



# DISTINCTION HEALTHCARE SOLUTIONS

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 Tel; 01322951554

## Application Form

PERSONAL DETAILS				
Forename		Other name:		Title:
Surname:		Previous surname:		
<b>QUALIFICATION/S:</b> DOCTOR <input type="checkbox"/> RGN <input type="checkbox"/> RMN <input type="checkbox"/> RNLD <input type="checkbox"/> ODP <input type="checkbox"/> Support Worker yes <input type="checkbox"/> Care Assistant <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Nurse <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Midwife - Practising Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please specify):				
<b>Type of work required:</b> Ad Hoc <input type="checkbox"/> Locum <input type="checkbox"/> Permanent position <input type="checkbox"/> Permanent Yes (please email a copy of your up-to-date CV).				
Current address line 1:				
Address line 2:				
Town/City:		County:		Post Code:
Tel No:		Mobile No:		
Email address:				
Languages spoken:		Professional Reg. No:  <u>Please bring your certificate to your interview</u> Specialist registration (GMC only): - Yes/No		Expiry date:  NMC Revalidation date:
<b>Do you have professional indemnity insurance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes details e.g. MDU/MPS/RCN/AODP/other (please specify):  Expiry date:				
Nationality:	Passport No.	Visa type:	Work visa expiry date:	
Date of Birth:	NI Number:			
Car Driver Yes <input type="checkbox"/> No <input type="checkbox"/>	Use of a car Yes <input type="checkbox"/> No <input type="checkbox"/>			
Next of Kin:			Relationship to you:	

Address (including postcode)		Emergency telephone number (mobile number if possible):		
<p align="center"><b>TRAINING and COURSES (since leaving secondary education)</b></p> <p align="center"><b>NB: mandatory courses such as Moving and Handling should be listed on your competency check list and not here.</b></p> <p align="center"><b><u>Mental Health workers</u> – please add date of last Control and Restraint Training and bring your certificate to your interview</b></p>				
<b>Name of Course</b>	<b>Name and Address of School/College / University</b>	<b>From</b>	<b>To</b>	<b>Qualifications gained</b>

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	
2.								
Postcode:								

Referee name (please print full name):	Referee job title:	Comments:
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### FULL EMPLOYMENT HISTORY and REFERENCES

Distinction Healthcare Solutions Ltd. is required to carry out screening in accordance with the requirements of the role for which you have applied. We require details of your FULL employment/unemployment history (since leaving full time education).

Please give details in the space provided for all periods of employment, self-employment, agency work, registered/ unregistered unemployment, part time and voluntary work. Please be sure to give dates (month and year) and full work address details of employers. For periods of registered unemployment, please give dates and full addresses of the Employment Service Job Centre (ESJC).

**Please explain any gaps in employment and please continue on another sheet is required.**

**References:** Please give the names of your direct line managers for your last five years employment. If the organisation has a Human Resources Dept please note, they will also be contacted.

**Unless we hear from you to the contrary, we will contact your referees prior to your interview to ensure that the registration process is completed as quickly as possible.**

**\*If currently or previously working within the NHS, please state your last NHS Appraisal date and next one due:**

**Last NHS Appraisal Date:** \_\_\_\_\_ **Next NHS Appraisal due date:** \_\_\_\_\_

**Please start from present or most recent employment and continue on another sheet if required.**

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	
1.								
Postcode:								

Referee name (please print full name):	Referee job title:	Comments:
Referee work email:		
Telephone number:		

Referee work email:	
Telephone number:	

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	

3.								
Postcode:								
Referee name (please print full name):			Referee job title:			Comments:		
Referee work email:								
Telephone number:								

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	
Postcode:								
Referee name (please print full name):			Referee job title:			Comments:		
Referee work email:								
Telephone number:								

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	
5.								
Postcode:								
Referee name (please print full name):			Referee job title:			Comments:		
Referee work email:								
Telephone number:								

	Your Official	Ward/ Unit/ Dept	Type of Organisation	From	To	
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Employer/Company/ Establishment name and address	Job Title			Month	Year	Month	Year	Reason for leaving/ reason for gap in employment
6.								
Postcode:								
Referee name (please print full name):						Comments:		
		Referee job title:						
Referee work email:								
Telephone number:								

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	
7.								
Postcode:								
Referee name (please print full name):						Comments:		
		Referee job title:						
Referee work email:								
Telephone number:								

Employer/Company/ Establishment name and address	Your Official Job Title	Ward/ Unit/ Dept	Type of Organisation	From		To		Reason for leaving/ reason for gap in employment
				Month	Year	Month	Year	
8.								
Postcode:								
Referee name (please print full name):		Referee job title:				Comments:		
Referee work email:								
Telephone number:								

Are there any areas you prefer not to work in? Yes/No ..... Please explain below.

