

# GOOD HANDS HEALTHCARE LTD

## APPLICATION FORM

### Personal Details



Title			
Surname			
Forenames			
Date of Birth:		Male:	Female:
Address:			
Postcode:		Country:	
Home Telephone No:		Mobile Number:	
Email Address:			
National Insurance			
Next of Kin:			
Name:		Relationship:	
Contact Telephone Number:			

### Work Requirements

What position are you applying for?		
Do you require:		
Flexible Carer	Short term hours	Long term hours (1 yr+)
Full time hours	Part time hours	Ad hoc shifts
When are you available to start work?		

When are you available until?	
When would you prefer to work (Town/City)?	

	YES	NO	If you do not hold a British/EU passport, do you hold any of the following?
Are you an EU citizen?			Spousal Visa
Hold a British or EU Passport?			Ancestry Visa
			Residency Visa
			Working Holiday/Youth Mobility
			Student Visa (Tier 4)
			Work Permit/Sponsor (Tier 2)
			Other (please specify)

**Please note: All passports and Visa will be verified as part of Good Hands Healthcare Ltd Recruitment process.**

### Professional Body Registration

Professional Body:			
Registration Number:		Expiry Date:	
Full/Provisional:		Specialist Register:	
Professional Body Membership (please provide details of any membership to professional bodies such as Royal Colleges:			

## Employment History

Please list your last 10 years of employment, starting with your current or most recent employer. It is important that you explain any gaps in employment of over 3 months in duration. If necessary, please continue on a separate sheet.

Name and address of Employer	Position	From Month/Year	To Month/Year

## Professional Indemnity Insurance

**GHH Ltd strongly advises you to have your own Professional Indemnity Insurance. If you do not, Good Hands Healthcare Ltd strongly advises that you contact a suitable organization to arrange the relevant cover.**

Do you already have Professional Indemnity Insurance in place?	YES	NO
If yes, and not included in the above, please state when and in what capacity:		

Have you ever worked for GHH Ltd previously?	YES	NO
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### Professional Qualifications and Training

(including Post Graduate Diploma, training Courses etc)			
Qualification	Place obtained	From (month/year)	To (month/year)
Date of last Basic Life Support training			
Date of last Moving and Handling training			
Date of last Health and Safety Training			
Please provide documentary evidence of all of the above; all certificates will be verified			

### Professional Referees

<p>Please give the names and contact details of 3 professional referees from your current/previous employment. Referees must have worked in a senior position to yourself.</p> <p>Please be aware that Good Hands Healthcare Ltd are unable to offer you work until satisfactory references have been obtained, and the Good Hands Healthcare Ltd are required to obtain references for you on an annual basis.</p>	
Reference 1	
Organization:	
Dates Employed:	
Reference Name:	
Professional Title:	
Professional Work Address:	
Email:	

Telephone:	Fax:	
Capacity in which known		
Can we contact immediately?	<b>YES</b>	<b>NO</b>
Reference 2		
Organization:		
Dates Employed:		
Reference Name:		
Professional Title:		
Professional Work Address:		
Email:		
Telephone:	Fax:	
Capacity in which known		
Can we contact immediately?	<b>YES</b>	<b>NO</b>
Reference 3		
Organization:		
Dates Employed:		
Reference Name:		
Professional Title:		
Professional Work Address:		
Email:		

Telephone:	Fax:	
Capacity in which known		
Can we contact immediately?	YES	NO

<b>Reference 4</b>		
Organization:		
Dates Employed:		
Reference Name:		
Professional Title:		
Professional Work Address:		
Email:		
Telephone:	Fax:	
Capacity in which known		
Can we contact immediately?	YES	NO

## Declarations

<b>Criminal Records</b>		
<p>The work you have applied for is exempt from the Rehab of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed. You are not entitled to withhold information about convictions, which for other purposes may be considered spent. Only relevant convictions and other information will be taken into account, so disclosure need not necessarily be a bar to obtaining work with Good Hands Healthcare Ltd. I consent to Good Hands Healthcare Ltd checking my status through the update service Please tick:</p>		
Have you ever been convicted by the courts of cautioned, reprimanded or given a warning by the police?	YES	NO
Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?	YES	NO
Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held.	YES	NO

If you have answered yes to any of the above, please give details below.

Please note that if at any stage whilst working for GHH we receive a DBS Enhanced Disclosure that highlights information you have not declared, then you will be removed from your assignment

### Declarations

Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct?

**YES      NO**

I understand that if I am charged or cautioned after signing this declaration, I must inform GHH.

I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by Good Hands Healthcare Ltd which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.

