

# APPLICATION FORM

#### **Data Protection Statement**

The sensitive personal data is gathered for HR administration, monitoring, and recruitment purposes. The application forms and attachments of unsuccessful applicants will be deleted after six months, unless you instruct otherwise. The Agency's policy is to safeguard and protect all obtained personal data.

To submit the completed form, please email: recruitment@purefirstcareservices.co.uk

| Personal Details:     |                        |  |  |  |
|-----------------------|------------------------|--|--|--|
| Title:                | First Name:            |  |  |  |
| Middle Name:          | Surname:               |  |  |  |
| Maiden Name:          | Previous names if any  |  |  |  |
| National Insurance    | Preferred type of      |  |  |  |
| Number for the UK::   | Employment:            |  |  |  |
|                       | (Full Time/ Part-Time) |  |  |  |
| Contact Details:      |                        |  |  |  |
| Address:              | Telephone:             |  |  |  |
|                       |                        |  |  |  |
|                       |                        |  |  |  |
|                       |                        |  |  |  |
|                       | Mobile:                |  |  |  |
|                       |                        |  |  |  |
|                       |                        |  |  |  |
|                       | N/ 1                   |  |  |  |
|                       | Work:                  |  |  |  |
|                       |                        |  |  |  |
| Postcode:             | Email:                 |  |  |  |
| Contact information   | -                      |  |  |  |
| with preferred time   |                        |  |  |  |
| of day and phone      |                        |  |  |  |
| number:               |                        |  |  |  |
|                       |                        |  |  |  |
| Available start date: |                        |  |  |  |
| General Information:  |                        |  |  |  |



|  | 1. 1   |               |              |               |                  |          |             |
|--|--------|---------------|--------------|---------------|------------------|----------|-------------|
| Do you have a current, valid British driver's license? |        |               |              |               |                  |          |             |
| If so, what kind?                                      |        |               |              |               |                  |          |             |
| (e.g., Provisional, Full, LGV, PCV)                    |        |               |              |               |                  |          |             |
| Do you have any licens                                 | sing e | ndorsements   | , and if so, |               |                  |          |             |
| what are they?   |        |               |              |               |                  |          |             |
| (e.g., penalty points in                               |        |               |              |               |                  |          |             |
| Which languages can y                                  | ou sp  | eak fluently, | and how      |               |                  |          |             |
| fluent?  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
| Nurses Only:   |        |               |              |               |                  |          |             |
| NMC pin number:  |        |               |              | Expiry date   | e:               |          |             |
|  |        |               |              |               |                  |          |             |
| Formal Education and                                   | Oual   | ifications:   |              |               |                  |          |             |
| School, College, or                                    | Addı   |               | Dates (M     | INA /VV)      | Study Program,   | <u> </u> | Grade       |
| University Name  | Auui   | 1633          | From         | To            | Qualification (s |          | Grade       |
| Offiversity Name                                       |        |               | 110111       | 10            | Qualification (3 |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
| Training:  |        |               |              |               |                  |          |             |
| (For instance, manual                                  | labor. | CPR. infectio | n preventic  | n. first aid. | etc. Please have | vour ce  | ertificates |
| available.)  |        |               |              |               |                  | ,        |             |
| Institution/Hospital                                   |        | Date (MM/\    | (Y)          | Program N     | ame              | Atta     | ined Grade  |
| -  | -      |               | To           | -0 -          |                  |          |             |
| 0 233  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |
|  |        |               |              |               |                  |          |             |



| Employment History: Please provide specific information about your employment history for a period of at least 10 years, beginning with your most recent position. |         |               |    |                           |                |  |  |
|--|---------|---------------|----|---------------------------|----------------|--|--|
| Company  | Address | Dates (MM/YY) |    | Position held and a short | Cause of       |  |  |
| Name   |         | From          | To | breakdown of tasks and    | departure/last |  |  |
|  |         |               |    | obligations               | salary or wage |  |  |
|  |         |               |    |                           |                |  |  |
|  |         |               |    |                           |                |  |  |
|  |         |               |    |                           |                |  |  |
|  |         |               |    |                           |                |  |  |
|  |         |               |    |                           |                |  |  |
|  |         |               |    |                           |                |  |  |



| Additional Employment Information: (Include all agency affiliations and explanations for pauses in employment) |                      |   |        |                |                |       |
|--|----------------------|---|--------|----------------|----------------|-------|
| merade an agency anniations and explanations for pauses in employmenty   |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
|  |                      |   |        |                |                |       |
| Immunisations:   |                      |   |        |                |                |       |
|  | ization is required: |   |        | ons frequently | use the progra | ams.) |
| Name   | Yes/No               |   | Date/s |                |                |       |
| Rubella  | I                    | 1 |        |                |                |       |



| Skin Test for TB      |    |                   |                 |   |                   |
|-----------------------|----|-------------------|-----------------|---|-------------------|
| BCG                   |    |                   |                 |   |                   |
| Tetanus               |    |                   |                 |   |                   |
| Varicella             |    |                   |                 |   |                   |
| Poliomyelitis         |    |                   |                 |   |                   |
| Diphtheria            |    |                   |                 |   |                   |
| Hepatitis B           |    | 1 <sup>st</sup> : | 2 <sup>nd</sup> |   | 3 <sup>rd</sup> : |
| COVID                 |    | 1 <sup>st</sup> : | 2 <sup>nd</sup> | : | 3 <sup>rd</sup> : |
| Most Recent Blood Tes | t: |                   |                 |   |                   |
| Date:                 |    |                   | Titre levels:   |   |                   |

#### References

- References must detail three years of uninterrupted employment, training, or education.
- An HR department, a line manager, or any person in a position of authority could serve as your referee.
- You could be required to provide a character reference or a personal statement if you haven't been employed or enrolled in school for the past three years. Character references cannot come from family members or others who have a business relationship with you.
- Emails sent to employers must be sent from a legitimate work email address; personal email addresses should not be used, unless the email is being used to fill in a gap in employment history or because the employer is no longer in business and the referee is a personal or character referee.
- When the candidate submits references, HR will check them.

| Referee 1:   |  |                    |  |
|--|--|--------------------|--|
| Title:   |  | Surname:           |  |
| Relationship:  |  | First Name:        |  |
| Company/Organisation                                       |  | Referee job title: |  |
| Name:  |  |                    |  |
| Address:   |  | Email:             |  |
|  |  | Telephone:         |  |
| Can we get in touch with the referee before the interview? |  |                    |  |
| Referee 2:   |  |                    |  |
| Title:   |  | Surname:           |  |
| Relationship:  |  | First Name:        |  |
| Company/Organisation                                       |  | Referee job title: |  |
| Name:  |  |                    |  |
| Address:   |  | Email:             |  |
|  |  | Telephone:         |  |



| Can we get in touch with the referee before the |  |
|---|--|
| interview?                                      |  |

## **Asylum and Immigration Act 1996**

Employing a person who is subject to immigration control and is at least 16 years old is against the law under Section 8 of the Asylum and Immigration Act of 1996, unless:

- The person has current, valid permission to work in the UK and that permission does not prevent them from doing so; or
- The person falls under a category designated by the Home Secretary where such employment is permitted.

The successful applicant must provide sufficient proof that the Asylum and Immigration Act is not being broken before any work is granted.

| Nationality:                         |  |
|--------------------------------------|--|
| Do you have the right to work in     |  |
| the UK?                              |  |
| (Please give a detailed description) |  |

## **Monitoring Information**

To enable the organization look at the profile of people who apply, are shortlisted for, and appointed to each post, the data collected in this section of the application form will be used for anonymized monitoring reasons. They can verify their compliance with the Equality Act in this way (2010).

Your date of birth will be used for administrative purposes, such as pre-employment checks and the establishment of your personal record if you are appointed, in addition to monitoring.

The benefits of having a varied staff that reflects the general population are appreciated by Pure First Care Services Limited., and we encourage applicants from all facets of the community.

Additionally, all organizations are required by the Equality Act (2010) to prove that their hiring practices are impartial and that no one is being discriminated against or given an unfair advantage because of their age, disability, gender identity or expression, status as a married person or civil partner, pregnancy or parental leave, race, religion or belief, sex, or sexual orientation.

| Monitoring data and administrative data: |   |
|--|---|
| Date of Birth:                           |   |
|  |   |
| Gender:                                  | In the event that you do not intend to reveal, kindly specify |
|  | (N/A):  |
| Marital Status:                          |   |
| Sexual Orientation                       |   |



| Ethnic Origin:                                 |  |
|--|--|
| Religion/Beliefs:                              |  |
| Do you consider yourself to be disabled        |  |
| according to the definition, and if so, please |  |
| describe.                                      |  |

#### SAFEGUARDING:

Any information shared will be held in the strictest confidence. The Rehabilitation of Offenders Act of 1974 addresses how to treat ex-offenders fairly and assist them in finding employment. You can find additional details on

https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974

Despite the fact that your caution or conviction is regarded as spent under the 1974 Act, there are some circumstances in which you will still need to declare it. The vocations and pursuits that are specified in the Exceptions Order primarily have to do with extremely delicate fields, including working with children or in the health and social care industry. This is done in acknowledgement of the fact that there are some occupations for which a person's criminal past should be disclosed in greater detail. Examples include jobs where there is a genuine risk to children, other persons in vulnerable situations, or other particularly sensitive areas of work.

You should be aware that in these situations, the organization may also request the same information from the Disclosure and Barring Service in addition to asking you to reveal your cautions and convictions. ("DBS").

If you are hired for the position you applied for, you will need to submit to either a "enhanced" or "regular" criminal background check. You will be asked to approve this application after being informed of the sort of Certificate that is needed. Upon request, a copy of your DBS check will be provided. There is more information about https://www.gov.uk/guidance/basic-dbs-checks-guidance

Do you have any convictions or cautions with conditions?



This is true whether there have been any convictions or cautions in the UK or in any other nation where the offense would be regarded as a comparable (or similar) one in England and Wales.

As long as it would be regarded as an equal offense in England and Wales, it also includes criminal convictions or related service disciplinary convictions obtained through the Armed Forces Justice System (e.g., by Summary Hearing or Court Martial).

It excludes infractions related to parking. You can choose no in these situations.

If you respond in the affirmative to this question, your application will still be taken into consideration. Only information that is pertinent to the position you have applied for and where there may be related risks against the responsibilities you may be expected to fulfill in this function will be taken into account by employers.

Yes/No

## If you said yes:

Please include information on the conviction, conditional caution, or summary hearing, including the date and sentence handed down, in a separate document provided to ensure the confidentiality of this information. Title it "Private and Confidential" and email it to recruitment@purefirstcareservices.co.uk

#### Acceptance of our confidentiality policy

You might have access to private customer information while doing your job. Under no circumstances may information about a specific client be revealed to anybody besides the agency management.

No information should be shared with your relatives, friends, or neighbors. Speak to your manager in private if you come across any information that worries you. Infractions of these regulations will be taken seriously and may lead to removal from the agency register and/or other consequences. You can show that you have read, understood, and agree with the aforementioned statements by signing below.

| Confidentia | lity Agreement: |       |  |
|-------------|-----------------|-------|--|
| Signature:  |                 | Date: |  |



# **Declaration**

I certify that the data on this form is accurate and complete, as well as any documents that may be attached. I acknowledge that any willful omission, fabrication, or misrepresentation in the application form will be grounds for rejecting this application or, if hired by the organization, grounds for immediate dismissal.

I agree that the organization may ask for clarification of any information related to my professional registration, if relevant. I agree to the processing of my personal data for any employment-related purposes.

| I concur with the assertion made above: |                                 |
|---|---------------------------------|
| Signature:                              | Date:                           |
| · ·                                     | ·                               |
| Official Use:                           |                                 |
| (To be filled by recruitment)           |                                 |
| Date of receipt of application:         | Application acknowledged as of: |
| Initial Decision:                       | Day applicant was notified:     |
| Decision:                               | Interview date or dates:        |
| Comments:                               |                                 |
|   |                                 |
|   |                                 |
|   |                                 |
|   |                                 |
|   |                                 |
|   |                                 |
|   |                                 |