



APPLICATION FORM FOR WORK AND TRAINING

Private and Confidential

Mr /Mrs/Miss/Ms(please specify):
First Name:
Surname
Date of Birth:
National Insurance No:
Address:
Postcode:
Tel:
Mobile:
E-Mail:
Marital Status:
Next of Kin:
Relationship:
Address:
Post code:
Phone Number:
Do you have permission to work in the UK
Do you have a valid passport?
Do you have a valid work permit?
Mobility
Do you drive:
Do you hold a full UK driving licence?

EMPLOYMENT HISTORY OR WORK EXPERIENCE

Please record all employment in the past 5 years, including current employment by other agencies, and any other relevant experience gained within the health and social care field. Please start with the most recent one.

Employer Name Address and Tel:	From	To	Position held and Responsibilities & Duties	Reason for leaving



EDUCATION/TRAINING AND QUALIFICATIONS

School/College	From-To	Qualification	Grade/Result

Relevant Training	YES/NO	Qualification	Date complete- Certificate obtained.
Health and Safety			
Manual Handling			
Basic Food Hygiene			
First Aid			
Medication			
NVQs Level (specify which)			
Others (specify)			

TRAINING AND WORK PREFERENCE



In order to assist us in finding a suitable work for you, please place a tick next to all specialties of which you have experience and are confident to carry out duties required.

Likewise, please put a tick on the NVQ training that you are interested in competing.

WORK PREFERENCE:

Field	Full Time	Part Time	Temporary
Hospitals			
Nursing Homes			
Residential Homes			
Learning Disability			
Mental Health			
Children			
Live – In Care			
Day Care			

PLEASE TICK ONE TRAINING ONLY.

REFERENCES

- 1. From your most recent employer (of at least 3 months duration which must correspond with your employment history).**

Name of Employer.....

Address of Employer.....

.....

Telephone Number.....

E-Mail Address.....

FAX Number.....

- 2. From your Employers in the last 3 years:**

Name of Employer.....

Address of Employer

Telephone Number.....

E-Mail Address.....

FAX Number.....



3. From a health care or Social Care professional who is not your relative and is able to supply a character Reference of your personal personality and professional profile.

Name of Employer.....

Address of Employer.....

.....

Telephone Number.....

E-Mail Address.....

FAX Number.....

HEALTH DECLARATION

Please read the following two statements carefully. Please tick the statement which applies to you.

A	I am not aware that I have a health condition or disability that might impair my ability to effectively undertake the duties of the position that I have been offered.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

EQUAL OPPORTUNITIES MONITORING

How did you hear about the post you are applying for?

Are you related or do you know any member of staff at PLUTO BV SERVICES HEALTH CARE LTD?

REHABILITATION OF OFFENDERS ACT 1974

Please be advised that you are not entitled to withhold any information about convictions, which are regarded as spent under the ACT: This is due to the nature of the work involved renders the post exempt from sec.4 (2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

You are therefore required to give details of all convictions and cautions including "spent" convictions. Any information, which you may give, will be strictly confidential and will be considered



only in relation to this or a similar position for which you may be considered with PLUTO BV SERVICES HEALTH CARE LTD.

Have you ever been convicted of a criminal offence? **YES / NO**

If **yes**, please give details of all convictions and cautions, including spent convictions and cautions:
(Please use a separate sheet if necessary)

.....
.....

You are required to complete the Criminal Records Bureau's (DBS) Disclosure form. All health and Social Care professionals registered with PLUTO BV SERVICES HEALTH CARE LTD are subject to this disclosure process in the interests of all parties concerned.

DECLARATION

I declare that:

All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and Safety at Work Act.

I have never been charged with, or convicted of an offence under any legislation dealing with Residential Care or any offence involving dishonesty or violence.

I have been issued with a staff handbook and informed of the importance of reading and understanding it.

Signature.....

Date .../...../.....

DOCUMENTS REQUIRED FOR REGISTRATION

❖ **VALID WORK PERMIT**

(For student-Student Visa)

❖ **PASSPORT**

(Or other current Home Office Document authorizing you to work in United Kingdom)

NATIONAL INSURANCE (NI) CARD

(Or p45, or p60 or letter confirming you have applied for NI)



❖ **PROOF OF ADDRESS**

(Such as driving Licence, Utility Bill, bank statements with your name and address.

❖ **2 CURRENT PASSPORT SIZE PHOTOGRAPHS**

❖ **CRIMINAL RECORDS BUREAU CERTIFICATE (DBS)**

TRAINING CERTIFICATES

(Such as, Basic food hygiene, Moving & Handling, and Health and Safety etc. You are required to complete all Mandatory training with Pluto BV Services Healthcare Ltd.

BANK DETAILS

NAME.....

ACCOUNT NAME.....

BANK NAME.....

BANK ADDRESS.....

ACCOUNT NUMBER.....

SORT CODE.....

Signature Date...../..... /.....