I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Questionnaire.

I declare that the information given herein is true and complete and is not presented in a way intended to mislead.

I agree that if I have given false or misleading information or omit to give relevant information now or in the future, which Good Hands Healthcare Ltd may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profit to Good Hands Healthcare Ltd.

I acknowledge and confirm that GHH is authorised to apply for and obtain a Criminal Records Check and references from any previous employers and educational establishments.

I acknowledge that my personal details will be stored and handled correctly by GHH in accordance with the Data Protection Act 1998 however; I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents – CRB, Occupational Health, References)

I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Good Hands Healthcare Ltd. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this.

In addition, if my position with my sponsored company changes, I must inform Good Hands Healthcare Ltd I hereby give consent for Good Hands Healthcare Ltd to check my Visa status via the Bio-Metric residence permit checking service.

I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for Good Hands Healthcare Ltd I must inform Good Hands Healthcare Ltd immediately.

I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. GMC / NMC / HPC / RPSGB) or being investigated by my current or previous employer. I will inform if I am under investigation or suspended by my professional regulatory body or employer at any point whilst I am working for Good Hands Healthcare Ltd

I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.

Signed:

Date:

## Personal/Financial Details

**NEW STARTERS:** please fully complete this form

**EXISTING EMPLOYEES:** please only complete the sections that you wish to amend.

### Personal Details

Date of Birth		Date of Birth	
Surname		NI Number	
Forename(s)			
Address Line 1			
Address Line 2			
Postcode			

### Bank Details

Bank/Building Society	
Bank Address	
Post Code	
Account Name	
Sort Code (6 digits)	
Account number	
Roll No. (if applicable)	



**I confirm the above information is correct:**

Signed	
Date	
Payroll No. (office use)	

Are you subscribed to the DBS Update Service?	
Disclosure Number:	
Date of Issue:	
Workforce:	

If you are not subscribed, then you will need to visit [www.gov.uk/dbs](http://www.gov.uk/dbs) for further information.

**CRB APPLICATION FORM** (should you need to apply for your DBS Certificate)

Surname:			
First Name:			
Middle Name(s)			
Have you been known by any other name?			
Previous Surname:		Previous Forename(s):	
From:		To:	
Previous Surname:		Previous Forename(s):	
From:		To:	
Date of Birth:		Gender:	
Town of Birth:		Country of Birth:	
Nationality of Birth:		Current Nationality:	

**Address History (Minimum 5 years history with no unexplained gaps)**

Current Address:			
From:			
Previous Address:			
From:		To:	
Previous Address:			
From:		To:	
Previous Address:			
From:		To:	

Are you working or intending to work with children?	YES	NO
Are you working or intending to work with vulnerable adults?	YES	NO
Have you ever been convicted of a criminal offence or received a caution reprimand or warning ?	YES	NO

Declaration:		
Signed:		
Print:		
Date:		

**Equal Opportunities Monitoring**

Good Hands Healthcare Ltd has an equal opportunities policy that complies with the provisions of anti-discrimination legislation and means that candidates are selected without discrimination.

In order to measure the impact of this policy, we would appreciate it if you could complete the following questions. You are under no obligation to provide this information; however, it will greatly assist us in monitoring adherence to policy.

Please note that all responses will be handled in strictest confidence. They will only be used for statistical monitoring and will not form part of any job application. We may provide summary data to our clients to assist them with their own equal opportunity policies. However, this data will remain anonymous and will be independent of any recruitment activity. In line with legislation, data is retained in accordance with the Data Protection Act 1998.

<b>Ethnic Origin</b>			
White British		White – Irish	
White - other		Black / Black British – Caribbean	
Black / Black British - African		Black / Black British – Other	
Mixed – White & Black Caribbean		Chinese	
Asian / Asian British - Indian		Asian – Other	
Mixed – White and Black African		Asian / Asian British – Pakistani	
Mixed – Other		Asian / Asian British - Bangladeshi	
Mixed – White and Asian		Any other Ethnic Group	
<b>Gender</b>			
Male		Female:	
<b>Marital Status</b>			
Single	Married	Divorced	
Widowed	Separated		
<b>Sexuality</b>			
Gay Woman/Lesbian	Gay Man	Heterosexual	
Bisexual	Other	Prefer not to say	

Religion			
Baha'i	Hindu	Buddhist	Jewish
Zoroastrian (Parsi)	Jain	Rastafarian	Christian
Muslim	Sikh	No religion	Other

Please can you send the completed form to : [info@goodhandshealthcare.co.uk](mailto:info@goodhandshealthcare.co.uk).