**REGISTRATION FORM** **Position Applied For………….….…………….**

**Surname……………………...………...(Mr/Mrs/Ms) First Name………………………………...**

**Address……………………………………………………………………………….………………….**

**Post Code…………………………….**

**Tel No (Home)……………………...(Work)……………………....(Mobile)…………………….…**

**Date of Birth………………..…..….Age………….……..Religion…………….……………………**

**UKCC No(If applicable)…………….……………..Nationality…………………..……………....**

### National Insurance Number………………………………………..

**Email Address…………………………………………….…**

### Please list any other additional spoken languages ……………………………………………..

### Do you require a Work Permit to work in the UK? Yes No

**Do You Drive**? **Yes/No** ... **Do You Have a Car**? **Yes/No**

**In the case of an emergency, please give us details of next of kin**:

**Full Name………….……………………………….Relationship to You……………………………….**

**Address…………………………………………………………………………………………………………….**

**Post Code…………………………….**

**Their Contact Number (AM)………………………………………(PM) ……………………………………..**

**Work Record- Most recent employment first (including any periods abroad or unemployed)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF EMPLOYER** | POST | **DUTIES** | **PAY RATE** | **FROM** | **TO** | **REASON FOR LEAVING** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

##### Other Relevant Experience/Voluntary Work/Training/Placements/Skill/Languages etc

|  |  |  |
| --- | --- | --- |
| **From** | To |  |

**Education Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME AND ADDRESS OF PLACE OF STUDY** | **FROM** | **TO** | **QUALIFICATION** |
|  |  |  |  |
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|  |  |  |  |

**Work History**

**If you have any break in your employment history, could you please explain in the space available below:**

**Please explain reason in the box below:**

|  |
| --- |
|  |

References (Please provide the name and address of one professional referee who has been previous employer and one Character Referee. Please ensure you give telephone and fax numbers for each referee).

Name.……………………………………………..…………...Position……………………………………..

**Organisation……………………………………………………………………………………………………**

Address………………………………………………………………………………...……………………….

Post Code……………………..Email…………………………………………………………………………….

**Tel………………………………………………. Fax.. ………………………………………………………..**

**Email……………………………………………………………………………………………………**

Name.……………………………………………….. Position………………………………………………

**Organisation…………………………………………………………………………………………………….**

Address………………………………………………………………………………...………………………..

Post Code…………………Email…………………………………………………………………………….

Tel…………………………………………… Fax..…………………………………………………..

I declare that all the information I have given in this application is correct and that I am in sound physical and mental health and well able to complete the duties which I agree to accept. I understand that my application is subject to satisfactory references and medical questionnaire. I fully understand that should after any offer of work through the Agency, any statement above be found materially incorrect then my registration with the Agency may be terminated without notice or other reason given.

**Signed……………………………Print Name……………………………………………….Date.…………….**

**REHABILITATION OF OFFENDERS ACT 1974 - Please answer all SIX questions.**

Because of the nature of the work for which you are applying it is considered to be exempt from the provisions of the Rehabilitation of the Offenders Act 1974 by virtue of Exemption Order 1975 No.1023. Applicants are required to give details of ALL convictions for criminal offences including those, which would otherwise be considered as 'spent’ by virtue of the said act. Failure to give details of convictions, or bindovers could result in deregistration. Information given will be considered only in relation to this application.

1. Do you have any convictions, cautions or bindovers? If not write “None” If so give details…………………………………

1. Have you ever had disciplinary action taken against you? If so give details………………………………………………….

3. Are you at present the subject of criminal charges or disciplinary action? If so give details…………………………………

1. Do you consent to Immaculate requesting a CRB check and any appropriate references on your behalf?………………
2. Have you been CRB checked in the last 3 years?……………………………………………………………………..
3. If so by whom?…………………………………………………………………………Please supply a copy if available

**Signed**………………………. .**Print Name**…………………………………….**Date**:………….…

S**ocial Care Experience**

##### FIRST NAME……………………………………………SURNAME……………………………………..…….

**PROFESSION……………………………………………………………..………………………………………**

Please give details on the amount of experience you have: (If not listed, please enter details)

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF EXPERIENCE** | **YES** | **NO** | **LENGTH OF EXPERIENCE** |
| **Children** |  |  |  |
| **Learning Difficulties** |  |  |  |
| **Homeless** |  |  |  |
| **HIV** |  |  |  |
| **Hospital Worker** |  |  |  |
| **Family Centre Worker** |  |  |  |
| **Senior Manager** |  |  |  |
| **Adolescents** |  |  |  |
| **Mental Health** |  |  |  |
| **Sensory impairment** |  |  |  |
| **Child Protection Worker** |  |  |  |
| **Fostering / Adoption Worker** |  |  |  |
| **Unqualified Social Work Asst** |  |  |  |
| **Elderly** |  |  |  |
| **Physically Disabled** |  |  |  |
| **Drug / Alcohol Abuse** |  |  |  |
| **Generic / Duty Field Worker** |  |  |  |
| **Juvenile Justice Worker** |  |  |  |
| **Education Social Worker** |  |  |  |
| **Please enter below any others** |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. Are you working at the moment?…………………………………………………………………………………………………….

2. How much notice do you need to give in your current job? ………………………………………………………………………

3. From when and how long are you available for?.………………………………………………………………………………….

4. What is / was your most recent hourly pay rate……………………………………………………………………………………

5 Do you have a transport of your own?……………… Can you work full time (i.e.5 days a week)?……………………………

6. How did you hear of Immaculate?……………………………………………………………………………………………………

7. What further training/employment are you considering? ………………………………………………………………………….

8. Which geographical areas could you work in? ……………………………………………………………………………………..

**Signed…………………………. Print Name…………………………………. Date……………**

**EQUAL OPPORTUNITY**

**RECRUITMENT FORM**

Immaculate Healthcare Services Limited is an equal opportunity employer and our recruitment is done on a fair and equitable basis, irrespective of age, race, sex, disability, religion, gender etc. In order to monitor the effectiveness of our equal opportunity policy, we request all applicants to provide the information below.

**Please Note**: Ethnic minority questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups.

**The commission for Racial Equality recommends the categories used in the 1991 Census as follows:** *(please tick one only for each question)*

**1. Are you? Male \_\_\_\_\_\_ Female \_\_\_\_\_**

**2. Are you? Married Single Separated Divorced**

**3. I would describe my ethnic origin as follows:**

**Black African**

**Black Caribbean**

**Black other (please specify)**

**Bangladeshi**

**Chinese/Vietnamese** \_\_\_\_\_\_\_\_\_\_\_

**Mediterranean (please specify)**

### Indian

### Pakistani

### White

**Other (please specify)**

**STAFF BANK DETAILS**

|  |  |
| --- | --- |
| CANDIDATE NAME: |  |
| NI NO. |  |
| NAME OF BANK: |  |
| FULL ADDRESS OF BANK: |  |
| ACCOUNT NO: |  |
| SORT CODE |  |