

# APPLICATION FORM

## Personal Information

### Personal details

**Title:**

**Surname:**  **Forename:**

**Address:**

**Postcode:**

**National Insurance N<sup>o</sup>:**

**Date of Birth:**

**Home Telephone N<sup>o</sup>:**

**Daytime Telephone N<sup>o</sup>:**

**Mobile Telephone N<sup>o</sup>:**

**E-mail address:**

<b>Can we contact you at work?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you free to remain and take up employment in the UK with no current immigration restrictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Driving License – if relevant to post applied for.</b> Do you hold a full, clean driving license valid in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.**

*\*\*\*A list of acceptable documents can be found at the end of this application form*

**Education**

Include in this section all the desirable relevant qualifications. Please also indicate subjects currently being studied if applicable.

Subject/Qualification	Place of Study	Grade/result	Year

**Training Courses Attended**

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.

Course Title	Training Provider	Duration	Date Completed

**Employment History**

Please record below the details of your current or most recent employer

Employer Name	
Address	

## Family Care Agency

Type of Business		Telephone	
Job Title			
Start Date		End Date	
Specialty		Job Type	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

### Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section on the next page.

#### Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Specialty		Job Type	

#### Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Specialty		Job Type	



**DBS CHECK FORM**

Warning: Your DBS check will not be completed if this form is not filled in.

Please write below your address history for the past five years if different from your current address. Please clearly label all addresses in a numerical format.

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**Address 1**

.....  
.....  
.....

Post Code:                      Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**Address 2**

.....  
.....  
.....

Post Code:                      Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**Address 3**

.....  
.....  
.....

Post Code:                      Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**Address 4**

.....  
.....  
.....

Post Code:                      Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**If your Forename or surname, has changed at any point throughout your life, please detail those changes and the dates on which they occurred below :**

Name: \_\_\_\_\_ Used from: DD / MM / YY To: DD / MM / YY

Name: \_\_\_\_\_ Used from: DD / MM / YY To: DD / MM / YY

**References**

Please note the name and addresses of 2 professional people from whom the company may obtain work experience references.

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

<b>Reference 1:</b>	
Name:	
Position/Job Title:	
Work Relationship:	
Organisation:	
Address:	
Post Code:	
Telephone No.	
Email:	

Are you willing for this referee to be approached prior to the interview?  Yes  No

<b>Reference 2:</b>	
Name:	
Position/Job Title:	
Work Relationship:	
Organisation:	
Address:	
Post Code:	
Telephone No.	
Email:	

Are you willing for this referee to be approached prior to the interview?  Yes  No

## NEXT OF KIN DETAILS

In case of emergencies it is vital that the Family Care Agency Ltd have these details on file.

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### Next of Kin

Name:.....Relationship:.....

Address:.....

.....

.....

Post Code: ..... Mobile No:.....Home No:.....

## Temporary Workers Contract (Terms of Engagement/Contract for Service)

### 1. DEFINITIONS

1.1 In these Terms of Engagement the following terms apply:

“**Assignment**” Means the period in which the Temporary worker is supplied to render services to the Client.

“**Client**” Means the business or person requiring the services of the Temporary Worker.

“**Employment Business**” Means “Family Care Agency Ltd”

“**Temporary Worker**” may be employed on a fixed-term contract which allows them to work either until the task is complete or up until a specified termination date.

1.2 Unless the context otherwise requires, references to the singular include the plural.

1.3 The headings contained in these Terms are for convenience only and do not effect their interpretation.

### 2. THE CONTRACT

2.1 These terms constitute a Contract for services between the Employment Business and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker.

2.2 For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the employment Business and the Temporary Worker.

2.3 No variation or alteration to these Terms shall be valid unless the details of such variations are agreed by the Employment Business and the Temporary Worker in writing stating the date upon which these variations or alterations were made.

### 3. ASSIGNMENTS

3.1 The Employment Business will endeavor to find suitable Assignments for the Temporary worker within the parameters of the Temporary Workers skills set and qualifications.

3.2 The Temporary Worker acknowledges that the nature of Temporary Work means there are periods when no suitable work is available and agrees: that the suitability of the work offered shall be determined solely by the Employment Business: that the Employment Business shall incur no liability to the Temporary Worker should it fail to offer opportunities to work within suitable assignments.

3.3 At the same time the Assignment is offered to the Temporary Worker the Employment Business shall inform the Temporary Worker of the identity of the Client including full addressees, the time of the Assignment including the number of hours, the remuneration and any applicable expenses if appropriate.

In addition, the Employment business shall make clear any risks to health and safety and take steps to ensure reasonable precautions are taken. Please refer to Handbook for further details.

