

Add Photo

Application Form

Completed application form must be returned to:

Please complete this Application Form in block capitals in black or blue ink.

Should you require more space please continue on a separate sheet clearly marking the section to which it relates.

POSITION APPLIED FOR:

.....

Where did you hear about us? (Please tick one of the options below.)

Social Media **College** **Church** **Friend** **Others** (Specify)

IMPRESSIONS CARE AGENCY LTD IS AN EQUAL OPPORTUNITIES EMPLOYER

Impressions Care Agency 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.

A: PERSONAL DETAILS

Title:	First Name:	Surname:	
Address:		Are you known by any other Name?	
		Previous Surname: <i>(If any)</i>	
		National Insurance Number:	
Postcode:	Email:		
Telephone No:			
Mobile:	Date of Birth: DD/MM/YYYY		
PIN Number (Qualified Nurse Only):			
*RIGHT TO WORK: Are you currently permitted to work in the UK?		Yes Tick	No Tick
<i>*In line with UKBA guidance on the prevention of illegal working if you are to be engaged by Impressions Care for temporary work, Impressions Care we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK.</i>			

Disclosure and Barring Service (DBS)

On application, you will be requested to complete a DBS Disclosure (formally known as a CRB check).

Please Note: If your current DBS is not registered on the Online Update Service, Impressions Care will ask you to pay for this DBS check in advance.

You must be made aware that, by completing this application form you give consent for a third party to view your file for compliance or inspection purposes (e.g. CQC inspection, Home Office or Clients of Impressions Care).

Please also note that, by completing this application form you give consent for the contents of your DBS Disclosure to be shared with potential clients on the behalf of Impressions Care Agency Ltd.

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

If NO, do you agree to submit fees, in advance, for the DBS disclosure?	Tick	Tick
If YES, what is the DBS Update Service reference number	

B: NEXT OF KIN

Name:	Surname:
Address:	Relationship:
	Telephone Number:
Postcode:	Mobile:

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: EMPLOYMENT HISTORY / AND EXPERIENCE (Including any agency work)

<i>Please provide details of all employment, beginning with your present or most recent job first</i>					
DATES		Employer	Salary / Rate per hr	Position(s) held	Reason for leaving
From	To				

E: Training History (Please review the list provided below and advise if you have previously undertaken any of the training detailed)

Course Title	Yes	No	Completion Date
Manual / People Handling	Tick	Tick	
Infection Control	Tick	Tick	
Safeguarding Adults	Tick	Tick	
Basic First Aid / Basic Life Support	Tick	Tick	
Health and Safety (Including Fire Safety)	Tick	Tick	
Food Hygiene	Tick	Tick	
Autism Awareness	Tick	Tick	
Care Certificate	Tick	Tick	
Breakaway / De-escalation	Tick	Tick	
Equality, Diversity & Inclusion	Tick	Tick	
Medication Administration	Tick	Tick	
Epilepsy Awareness	Tick	Tick	
Restraint Training / MVA / MAPA/ CITRUS/ MAV	Tick	Tick	
EpiPen	Tick	Tick	
QCF / NVQ Level 2,3,4 or 5	Tick	Tick	

If you have undertaken other training courses not listed above, please could you detail these below:

F: ADDITIONAL QUESTIONS

	Yes	No
Do you have a current Full UK Driving Licence?	Tick	Tick
If Yes, do you have the use of a car for work purposes?	Tick	Tick
Do you have any endorsements on your licence?	Tick	Tick

G: AGENCY WORKER REGULATION 2010

Please complete the section below to advice of other agencies you have previously worked for. Please detail the organisations where you were placed, and the dates of all associated assignments to those organisations. This information will enable us ensure we comply with any rights you may have under AWR.

From	To	Agency Name	Company placed at

H: JOB FLEXIBILITY

Prepared to work:	FULL-TIME: Tick	PART-TIME: Tick	SHIFTS Tick
If PART-TIME, please indicate preferred hours:	Dates / Hours		
Do you have any other work commitments?	YES Tick	NO Tick	
Please provide details of any outstanding holidays to be taken: (Optional)	Dates		
AVAILABLE TO TAKE UP EMPLOYMENT FROM:	Dates		

I: WORKING TIME DISCLAIMER

<i>You have the option to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulation 1998.</i>		
Do you wish to opt out?	YES Tick	NO Tick
I understand that I may end this agreement by giving one week's notice in writing to Impressions Care Agency Ltd Signature (Applicant) Date		

J: REFERENCES

<i>Please provide details of 4 referees who we may approach with regards to this Job Application, which should cover 3years. These referees must NOT be members of your family, and one must be your present or most recent employer:</i>	
<u>Reference 1 Name:</u>	<u>Reference 2 Name:</u>
Occupation:	Occupation:

Address:	Address:
Telephone No.	Telephone No.
E-mail:	E-mail:

<u>Reference 3 Name:</u>	<u>Reference 4 Name:</u>	
Occupation:	Occupation:	
Address:	Address:	
Telephone No.	Telephone No.	
E-mail:	E-mail:	
Can we take references at any time?	Yes Tick	No Tick

K: YOUR HEALTH AND FITNESS

Do you have any health issues or a disability which may make it difficult for you to carry out functions that are essential for the role that you seek?	Yes Tick	No Tick
If yes, please summarise below so we can discuss at registration:		
Are you having any treatment or investigations at present?	Yes Tick	No Tick
If yes, please summarise below so we can discuss at registration:		

What adjustments (if any) do you think you may need as assistance to help you with the role that you seek?	Yes Tick	No Tick
If yes, please summarise below so we can discuss at registration:		
Please give details of any illness / accidents / injuries in the last 2 years:		

L: REHABILITATION OF OFFENDERS

Have you any convictions which are not regarded as "spent" Under the Rehabilitation of Offenders Act 1974?	Yes Tick	No Tick
If "yes", describe the offence and date of conviction		
Are you currently the subject of any criminal proceedings or convictions?	Yes Tick	No Tick
If Yes, please state		
<i>Please Note: Failure to disclose any convictions which are not "spent" may render you liable for dismissal.</i>		

M: BANK DETAILS

Please provide bank account detail, where you authorise Impressions Care Agency 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.

Bank Name & Address:

Account Holder Name:

Bank Account Number:

Bank Sort Code:

Please confirm these are your bank details and that you authorise Impressions Care Agency Ltd, to make payments for any work that you will do on behalf of the organisation.

Signature (Applicant) Date

N: 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 understand that should any information be found to be incorrect, then my registration with Impressions Care may be terminated without notice.
- I give consent for a third party, to view my employment file for compliance or inspection purposes
- I authorise Impressions Care Agency 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, DBS checks and to make any other job-related enquiries as may be deemed necessary.

Full Name:.....

Signature:

Date :

EQUALITY AND DIVERSITY MONITORING FORM

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="checkbox"/>			

D: DISABILITY

The *Equality Act 2010*, provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the *Equality Act 2010* 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”.

Please tick the description(s) that you feel best describes your impairment:

Disabled	<input type="checkbox"/>	Not disabled	<input type="checkbox"/>
Other disability	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>