Do you have any restrictions at all with your work practice? i.e., manual handling..... Please explain below.

Do you have any annual leave booked with your current employer?...YES/NO....Please explain below? IF EMPLOYED THIS WOULD BE MY ONLY JOB FOR NOW.

#### DECLARATION

I declare that the information given is, to the best of my knowledge, complete and accurate in all respects. I am legally permitted to work in the UK. I have read, understood and agree to the conditions of engagement as provided by Distinction Healthcare Solutions Ltd. of which I have been given a copy. I understand that my registration is subject to satisfactory references. I undertake to inform you should my circumstances change (e.g., should I be convicted of an offence/receive a caution, have a change in health status, employment or professional body registration) since this registration took place. I will inform you immediately, supplying written details if I am under investigation or suspended by my professional body, Safeguarding or any employer at any time. I have also received and read the Working for Distinction Healthcare Solutions Ltd Handbook and I understand and agree to the contents therein.

Signed.....

Date.....

#### DATA PROTECTION/CONFIDENTIALITY

I acknowledge that this information may form the basis of a computerised personnel system, which I have access to as determined by The Data Protection Act 1998 (full details of Distinction Healthcare Solutions Ltd. Data Protection Policy are in the Distinction Healthcare Solutions Ltd. (Handbook). I agree to the passing on, to clients with whom I may be placed, (and other official bodies if requested as part of an investigation/audit) information held in relation to me, by Distinction Healthcare Solutions Ltd.

I agree to respect the confidentiality of Distinction Healthcare Solutions Ltd. its clients/workers and any information to which I may have access, at all times.

Signed.....

Date.....

#### DEDUCTIONS

I understand and agree that on an annual basis I will have the payment for my annual DBS and up-date training deducted from my wages.

Signed.....

Date.....

#### TRAINING

I understand that I will be required to attend the induction day before I am placed to work. I also understand that I will be required to attend an update training day on an annual basis. Should I fail to attend once a place has been booked for me, I understand that I will be expected to pay the rate applicable at the time.

Signed.....

Date.....

## EU REGULATIONS

I hereby agree to opt-out of the 48-hour working week limitation as laid down in the EU Working Time Regulations 1998. I understand that I may end this agreement at any time by informing Distinction Healthcare Solutions Ltd. in writing.

Signed.....

Date.....

I understand that in order to maintain effective registration with Distinction Healthcare Solutions Ltd, I will be required to update myself on the mandatory subjects according to EU Regulations/other statutory requirements.

Signed.....

Date.....

## REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, the provisions of section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (Exceptions) order (Amendments) order 1986. **Applicants are therefore required to give information about convictions, which for other purposes, are 'spent' under the provisions of the Act.** The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of Distinction Healthcare Solutions Ltd., the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment, if the offence is not declared, but later comes to light.

**Have you at any time been convicted of a criminal offence or cautioned by the police? YES/NO**

**If 'YES' please complete a Statement of Conviction form. Have you enclosed this with your application YES/NO** Under

UK legislation we are required to perform an enhanced DBS check before placement and annually thereafter.

**Do you agree to have an enhanced DBS check at your expense? YES/NO**

**If you hold a DBS certificate registered with the DBS update service,**

**do you give consent for Distinction Healthcare Solutions Ltd. to check this online?**

**YES/NO**

Signed.....Date.....

**How did you hear about Distinction Healthcare Solution?**

Word of mouth ☐ Window advert ☐ Local newspaper advert ☐ Our website ☐ Search Engine ☐ (please state which one and what you 'searched' for e.g. nursing/care agency) .....

Other please specify.....

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