3.4 If, before the first Assignment, during the course of an Assignment or within the Relevant period the Client wishes to employ the Temporary Worker direct or Through another employment business, the Temporary Worker acknowledges that the Employment Business will be entitled to charge the Client a fee. In addition, the Employment Business will be entitled to charge a fee to the Client if the Client introduces the Temporary Worker to a third party who subsequently engages the Worker within the relevant period.

3.5 All employees are under an obligation not to disclose to anyone, unless that person is under a duty to receive it, any information coming to them while exercising their duties concerning a service user, their illness, their treatment or affairs relating to their families. Only when instructed by either a line manager or explicit consent has been given by the data subject, i.e. the service user or their nominated advocate, should confidential information be passed forward.

3.6 Employees who have access to confidential reports, records or documents, whether relating to staff, clients or service users, are expected to ensure that they are securely kept and not left anywhere they can be seen by unauthorized persons.

3.7 Employees are to respect confidentiality at all times. This is achieved by never giving personal information relating to service users or staff to any unauthorized person. Never answer questions relating to individual policies or organizational policies.

#### **4. REMUNERATION**

4.1 The Employment Business shall pay the Temporary Worker remuneration at a minimum of the National Minimum wage but in accordance with agreed rates with at the time of booking.

4.2 The actual rate will be notified on a per assignment basis, for each hour worked during an assignment to be paid weekly upon receipt of completed timesheets.

4.3 Holiday pay is included in the hourly rate and is therefore dependant on actual hours worked. This is paid quarterly and must be claimed before the end of the financial year by contacting payroll.

4.4 If an applicant cancels a shift within 24 hours of the start time or if you do not attend a booked shift Family care reserves the right to charge £20 for an administration fee.

4.5 The cost of a DBS will either be deducted from a wage packet or paid at registration

#### **5. SICKNESS ABSENCE**

5.1 The Temporary Worker may be eligible for Statutory Sick Pay provided the relevant statutory criteria are met.

5.2 All Temporary Workers are required due to the nature of the Assignments give at least 4hours notice to cancel any shifts as to not do so may endanger Service User's due to insufficient staffing numbers.

5.3 Last minute cancellations may result in the Temporary Worker being subject to dismissal should a valid reason not be provided.

#### **6. TIMESHEETS**

6.1 At the end of each assignment, the Temporary Worker shall deliver a time sheet completed to indicate the number of hours worked including deductions for breaks as these are not paid unless otherwise indicated.

6.2 Where the Temporary Worker fails to deliver a properly authenticated timesheet the Employment Business shall, in a timely fashion, conduct further investigations into the hours claimed by the Temporary Worker. This may result in delays in payment due to the Temporary Worker. The Employment Business shall make no payment for hours not worked.

6.3 For the avoidance of doubt and the purposes of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods where they are carrying out duties for the Client as part of the



6.4 Assignment. Traveling to and from, lunch and all other breaks shall not be included unless otherwise indicated.

6.5 It is the Temporary Workers responsibility to ensure the Timesheets reach the finance office in good time and to ensure its arrival.

6.6 Temporary workers who wish to work 48 hours or more in any week must sign the declaration below. Once signed it is not compulsory to work over those hours, it will allow the Temporary Worker the option.

**I \_\_\_\_\_ agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer 1 months notice in writing to end this agreement.**

**Signed**.....

**Dated**.....

**7 CONDUCT OF ASSIGNMENTS**

7.1 The Temporary Worker will be obliged to co-operate with the Clients reasonable instructions and accept direction, supervision and control of any responsible person in the Client's Organization.

7.2 All rules, regulations, policies and procedures are to be followed both relating to the Client and the Employment Business

7.3 The Temporary Worker is to take all reasonable steps to safeguard their Health and Safety and report any incidents to the Employment Business in accordance with the Employment Handbook.

7.4 The Temporary Worker will not engage in any conduct detrimental to the interests of the Client or Employment Business.

7.5 At no time should the Temporary Worker divulge confidential information relating to the Client or the Employment Business. Such action would be subject to action as outlined in the Employment Handbook.

**8 TERMINATION**

8.1 The Employment Business may terminate the Temporary Workers Assignment without any prior notice or liability.

8.2 If the Temporary Worker does not report to the Employment Business their availability for a period of 4 weeks, then the Employment Business will forward a P45 to the Temporary Workers last known address.

8.3 Family care agency may validate Home Office documents provided by an applicant by sending them to the Home Office.

***I have read understood and agree the standard terms of engagement.***

**Signed by the Temporary Worker**:..... **Date**:.....

### HEALTH HISTORY QUESTIONNAIRE

**All questions contained in this questionnaire are strictly confidential and will become part of your employment record.**

<b>Name</b> ( <i>Last, First, M.I.</i> ):	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Marital status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>GP Details</b>	Name:	
	Address:	
	Telephone Number:	

**PERSONAL HEALTH HISTORY**

**Height:**                      **Weight:**

<b>Childhood illness:</b>	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio		
<b>Immunizations and dates:</b>	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia	
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox	
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>	

Have you been tested to MRSA (methicillin Resistant Staph Aureus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had skin complaints? EG. Dermatitis, Eczema, Psoriasis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have vision or hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any bowel infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any Liver Problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had and Lung problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from Black outs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any mental health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had back/mobility problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any joint problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any other infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answer yes to any of the questions below, please give details in box provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a job on health grounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been for work for more than 2 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many days off sick have you had within last two years? \_\_\_\_\_

**HEALTH HISTORY QUESTIONNAIRE Continued**

Please use the section below to give further details of any questions answered on previous section.

**\* DECLARATION**

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I understand that giving false information with regards to my medical history and fitness may lead to termination of my contract and services.

To the best of my knowledge the above information is correct.

*I agree to the above declaration*

Signature			
Name		Date	

Where did you see this vacancy advertised?

<input type="checkbox"/> Family Care Website <input type="checkbox"/> Search Engine	<input type="checkbox"/> Newspaper <input type="checkbox"/> Word of mouth
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## LIST OF VALID DOCUMENTS THAT CAN BE USED AS EVIDENCE OF IDENTITY

You must supply **one document from Group 1 plus and two from Group 2.**

GROUP 1 (Proof of Identity)	GROUP 2 (Proof of address)
<ul style="list-style-type: none"> <li>▪ <b>Biometric Residence Permit (UK)</b></li> <li>▪ <b>Birth certificate (UK &amp; Channel Islands)</b> <ul style="list-style-type: none"> <li>○ Issued within 12 months of date of birth – full or short form acceptable</li> <li>○ Or Certified copy of Birth Certificate (UK &amp; Channel Islands) Issued after 12 months of date of birth</li> </ul> </li> <li>▪ <b>HM forces ID card (UK)</b></li> <li>▪ <b>Marriage/civil partnership certificate</b></li> <li>▪ <b>Immigration document/Work permit/visa (UK) (UK Residence permit. Valid up to expiry date)</b></li> <li>▪ <b>Firearms license (UK)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Utility bill*</b> <ul style="list-style-type: none"> <li>○ Electricity, gas, water, (UK) less than 3 months old</li> </ul> </li> <li>▪ <b>P45/p60 statement (UK) ** (less than 12 months old UK &amp; Channel Islands)</b></li> <li>▪ <b>Bank/Building society statement * (UK or EEA less than 3 months)</b></li> <li>▪ <b>Bank/Building society Account opening Confirmation Letter (UK less than 3 months old)</b></li> <li>▪ <b>Mortgage statement ** (UK or EEA less than 12 months old)</b></li> <li>▪ <b>Financial statement ** (less than 12 months old)</b> <ul style="list-style-type: none"> <li>○ E.g. Pension, endowment, ISA</li> </ul> </li> <li>▪ <b>Credit card statement * (UK or EEA less than 3 months old)</b></li> <li>▪ <b>Council Tax Statement (UK) ** (UK or EEA less than 12 months old)</b></li> <li>▪ <b>Benefit statement*</b> <ul style="list-style-type: none"> <li>○ E.g. Child allowance, pension less than 3 months old</li> </ul> </li> <li>▪ <b>A document from Central/Local Government/ Government Agency/ local authority giving entitlement (UK &amp; Channel Islands)* less than 3 months old:</b> <ul style="list-style-type: none"> <li>○ E.g. from the Department of Work &amp; Pensions/ The employment Service/ Customs &amp; Revenue / Job Centre / Job Centre Plus / Social Security</li> </ul> </li> <li>▪ <b>Cards carrying the PASS accreditation logo (UK &amp; Channel Islands)</b></li> <li>▪ <b>Letter from Head Teacher or College Principle (16-19 year old's In full time education – Only used in exceptional circumstances when all documents have been exhausted. (UK)</b></li> <li>▪ <b>Landline Telephone bill (NOT a mobile phone bill – UK less than 3 months old)</b></li> <li>▪ <b>Letter of sponsorship from future employment provider (Non-UK/Non-EEA only – valid only for applicants residing outside of the UK at time of application)</b></li> </ul>