

OFFICE USE ONLY		
Employee No.	Start Date	Other Date

#### 1. Personal Data

Job Post Applied For:

Certified NVQ Level (If any):

Title	First Name	Last Name	
Address		Other Name	
		Telephone No.	
		Mobile No.	
Postcode			
Date of Birth:	National Insurance Number:	(Male/ Female) or not Applicable	
Email		Do you want Electronic Pay slip - Yes/No	

#### 2. Next of Kin(or person to be contacted in case of emergency)

Name:	Relationship to you:	Telephone No.
Address (include postcode):		

#### 3. How did you hear about us?

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#### 4. Transport?

Do you have a full driver's license? Yes/No	
What are your Usual means of Transport?	

#### 5. Your right to work in UK

Nationality	Provide your ShareCode

6.

Do you have any disability that would affect you in delivering your work duty? Yes/No	Nature Of Disability(if Yes):
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**7. Working Time Regulation or RTI**

To comply with the Real Time Information Legislation that took effect in April 2013, please indicate the approximate number of hours you are seeking. Select one of the options below and sign if applicable.

Please write down the hours per week you are willing to work: .....

**If applicable:**

To work more than 48 hours per week, you must sign the statement below by complying with our Work Time Regulations.

I am willing to work more than 48 hours per week on average"

Your Signature/Date

.....

**8. Employment History:** Please start with the most recent and include all employment in the last five years. Also ensure you supply a CV where this stage covers your 5 years of experience

Company Name	Telephone No.	Company Email
Company Address:		
Line Manager's Name:	Your Main Roles and Responsibilities	
Your Job Title:		
Date Employed From:	Pay Rate?	Reason For Leaving
Date Employed To:		



## 9. Training and Qualifications

Relevant Qualification(s) and Training		
Have you completed a common induction course in the last 2 years? Yes/No	Do you have a certificate? Yes/No	Date Issued:
Have you completed a patient handling course? Yes/No	Do you have a certificate? Yes/No	Date Issued:
Do you have a relevant NVQ?	Yes/No	
Would you be interested in NVQ training?	Yes/No	
Are you currently studying for a relevant NVQ?	Yes/No	

Have you completed any of the following courses in the last 3 years? Please select and include date if applicable.

Protection of Vulnerable adults	Food, Safety Hygiene	Infection Control	Medication/Drug Calculation	Healthy & Safety	First Aid
Date	Date	Date	Date	Date	Date
The Care Certificate/Common induction	Manual Handling	Basic Life Support	Equality and Diversity	Information Governance	Dementia Awareness
Date	Date	Date	Date	Date	Date
The Care Certificates	COSHH	Epilepsy Awareness	Handling of Violence and Aggression	Restraint Awareness	Complaint Training and Conflict Resolution
Date	Date	Date	Date	Date	Date

**10. Banking Details - In any case, Weekly or monthly wages will be paid directly to your account, so be sure it is accurate.**

Bank:	Sort Code:	
Address:	Account No.	
	Account Name:	

**11. Kind Provide References (2)**

Referee 1

Name Of Referee	
Position	
Relationship with Applicant	
Email	
Telephone Number	

Referee 2

Name Of Referee	
Position	
Relationship with Applicant	
Email	
Telephone Number	

**12. P45 (Substitute)**

If you intend to start work without a P45 from your previous employer, please read all the following statements and select the one that applies to you.	
A - This is my first Job since last 6th April and I have not been receiving taxable Jobseeker's Allowance, Employment and support Allowance or taxable incapacity Benefit or occupational pension.	A
B - This is now my only job, but since last 6th April I have had another Job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance, or incapacity Benefit. I do not receive a state or occupational pension.	B
C - I have another job or receive a state or occupational pension.	C
Student Loans - If you left a course of Higher Education Before last 6th April and received your first student Loan installment on or after 1st September 1998 and you have not fully repaid your student loan, please select Box D. If you are required to repay your student Loan through your bank or building society account, do not enter a tick in BOX D.	D

### 13. Disclosure - Please read carefully

Due to the nature of the work for which you are applying, you must disclose any information regarding any criminal convictions either current or which would normally be considered as spent. This is provided for by virtue of the 1975 Exceptions Order to Section 4 (II) of the Rehabilitation of Offenders Act (1974). You must also disclose details of any cautions which you admitted to. All information will be treated in strictest confidence. Any pending offenses, for which you are awaiting an outcome must be disclosed. In addition, during your period of engagement with Hatzlachach Care Services Limited, you must inform us if you are convicted, or awaiting an outcome, of any new offenses (including motoring offenses.)

- ☐ I confirm that **I do not have** caution(s), charge(s), or conviction(s)
- ☐ I confirm that **I do have** caution(s), charge(s), or conviction(s)

### 14. Consent

To comply with some of our contracts with our clients, we have been asked to obtain consent to the following:

- ☐ I consent to my data being made available to authorized third parties to comply with current regulations and for auditing.
- ☐ I have no objection to my details being held on computer records and utilized by the company in pursuit of its legitimate Business.

Signature ..... Full Name ..... Date .....

### 15. Declaration

**Please read carefully and sign to confirm you understand your obligations**

I understand that it is my responsibility to ensure that my immunisations are up-to-date and relevant to the type of work for which I am applying for. I understand that my engagement with Hatzlachach Care Services Limited is subject to the receipt of a satisfactory Enhanced Criminal Records Bureau Disclosure. I confirm that the information given on this application is true and accurate to the best of my knowledge. Failure to disclose or falsify any information may result in disciplinary and legal action. I understand that I must inform Hatzlachach Care Services Limited if any of the details on this application form changes. I agree with the Company's Terms and Conditions.

Signature ..... Full Name ..... Date .....