

## HCA & Support Worker Application Form

Please complete application clearly in block capital letters

Specialism: \_\_\_\_\_ Your Town/ City: \_\_\_\_\_

### Section 1: Personal Details

Title: \_\_\_\_\_

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden/ Former Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Next of Kin Contact Number (Day): \_\_\_\_\_

Next of Kin Contact Number (Night): \_\_\_\_\_

Next of Kin Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

**It is your responsibility to keep us updated with any changes to your next of kin details**

Are you a car driver? Yes  No

Maximum distance you are happy to travel: \_\_\_\_ Hour(s) \_\_\_\_ Mins

Describe yourself in 5 words which define you:

\_\_\_\_\_

## Section 2: Professional Qualifications and Experience

Have you fully completed any of the below qualifications, if yes please tick and provide details:

NVQ 2 or above  Level: \_\_\_\_\_ NVQ Title: \_\_\_\_\_

Apprenticeship  Apprenticeship Title: \_\_\_\_\_

Care Certificate  Month/ Year: \_\_\_\_\_

Degree  Degree Title & Grade: \_\_\_\_\_

Number of total years' experience of giving care in a professional capacity: \_\_\_\_\_

Other Qualifications  Please Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tick the below work settings which you are suitably skilled in with 1+ year(s) experience and are competent to currently work in. Please also include the number of years experience you have within each setting.**

Elderly Care/ Nursing Homes: \_\_\_\_\_ Year(s)

Learning Disabilities: \_\_\_\_\_ Year(s)

Dementia Care: \_\_\_\_\_ Year(s)

Home Care: \_\_\_\_\_ Year(s)

Mental Health: \_\_\_\_\_ Year(s)

Assisted Living: \_\_\_\_\_ Year(s)

Physical Difficulties: \_\_\_\_\_ Year(s)

Hospitals: \_\_\_\_\_ Year(s)

Any others not mentioned above please mention below including number of years experience:

I confirm that I have prior adequate training and I am competent in practices as selected above where ticked and I understand that I have a professional obligation to keep my knowledge updated in order to practice.

### Section 3: Work History

Please state clearly details of the last 5 years work history.

You must state reasons for any breaks in-between employments. Please start with your most recently held position. Continue on a separate sheet if necessary.

Refer to CV

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

## Section 4: Preferred Shifts

Please indicate your work preferences by checking the relevant boxes:

Long Days

Nights

Early Shifts

Late Shifts

## Section 5: Professional Indemnity & Medical Malpractice Self Declaration

It is the professional responsibility of each candidate to ensure that you have cover which is appropriate to your role and scope of practice and its risks.

The professional indemnity cover must be relevant to the risks involved in your practice, so that it is reasonably sufficient in the event that a claim is successfully made against you.

You are not required to provide a copy of your documents for your indemnity arrangement when you self-declare.

We may undertake compliance checks, identification of failure to have the cover in place once you have signed a self-declaration may result in action being taken.

I Declare that I have appropriate professional indemnity in place to cover the entirety of my professional scope of practice. I understand that by ticking this declaration and failing to have the appropriate cover in place at all times would result in me being personally liable for any claims. **Please tick if correct**

## Section 6: Umbrella Company

I wish to be through an Umbrella Company

YES

]

## Section 7: Professional References

Please provide the name and contact details of **two or more** references that we may contact which must be a professional healthcare related reference which can be for example; line manager / HR dept from a current and/or previous permanent work place or previous or current agency where work has been undertaken.

### Clinical Reference 1:

Name: \_\_\_\_\_

Job Title/ Position: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Postcode: \_\_\_\_\_

Professional/ Work email address \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Clinical Reference 2:

Name: \_\_\_\_\_

Job Title/ Position: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Postcode: \_\_\_\_\_

Professional/ Work email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Clinical Reference 3:

Name: \_\_\_\_\_

Job Title/ Position: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Postcode: \_\_\_\_\_

Professional/ Work email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Section 8: Right to work

Please tell us about your eligibility to work in the UK

I have a valid UK Passport

I have a valid Passport from an EU/ EEA member state or Switzerland

I am already in possession of a work permit to work in the UK

I need to obtain a work permit/ right to work for the UK

Other Please specify: \_\_\_\_\_

**In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original identification documents as your evidence of your right to work in the UK if you are registered with Required Limited for temporary work.**

## Section 9: DBS Disclosure and Convictions

I have an enhanced CRB/ DBS Certificate and hold the original copy: YES  NO

I am registered on the DBS online update service: YES  NO

**I consent to any CRB/ DBS checks to be conducted and held by Required Limited, whether this be online and/ or otherwise. Checks will be conducted as part of your registration and as a continuing on-going process. Any warnings or convictions which occur after the date of this application form must be disclosed in writing with a detailed statement to; [info@required.co.uk](mailto:info@required.co.uk)**

**I understand, agree and consent to the above statement:**

YES  NO

Do you have any spent/ unspent criminal convictions? YES  NO

If you answered yes, please provide brief details below and send in a detailed statement regarding any conviction(s):

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases, particularly where the employment is sought in relations to positions involving with children or vulnerable adults, details of all criminal convictions must be given. The information provided will be treated with the strictest of confidence and only taken into account where, in the reasonable opinion of Required LIMITED, the offence is relevant to the position of an agency nurse/ healthcare professional.

**Failure to declare any conviction may require us to exclude you from our register or terminate your contract if the offence is not declared but later comes to light.**

## Section 10: Bank Details

Name of Bank: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Branch Address (if known): \_\_\_\_\_

Sort Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_

## 11: Final Declaration

### 1. TERMS & CONDITIONS

I have received and agree to the terms within Required Limited PSC/ PAYE / Umbrella (as applicable) candidate contract and I have read, understood, agree to the contract. A copy of the latest contract is available within the downloads section – [www.required.co.uk](http://www.required.co.uk)

### 2. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Required LIMITED not less than three months' notice. I understand that my registration with Required LIMITED can be terminated at any time following unsatisfactory work reports.

I consent to work  I do not consent to work

### 3. DATA PROTECTION

I agree that Required Limited retain the right to hold this application and any other data required to process it and to pass on to any employment related third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

### 4. YOUR PROFESSIONAL CONDUCT

Have there been/ or currently any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

YES  NO  If "YES" please supply statement separately.

I confirm the information stated within the application is correct.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*We are recruiting experienced candidates and we would like to ask whether you would kindly recommend any experienced friends, family members or colleagues to join Required for well paid agency or permanent job opportunities. Kindly provide details below, we offer a referral bonus once 10 full shifts have been completed on agency work basis or the candidate has worked 3 months within their permanent position offered via Required Limited.*

**Your Name:**

*Please fill the below sections with the candidates details who you are referring.*

<b>Referral One:</b>	
Name:	
Role/ Position:	
Location, if known:	
Telephone number:	
Email, if known:	

<b>Referral Two:</b>	
Name:	
Role/ Position:	
Location, if known:	
Telephone number:	
Email, if known:	

<b>Referral Three:</b>	
Name:	
Role/ Position:	
Location, if known:	
Telephone number:	
Email, if known:	

<b>Referral Four:</b>	
Name:	
Role/ Position:	
Location, if known:	
Telephone number:	
Email, if known:	

## Thank you for completing our application form