

FIX A PASSPORT



VULNERABLE PERSONS INTERVENTIONS

ID NO:

Employment Application Form

Post Applied For:	HEALTHCARE ASSISTANT
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Please tick the	Full Time	<input checked="" type="checkbox"/>	Part Time	Days	Weekends	Nights
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Personal Details (please use BLOCK CAPITAL for this section)									
Title: (Please tick)	Mr.		Mrs.		Miss		Dr.	Other.	
Forename:					Middle Name:				
Surname:									
Date of Birth:									

Address:			
Town		Post Code:	

Tele No.		Mobile No.	
Landline No.		Email	
National Insurance No.	NOT APPLICABLE		

Do you need a permit to work in the UK?	YES		NO	×
Do you have a DBS/CRB (Disclosure Barring Service/Criminal Record Bureau) clearance	YES		NO	×
Do you have a driving licence?	YES		NO	×
Do you have your own transport?	YES		NO	×
Can your transport be used for work?	YES		NO	N/A

Please tick as appropriate:

If 'YES' to DBS/CRB Disclosure , please provide DBS/CRB Reference Number:	N/A	Date of DBS/CRB clearance:	N/A
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Do you have any care experience?	YES	×	NO	

If yes to 'care experience', please specify length below:

Less than 3 months	6 months	1 year	×	2 years	More than 2 years	
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immediately	1 week	2 weeks	3 weeks	More than a month	
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Availability for work

Emergency Contact Next of Kin			
Forename:		Surname:	
Relationship:			
Address:		Post Code:	
Work No:		Mobile No:	
Landline No:		Email:	

Education & Training				
<i>Please give details of your formal and informal Education, Qualification and Training. We may ask for evidence</i>				
School/College/University	Subject/Course	Qualification/Grades	Date Started	Date Completed

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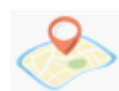
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Green, Luton. LU1 3PE

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Details of registration with professional body (e.g. NMC, GSCC)	
Registration No:	

Employment History

Present or most recent employer - Please ensure that the information provided is chronological order, starting with the most recent and please state why gaps are (if present)

Company name and address	Job title and Main Responsibilities	Start Date	Leaving Date	Salary	Reason for Leaving:
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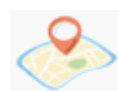
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NB: If you have worked with children and vulnerable adults in the past can you please state the reason for leaving the post and the dates in full:

In support of your application, can you tell us what skills, abilities, knowledge and experience you have acquired for the post applied for:

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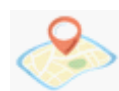
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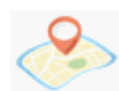
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Your career plans/ ideas:	
Communication:	
Planning and organization:	
Team work	
Working in partnership:	
<p><i>I can confirm that in my current position that I am not undergoing any investigation or suspension in any healthcare organization or from any professional bodies.</i></p> <p><i>I can confirm that the information given above is accurate and failure to disclose information of significance importance may result in my application be rejected or if I have been considered successful given a contract Vulnerable Persons Interventions will have the right to cancel the contract.</i></p> <p>Signature: Date:</p>	



Please give names and address of two referees, including telephone numbers who will be approached for a reference. Relatives and friends are not acceptable (the first one should be present or most employer

Referee 1

Company name:		Job title:	
Company address:			
Post code:			
Contact name of referee:			
Tele No:			
Email:			

Start Date (mm/yy) :	
End Date (mm/yy):	

Company name:	
Company address:	
Post code:	
Contact name of referee:	

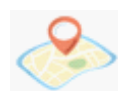
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Job title of referee:	
Tele No:	
Email:	

Referee 2

Start Date (mm/yy) :	
End Date (mm/yy):	

Bank & Payroll Details			
Name of Bank		Account No.	
Bank address		Sort code No.	

