

**JOB APPLICATION FORM**

Job applied for: .....	Please return to
Reference Number: .....	Grosvenor House, 11 St Paul's Square, Birmingham, West Midlands   B3 1RB or email <a href="mailto:support@4seasonshealthcare.co.uk">support@4seasonshealthcare.co.uk</a>

Surname:.....	Preferred title: Please select Mr/ Mrs/ Miss/ Ms
First names: .....	National Insurance No: .....
Address: .....	Home telephone number: .....
.....	Mobile telephone number: .....
Town: .....	Work telephone number: .....
Post code: .....	Email address: .....

Permission to work in the UK Employers need to know if it is legal for you to work in the UK. You will need to show proof of your right to work.

Do you need permission to work in the UK?  Yes  No

For more information on working in the UK please see [www.gov.uk](http://www.gov.uk) (visas and immigration)

Preferred Contact Method .....

Are you willing to work Early shifts  Yes  No

Are you willing to accept late night calls  Yes  No

Please tick the specialities of which you have significant experience. Please remember you have held accountable for any missing information.

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1- 2 YEARS	2 YEARS +
Hospitals				
Learning Disability				
Adolescents				
Children				
Mental health				
Elderly				
Physical disability				
HIV				
Residential Homes				
Nursing homes				



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Previous Employment (most recent first)			
Actual Dates From	To	Employers Address	Reason for Leaving

**Referees (Please provide 2 referees)**

Present Employer	Previous employer
<input type="checkbox"/> tick if you don't want us to contact prior to interview	
Name .....	Name .....
Occupation .....	Occupation .....
Address .....	Address .....
.....	.....
Postcode .....	Postcode .....
Email address .....	Email address .....
<b>Please note that one of the referees MUST be your current/ most recent employer</b>	

**Other information**

Do you hold a valid driving licence? Yes No

If yes, please specify type: .....

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**Educational/Professional/Vocational qualifications**

Qualifications eg, GCSE; A level; NVQs; Degree; Professional qualifications	Subjects	Grade	Date Gained

**Membership of Professional Institutions**

(State level and date of Membership and whether gained by examination where applicable)

HCPC/ NMC Pin Number: .....

Registration Date ..... Expiry Date .....

Other (Please state)

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**Job related training**

(give details Of any training courses attended)

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**Health Declaration**

Have you been vaccinated or tested against the following:	YES	NO	DETAILS (Plus dates if YES)
Hepatitis B			
HIV			
Tetanus			
Poliomyelitis			

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Typhoid			
Rubella (German Measles)			
Tuberculosis and BCG			
Hepatitis B Antibodies			
Mantoux, tine or Heaf			
Varicella			
Last X-ray			
Others (Specify)			
Do you or have you at anytime suffered from any of the following	YES	NO	Details. (required if YES)
Skin complaints- dermatitis, Psoriasis, Eczema			
Diabetes or glandular complaints			
Headaches or Migraine			
Hypertension/ heart problems/ similar illness			
Back pains / Back injury or problems			
Jaundice / Hepatitis			
Epilepsy or fainting attacks			
Pleurisy /Bronchitis / Pneumonia			
Asthma			
Infections - ear / sore throat			
Psychiatric illness - Mental disorder/ depression etc			
At present are you having any injections/medications	YES	NO	Details (if YES)
Are you under any treatment of any kind of condition?			
Have you had any major operations			
Physical Disabilities?			
How much time have you taken off work in the last 5 years due to illness?.			
Please state any other information about your health which may affect your work			
If you do not have vaccination information, please provide details of where we can request them below.			

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I certify the above information is correct and hereby give permission to **4 Seasons Healthcare Professionals** to request a further report from my GP/ Occupational Health/ Hospital for clarification if required and for my health report.

GP /Occupational health/ Hospital.....

Address.....

Tel:..... Mobile.....

Email address:.....

Signed (Applicant).....

**Work Preference**

**Please specify the kind of Care work are you interested in? (tick all that apply)**

NHS..... Private Hospital..... Nursing Home.....

Residential Home:..... Others.....

(Please specify) Short Term..... Long Term.....

**Please indicate when you would like to work. Please tick all relevant boxes.**

**DAILY.**

Part-Time..... Full-Time..... Bank Holidays.....

Evenings (M-F)..... Days (M-F)..... Nights (M-F).....

Evenings (Sat-Sun)..... Days (Sat-Sun)..... Nights (Sat-Sun).....

**AVAILABILITY**

From when are you available to work..... Come for an interview?.....

Do you have any holiday booked?..... When:.....

**REHABILITATION OF OFFENDERS ACT 1974.**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, entitled to withhold information about convictions, which for other purposes are 'spent' under the provision of the Act in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Information provided will be kept confidential and use in relationship to the post applied for.

**Have you ever been convicted of a criminal offence?**

YES  NO

If yes, please specify.....  
.....  
.....

**Do you have any spent or unspent convictions** YES  NO

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If yes please specify.....  
.....  
.....

**Have you instigated an enhanced disclosure within the last six years?** YES  NO

I consent to 4 Seasons Healthcare Professionals checking the details I have provided against the various data sources in order to verify my identity and process this application. These details maybe use to assist other organisation such as DBS, NMC in identity purposes.

SIGNATURE

DATED

**Bank/ Building Society Details**

Bank Name.....  
Bank Address.....  
.....  
.....  
Building Society Bank Roll.....  
Holders Account Name.....  
Sort Code..... Account No.....

I authorise **4 Seasons Healthcare Professionals** to pay my weekly wages into the above bank account and I will notify **4 Seasons Healthcare Professionals** to if changes occur to my details.

Signed

Date

**NEXT OF KIN**

Name of Emergency contact..... Relationship to you:.....  
Address:.....  
.....  
Post code:..... Home Telephone:..... Work No:.....  
Email Address:.....  
Mobile Number/ Landline :.....

**Working Time Regulations**

I have read and understood the Working Time Regulations and I hereby consent that the working time limit shall not apply to my assignments

Print Name..... Signed..... Date.....

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**Final Statement**

I declare that the information provided on this application is true to the best of my knowledge. I have read the terms and condition of engagement and agree to comply with the current Health and Safety at Work Act. I understand that my appointment is subject to the receipt of two satisfactory references and it subject to Enhanced DBS Disclosure. **4 Seasons Healthcare Professionals** is free to make any other enquiries thy may find necessary relating to my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to.

Signed

Date

**4 Seasons Healthcare Professionals OFFICE USE**

<u>CHECKLIST</u>		<u>NOTES</u>
Application		
Proof of Address	Utility bills, bank statements, others.	
Proof of identity	Passport, driving license others	
Eligibility to work	Visa, Work Permit,, passport, birth cert	
NMC Pin No		
CRB Application		
48 hours apt out		
PAYE Form		
2 passport photographs		
Immunisation		
Signed contract		

**4 Seasons Healthcare Professionals SIGN OFF**

I Certify that I interviewed the above applicant in accordance to **4 Seasons Healthcare Professionals** requirements and I am satisfied that this applicant is cleared for work.

Name Of Consultant .....

Signature Of Consultant .....

Date .....