



Warrens 24/7
healthcare Ltd

Application Form

Completed application form must be returned to:

**Warrens247 Healthcare Ltd
Regus, The Balance , 7th Floor, 2 Pinfold Street**

**Sheffield
S1 2GU**

**Office: 01142094016
e-mail: info@warrens247.co.uk
website: www.warrens247.co.uk**

Warrens247 LTD IS AN EQUAL OPPORTUNITIES EMPLOYER

Warrens247 Healthcare Ltd 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.

Data Protection Act 1998:

Your signature on this document gives us the right, under the *Data Protection Act 1998* to process the information you have given, including data of a sensitive nature, relating to your application for employment. Any processing of the data by us will be in accordance with our Policy and the processing principles set out in the Act.

POSITION APPLIED FOR: HOMECARE SUPPORT WORKER

*Please complete this Application Form in black or blue ink.
Should you require more space please continue on a separate sheet clearly marking the section to which it relates.*

A: PERSONAL DETAILS

Title:	Name:	Surname:
Address:	Previous Surname: <i>(If any)</i>	
	National Insurance Number:	
Telephone:	E-mail:	
Mobile:	Date of Birth:	

PIN Number: *(Qualified Nurse Only)*

RIGHT TO WORK: Are you currently permitted to work in the UK? Yes / No

VACANCY: Where did you hear of this vacancy?

DISCLOSURE & BARRING SERVICE (DBS):

Do you currently have a DBS on the DBS Update Service? Yes / No

If YES, what is the DBS Update Service reference number.....

If NO, do you agree to submit fees, in advance, for the DBS disclosure? Yes / No

B: NEXT OF KIN

Name:	Surname:
Address:	Relationship:
	Telephone No:

C: EDUCATION & PROFESSIONAL TRAINING

Name of School, College & Universities attended	DATES		Qualifications gained
	From	To	
	MM / YY	MM / YY	
1. Secondary Education (<i>secondary school</i>)			
2. Higher Education (<i>university / college / polytechnic</i>)			
3. Further Education (Professional Training)			
4. Membership of Professional Bodies & Status of Membership			
D: ADDITIONAL QUESTIONS			
Do you have a current Full UK Driving Licence?	Yes	No	
If Yes, do you have the use of a car for work purposes?	Yes	No	
Do you have any endorsements on your licence?	Yes	No	
E: BANK DETAILS			
<i>Please provide bank account detail, where you authorise Warrens247 Healthcare Ltd, to make payments for any work that you will do, on behalf of the organisation. The bank details must be in your own name.</i>			
Bank Name & Address:	Account Holder Name:		
Bank Account Number:	Bank Sort Code:		

F: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first

DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				

G: JOB FLEXIBILITY

Prepared to work: FULL-TIME: PART-TIME: SHIFTS:

If PART-TIME, please indicate preferred hours:

Do you have any other work commitments? Yes / No

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM:

H: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

Name:	Name:	
Occupation:	Occupation:	
Address:	Address:	
Telephone No.	Telephone No.	
E-mail:	E-mail:	
Can we take references at any time?	Yes	No

I: REHABILITATION OF OFFENDERS

Have you any convictions which are not regarded as "spent" Under the Rehabilitation of Offenders Act 1974? Yes / No

If "yes", describe the offence and date of conviction

Are you currently the subject of any criminal proceedings or convictions? Yes / No

If Yes, please state

Failure to disclose any convictions which are not "spent" may render you liable for dismissal.

J: DECLARATION BY JOB APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS WHICH MAY RESULT IN DISMISSAL

- I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.
- I give consent for a third party, to view my employment file for compliance or inspection purposes
- I authorise Warrens247 Healthcare Ltd, to pay my wages, directly into my bank account, details of which I have given on this form
- I give the prospective employer the right to follow up all references, and to make any other job-related enquiries as may be deemed necessary.

Signature: Date:

Form No: 03-1-205 **EQUALITY OPPORTUNITIES & DIVERSITY MONITORING FORM**
JOB APPLICANTS

A: BASIC DETAILS								
Your age range:	16 - 20	<input type="checkbox"/>	Your marital status:	Married	<input type="checkbox"/>	Nationality:	<input type="text"/>	
	21 - 25	<input type="checkbox"/>		Married / separated	<input type="checkbox"/>	Your gender:	Male	<input type="checkbox"/>
	26 - 49	<input type="checkbox"/>		Divorced	<input type="checkbox"/>		Female	<input type="checkbox"/>
	50 - 60	<input type="checkbox"/>		Single	<input type="checkbox"/>		Transgender	<input type="checkbox"/>
	60+	<input type="checkbox"/>		Widowed	<input type="checkbox"/>			

B: ETHNICITY					
Please tick the box alongside the category that you feel best describes your ethnic origin, using the classification below					
WHITE:	British	<input type="checkbox"/>	MIXED RACE:	White and Black Caribbean	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		White and Black African	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>		White and Black Asian	<input type="checkbox"/>
BLACK or BLACK BRITISH:	Caribbean	<input type="checkbox"/>		Any other Mixed background	<input type="checkbox"/>
	African	<input type="checkbox"/>	ASIAN or ASIAN BRITISH:	Indian	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>
CHINESE	<input type="checkbox"/>	Bangladeshi		<input type="checkbox"/>	
ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	Any other Asian background		<input type="checkbox"/>	

C: RELIGION / BELIEF			
Please tick your religion / belief group			
Christian	<input type="checkbox"/>	Muslim / Islam	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Other (specify)	<input type="text"/>

D: DISABILITY			
<p>The <i>Equality Act 2010</i>, provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the <i>Equality Act 2010</i> defines a disability as “a mental or physical impairment which has a substantial and long-term adverse effect upon a person’s ability to carry out normal day-to-day activities”.</p> <p>Please tick the description(s) that you feel best describes your impairment:</p>			
Disabled	<input type="checkbox"/>	Not disabled	<input type="checkbox"/>
Other disability	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

THIS PAGE IS STRICTLY FOR OFFICE USE

Please tick all proof of documentation that have been provided by the candidate and make a copy

	Yes	No
Application form completed fully, signed and dated		
Right to work in the UK or Visa, seen, verified and copied		
Employment history and any gaps discussed and documented		
Proof of identity <ul style="list-style-type: none">• Passport• Home Office Biometric Card (Expiry date)• Drivers' licence• Birth certificate		
Proof of address <ul style="list-style-type: none">• Bank statement• Utility Bill• Other (specify)		
Proof of national insurance <ul style="list-style-type: none">• NI Card (needs to be supported by any of the documents listed below)• P45 / P60• Payslip• HMRC letter		
DBS Information <ul style="list-style-type: none">• DBS on Update Service (please provide DBS number and Update reference)• Requires new DBS disclosure (candidate to pay the disclosure fees)		
Photograph for company ID	taken / provided	
Additional Notes:		
Check completed by: (Sign & Date)		