***Please note:** this information will be held in a personal file as a paper record and logged on to an electronic data base, once you are registered with Vulnerable Persons Intervention. This information will be kept private and confidential and used for Vulnerable Persons Interventions purposes only according to the Data Protection Act (1998). I agreed to Vulnerable Persons Interventions allowing my personal file to be viewed by an inspection team from Care Quality Commission (CQC) and any other authorized bodies.*

Signature:

Date:

Equal Opportunities Monitoring

This company will take measures to ensure that its Equal Opportunities Policy is observed, and will ensure that all those involved in the selection process (for example) are aware of the obligations and duties imposed by relevant employment legislation (including Equal Opportunities, Discriminations and Data protection). In order to satisfy these obligations and duties and to monitor the effectiveness of this policy, certain personal sensitive data will be collected from job applicants. This information will not be used in order to select individuals for employment, but verify the safety of proceeding with either an application or job offer. The following information is requested in order to allow the Company to monitor the effectiveness of its Equal Opportunities Policy. You are requested to complete the form, and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act.

According to the Equality Act 2010, Chapter 1, Section 9, you are under no obligation to provide the information below:

Please tick as appropriate. Thank you for your co-operation.

Ethnic Origin			
White:	Mixed:	Black:	Asian:
English	White and Black Caribbean	British	Indian

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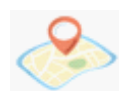
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Scottish	White and Black African	African	Pakistani
Irish	White and Asian	Caribbean	Bangladeshi
Others: (please state)	Others: (please state)	Others: (please state)	Others: (please state)

Marital Status			
Married		Single	
separated		Divorced	

How did you hear about us?							
agency		Online		Internal advert		Other	
Job centre		Word of mouth		External advert			

Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Because of the nature of the work for which you are applying involves direct contact with people who are receiving a health service we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order you are not entitled to withhold information about convictions, which might be considered "spent". In the event of employment failure to disclose such convictions you may have below.

Thus information will be treated in the strictest confidence and in compliance with the law.

Signature: Date:

For office use only

Interview Conducted by :
.....

Signed : Date :

Interview procedure followed :
.....

Signed : Date :

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YOUR DECLARATIONS

1. INDUCTION

I confirm that I have received and understood the vulnerable persons interventions handbook and induction information pack. I confirm that I have received a copy of VPI policies and procedures and that I have understood these policies. Updates to these policies are made available on the website.

Signed:

Date:

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 Vulnerable Persons Interventions not less than three months' notice. I understand that my registration with vulnerable Persons Interventions can be terminated at any time following unsatisfactory work reports.

Signed:

Date:

3. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed:

Date:

4. DATA PROTECTION

I agree that vulnerable persons intervention retains the right to hold this application and any other data required to process it and pass on to any authorised third party the details held within. I also agree for vulnerable persons intervention to retain these details for as long as reasonably necessary in accordance with the Data Protection Act 2018. I also authorise that vulnerable persons intervention may share my data with all group and associated companies for the purpose of finding me work. Please details of our privacy policy is

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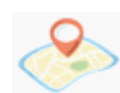
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available on our websites and by signing you have read, understood, and agreed to it on the manner in which vulnerable persons intervention would process your data and your rights thereof.

Signed: Date:

5. TERMS & CONDITIONS

I confirm that the information given in this application is, to the best of my knowledge, true. I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau. I undertake to inform vulnerable persons intervention should I be convicted of an offence in the future.

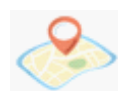
I undertake to inform vulnerable persons intervention immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.

I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

I am clear that vulnerable persons intervention cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation. I have read, understood and agree to the conditions of work for Candidates, of which I have been given a copy.

I agree that I will be registered for work with vulnerable persons intervention and also any of their sister companies; working in the healthcare sector. I give consent for vulnerable persons intervention to run a DBS check if necessary to progress my application.

Signed: Date:



Original documentation verified at interview		
<i>These forms of identification as follows: 1) passport, 2) driving license, 3) ONE of the following: Utility bill, bank statement, Marriage certificate, birth certificate</i>		
Identity document one type:	Date:	Sign:
Identity document two type:	Date:	Sign:
Professional qualification:	Date:	Sign:
DBS disclosure documentation:	Date:	Sign:

Staff handbook issued by:	Date:	Sign:
Staff declaration discussed and signed:	Date:	Sign:
Job description discussed and copy given to applicant:	Date:	Sign:
Terms and condition discussed and signed, copy given to applicant:	Date:	Sign:

