition or disability that might affect my work and may require special adjustments to my work or my place of work.

B – Ethnicity

Please indicate your ethnic group by circling the appropriate category:

(this is for monitoring purposes only and will not affect your application)

- White (please specify):
- Mixed/multiple ethnic groups (please specify):
- Asian/Asian British (please specify):
- Black/ African/ Caribbean/ Black British (please specify):
- Other ethnic group (please specify):



Section 10 Declaration:

DATA PROTECTION ACT DECLARATION

The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the rehabilitation of Offenders Act 1974 and The Exceptions Order 1975, your answer to the following question should include 'spent' convictions:

Have you ever been convicted/cautioned of a criminal offence? **Yes** **No**

If yes, please give below details of all convictions, cautions or bind-over orders and include and pending prosecutions. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

DECLARATION OF ABUSE INVESTIGATIONS

Have you ever been the subject of any adult or child abuse investigations which alleged that you were the perpetrator of any adult or child abuse? **Yes** **No**

If yes, please give full details below indicating the name of police unit or HSC Trust involved in the investigation. If possible, please provide the approximate dates.

DECLARATION AND CONSENT

I declare that the information provided on this form is true and complete to the best of my knowledge. I understand that any false or omitted information may result in the withdrawal of any conditional offer made, dismissal or other disciplinary action if I am appointed.

I understand that I will be asked to complete a DBS Certificate Application Form if my application is successful, and that my DBS information will be periodically checked for updates throughout my employment with Annicare. I consent to the Enhanced Disclosure Check being made, and I agree to enquiries relevant to the declaration.

I understand that my professional registration will be checked on application and periodically (annually as a minimum) throughout my employment with Annicare and hereby give consent to this.

Signed:

Date:



Annicare Recruitment Services 48 hour opt out scheme

Legislation states that you cannot work for more than 48 hours per week, which is normally measured over a 17 week 'reference period'. However, this 17-week reference period' can be amended where:

- There is a valid collective or workforce agreement in place the reference period can be extended up to a maximum of 52 weeks
- Workers can have a 26-week reference period if they live far from their workplace (e.g. offshore workers); if they work in security or surveillance that requires a permanent presence; or they do work that involves the need for continuity of service or production e.g. Press/Film/TV, hospital and care workers, farm workers, utility workers, dock and airport workers.

Information you need to know about the weekly working limit:

- If you are on a contract for a fixed period (Fixed Term PAYE or as a Worker), that is under the 17 or 26-week reference period (whichever your employer is using), your 'reference' period for calculating your working hours will be the actual length of your contract (see below).
- This 48 hour per week limit also applies if you have more than one job, i.e. the total amount of combined working hours you do should not exceed 48 per week. If it does, each Employer should ask you to sign an Opt-Out (see below).
- If you are an Agency Temp, then the Employer you are working for (not the Agency that employs you) is responsible for ensuring you do not work more than 48 hours per week. See our new Guide to the Agency Workers Regulations which come into effect on 1st October 2011 and give 'agency workers' the right to equal treatment with permanent employees.
- Young Workers (those under 18 but over school leaving age) cannot normally work more than 8 hours per day (40 hours per week) and they cannot Opt-Out (see below) of these limits or have their hours averaged out.

I hereby understand the above and choose to opt out of the current 48 hour working directive, due to the nature of work offered.

Name:

Signature:

Date:



CONFIDENTIAL

PRINCIPAL STATEMENT OF TERMS AND CONDITIONS

I am pleased to confirm your appointment as an agency worker with Annicare Recruitment Services. This document outlines the Terms and Conditions which apply to your contract and other information which is relevant to your employment.

1. You agree to be available for work, should Annicare Recruitment Services offer you work. However, Annicare Recruitment Services has no obligation to offer you work at any time, and you are **not** entitled to a minimum number of hours of work per day, week or year.
2. If Annicare Recruitment Services does offer you work, you are required to accept and complete it to the organisation's satisfaction. Where Annicare Recruitment Services offers work to you, it does not give rise to a presumption that it will offer you any further work.
3. A minimum 30 minutes prior to the commencement of a work assignment, Annicare Recruitment Services will contact you to explain the work that they require you to carry out and the date on which the work is due to start. You should confirm your availability immediately if you are able to complete the work.
4. You will be subject to the terms and conditions as agreed and amended from time to time by the Company as outlined in its policies, procedures, handbooks and other relevant documents.
5. If the Company makes an overpayment to you to which you are not entitled, or is more than that to which you are entitled, you agree to allow the Company to recover the overpayment by deductions from your salary or other payments due to you. Any deductions will normally be made over the same period that the overpayment was made. It is within your interest to regularly check your pay slips.
6. You will be paid monthly, in arrears, on the 10th of every month. Payment cycle runs from the first to the last of each month. Payment will be made to a bank account of your choice.
7. You are entitled to 12.07% pro rata holiday per leave year, including bank and other public holidays. Your entitlement is added to your hourly rate.
8. You are expected to comply with the Company dress code, the shift coordinator will explain the details of this, and provide you with any relevant company policy on this.
9. Should the need for disciplinary action be deemed necessary, this will be taken in accordance with the Company Policy and Procedure on Disciplinary Action. You have a right of appeal against this as outlined in the Procedure.
10. If you have a grievance in relation to your employment, then you should follow the procedure outlined in the Company Grievance Policy and Procedure. You should initially discuss any grievance with your immediate superior.
11. You are required to report any sickness absence as soon as is practicably possible to your immediate superior, and provide certification of sickness in line with Company policy. You should not accept a work assignment if you know that you will be unable to work all or any of the hours agreed because of sickness or injury.
12. Smoking on Company premises is prohibited (except in those external areas specifically designated for that purpose). Breach of this regulation may result in disciplinary action being taken.
13. In the course of your employment you may have access to confidential material both in paper and electronic form. On no account should this information be divulged to any unauthorised person. Breaches of confidentiality will be dealt with through the Company Policy and Procedure on Disciplinary Action.
14. The Company has a strict anti-bribery and corruption policy in line with the Bribery Act (2010). If you bribe (or attempt to bribe) another person, intending either to obtain or retain business for the company, or to obtain or retain an advantage in the conduct of the company's business this will be considered gross misconduct. Similarly accepting or allowing another person to accept a bribe will be considered gross misconduct. In these circumstances you will be subject to formal investigation under the Company's disciplinary procedures, and disciplinary action up to and including dismissal may be applied.
15. It is a condition of your employment that the Company is satisfied on your medical fitness to carry out your duties. This appointment is conditional on a satisfactory Occupational Health Service / Company Doctor assessment. Should it be deemed necessary during the course of your employment, you may be required to attend for a medical examination from the Company Doctor / Occupational Health Service.
16. Your employment with the Company may be dependent upon the possession of particular qualifications or registration with a statutory Body or other Authority; evidence of this must be produced on request. Failure to produce such evidence may lead the termination of your employment
17. Access to all handbooks, policies and procedures etc. is available through your line manager or the Company Head Office, and copies can be provided on request.
18. If you are in agreement with the above terms and conditions, please sign below
19. I give permission for Annicare to contact me on the phone number or email address written on this application form.

DISABILITY DISCRIMINATION ACT 1995

20. It is unlawful to discriminate against disabled people in connection with employment. A person is considered disabled if he or she has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. In order to comply with the Disability Discrimination Act, your prospective employer needs to know if you are disabled.
21. The details of your disability cannot be provided to your prospective employer without your written consent. It may be helpful for them to understand the nature of your disability in order to consider what adjustments may need to be made to the workplace to help you perform your job effectively and to comply with Health and Safety.

FORM OF ACCEPTANCE: I accept this appointment on the terms and conditions stated above.

Name:

Signature:

Date: