



JOB APPLICATION FORM

Data Protection Act 2018

The personal data you provide will be used for the purpose of recruitment and selection only, enabling us to protect the interest of the employer and client.

Position Applied for	Date:
Do you hold an up-to-date DBS check	Yes/No If yes please enter identification number:

PERSONAL DETAILS

Mr / Mrs / Miss / Ms	
Forenames	
Maiden Name/Previous Names/Any other known names (please provide dates of any name changes).	
Surname	
Address	
Postcode	
Please state date you moved into the above address (month/year) If less than 5 years please give the details of your previous address	Address: Previous Address: Date: Date:
Nationality	
Place of Birth (City)	
National Insurance Number	
Date of Birth	
Home Number	
Mobile Number	
Email Address	

Work Permit Required: Yes - ☐ No - ☐ Work Permit Valid Until (if applicable)

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If you are registered nurse, please specify NMC pin

If you are a qualified social worker HPCP Pin

WORKING TIME DIRECTIVE 1998 Opt Out of Maximum Hours

WTD 1998 says that you the Temporary Worker do not have to work on an Assignment with the Client in excess of the 48 hour Working Week unless you agree in writing that this limit should not apply

☐ YES I consent to opting out of Maximum
hrs

☐ NO I don't want to work more than 48
hrs

Bank Details

(For candidates wishing to do temporary work only)

PAYMENT DETAILS

Bank/ Building Society Name

Sort Code

A/C No.

Building Society Role No

Account Holders Name

P45/P46/P38 Received?

EMERGENCY CONTACT DETAILS

Name	
Address	
Postcode	
Telephone No	
Relationship to you	

Company Name:	Job Title:
Company Address:	Duties:
Dates From: To:	Reason for leaving:
Company Name:	Job Title:

PREVIOUS EMPLOYMENT

Either "paid" or "voluntary" work (most recent first please)

Please provide at least 5 years employment history

Company Address:	Duties:
Dates From: To:	Reason for leaving:

Please continue onto a separate sheet if required

REFERENCES

Please give the contact details for anyone who can provide up to **5 years'** worth of reference to indicate your suitability for the post for which you are applying. You must have at least one employer reference

Employment Reference

Company Name:	Company Name:
Company Address:	Company Address:
Company Name:	Job Title:
Company Address:	Duties:
Dates From: To:	Dates From: To:
Email Address: Contact Number:	Email Address: Contact Number:
Dates From: To:	Reason for leaving:

Character References

Any character references **MUST** have known you for at least **5 years**, and must be a **working professional** (we cannot accept family members as references)

Name: Relationship to you	Name: Relationship to you
Company Address:	Company Address:
Dates From: To:	Dates From: To:
Email Address: Contact Number:	Email Address: Contact Number:

I give **Win Healthcare Limited** authorisation to contact the above-mentioned referees and ask for a written reference.

Signed

Date

Equal Opportunities

Win Healthcare Limited is working towards equal opportunities in employment and service delivery. To help us to do this, please complete the section below.

Gender:

Date of Birth

Ethnic Origin: (please tick)

Bangladeshi		Indian	
Black – African		Irish	
Black – Caribbean		Pakistani	
Black – other (please specify below)		White	
Chinese		Other (please specify below)	

Disabled candidates

Do you consider yourself disabled? (Tick as applicable) Yes - ☐ No - ☐

We guarantee you an interview if you meet the minimum requirements for the post for which you are applying. If you are unable to meet all the requirements because of your impairment but feel they are achievable with minimum adjustments, please explain below how you believe your disability might be accommodated?

We do not discriminate on the grounds of race, gender, nationality, national origin, marital status, disability, economic status, sexual orientation, age, trade union membership, political or religious beliefs or responsibility for dependants

Personal Health Statement

This relates to any family medical or physical problems you may have or have experienced in the past that could affect your ability to carry out the duties outlined in your job description. This information is confidential and will only be seen by your manager.

Please tick the appropriate boxes and comment on any areas relating to you.

Conditions	Y / N	Comments
Heart Conditions		
Skin Conditions		
Headaches/Migraines		
Epilepsy / Convulsions		
Allergies		

Conditions	Y / N	Comments
Muscular		
Mobility		
Disability		
Depression		
Anxiety		

If you feel that a condition not listed in our questionnaire could affect your work in any way please use the box below to state what your condition is and if you are on medication to control it.

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I declare I have not withheld any information which may influence my application for the position described in the supplied job description.

Print Name

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Signature

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Date

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Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders 1974 (Exceptions) Order 1974, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following questions should include both "current" and "spent" convictions.

Have you ever been convicted of a criminal offence?

Yes - ☐ No - ☐

If you have answered "yes", please include details (including applicable dates) below:

DECLARATION

I declare that I have answered the above questions honestly and fully and that I am not aware of any physical or mental disability, which may, affect my working capacity. I realise that any false or incomplete statement of my part will render me liable to disciplinary action or dismissal.

I understand that my details will be submitted for a police check in relation to the applicable Child Protection Legislation. My name will also be checked against the "Protection of Vulnerable Adults" register.

Signed

OFFICIAL USE ONLY
Consultant Notes

