

Application Form

1. Personal Details

Title:	Address:
Forename(s):	
Surname:	
Maiden / Previous names:	Postcode:
Date of Birth:	Home Tel:
Gender:	Mobile:
National Insurance No:	Email:

2. Emergency Contact Details

Full name:	Address:
Relationship to you:	
Telephone number:	Postcode:

3. Eligibility to Work

EU National: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not from the UK or the EU then please complete where applicable below:
Permanent Resident Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality:	Work Permit
Country of Origin:	Student Visa
Passport Number:	UK Residency/Ancestral Visa:
Expiry Date:	

Continue to Page 2

In this section please provide the referee details from your most recent jobs (including your current role). This should cover the last 5 years. All contacts provided must have been senior to you at the time of your employment.

Referee Name:
Referee Job Title:
Organisation:
Team:
Tel:
Email:
Your job title:
Dates of employment:
Reason for leaving:

Referee Name:
Referee Job Title:
Organisation:
Team:
Tel:
Email:
Your job title:
Dates of employment:
Reason for leaving:

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Referee Job Title:
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Email:
Your job title:
Dates of employment:
Reason for leaving:

6. Criminal Records Check

Do you hold a current DBS/PVG/Access NI? Yes No

Date issued: _____

Certificate Number: _____

In accordance with the Disqualification from Caring for Children Regulations 2002, please inform us if you have ever had a child removed from your care? Yes No

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975? Yes No

If yes, please provide details: _____

Are you aware of any Police enquiries undertaken following allegations made against you either in the UK or overseas? Yes No

If yes, please provide details: _____

Failure to disclose such convictions could result in the dismissal or disciplinary action. All information provided to us will be confidential and will only be considered upon its relevance to any posts being applied for. These include posts whereby in the normal course of duty employees have access to vulnerable people and those requiring care.

7. Working Time Regulations

The Working Time Regulations 1998 state that, it is illegal for a worker to work in excess of an average 48 hours per week (during a 17-week period) unless pre-agreed by the employee.

If you would like to opt-out of this limit and thusly be able to work over 48 hours per week, then please sign below.

Signature: _____

Print Name: _____

Date: _____

If you wish to terminate this agreement at any time, then you may provide us 4 weeks written notice.

8. Pay Details

Please provide us with the bank details or name of the provider who will be processing your payment each week.

PAYE Umbrella Ltd Company

Name of Umbrella provider or Ltd Company here: _____

Bank Name: _____

Account Name: _____

Account Number: _____

Sort Code: _____

9. Declaration

By signing below, you confirm that:

- All information provided in this document (Sections 1-10) are complete and true and furthermore, you understand that any deliberate omission, falsification or misrepresentation will be deemed grounds for rejection in terms of application or dismissal from if currently employed by the organization.
- You acknowledge that your personal data will be stored by Total Social. Documentation will be handled in accordance with the Data Protection Act 1998 and may be forwarded to prospective employers.
- You give permission for Total Social to obtain references, verification of qualifications and health-records on your behalf.
- You authorize Total Social to obtain and renew a DBS/PVG/Access NI check.
- You are not currently aware of any reason why you are deemed unable or unfit to work with Children and Vulnerable adults. This includes any pending investigations or sanctions imposed by previous employers or a regulatory/professional body.
- You are fit and able to undertake the work applied for.
- You do not have any business interests (paid or otherwise) that may inhibit your adherence to the contract of services and confidentiality agreement.
- You have received, read and understood and agree to the Agency Worker Handbook.
- In the instance that you have been introduced to a client by more than one Employment Business, you elect Total Social to represent you.
- You give consent for Total Social to hold sensitive personal ID documents and data on file.

Signature: _____

Print Name: _____

Date: _____

Registration Tick-list

Once this document is completed, please ensure that return it to us via fax, email or post and include the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Proof of ID | (If applicable) |
| <input type="checkbox"/> Proof of NI number | <input type="checkbox"/> Limited Company Certificate |
| <input type="checkbox"/> Proof of Address (x2) | <input type="checkbox"/> VAT registration document |
| <input type="checkbox"/> Professional Registration Certificate | <input type="checkbox"/> Driver's License, Care Insurance and MOT certificate |
| <input type="checkbox"/> Qualification Certificate | <input type="checkbox"/> Personal Indemnity Insurance |
| <input type="checkbox"/> Current DBS (or equivalent) | |

Contact Details

Phone: 01621 868517

Address: The Haven

Email: info@total-social.co.uk

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