

Application Form – Please Return

Surname:	Forename(s):
Title:	
Address:	
	Postcode:
Home Telephone:	Work Telephone:
Mobile Telephone:	Email Address:
National Insurance Number:	
Profession:	Grade/Level:

If your name has ever changed, or your address has changed in the last five years, please supply changes

Persons to be contacted in case of an emergency:

Name:
Address:
Home Telephone:
Relationship:

Type of work required/General Information

Preferred client group/ Type of work:
Preferred geographical area:
Do you wish to work full time? Yes/No
• If no, how many hours do you require?
Preferred start date:
Notice period:
Do you hold a clean driving licence? Yes/No
Do you currently have access to a car? Yes/No

Professional References

(we reserve the right to contact any previous employers)

Name:	Name:
Company:	Company:
Position:	Position:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:

In A Nutshell

Please tell us about yourself, your work experience and your strengths – go on – sell yourself!

Please state any languages that you are fluent in, including sign language and outline any other skills which are relevant to this application or the type of work you are applying for.

Professional Regulations

Professional Body	Membership/Regulation	Expiry date

Criminal Record Check

You will have to complete the enclosed CRB Form

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975

Because of the nature of the work for which you are applying, the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 does not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore, NOT entitled to withhold information about convictions with for purpose are 'spent' under provisions of the act. In the event of employment, any failure to disclose such convictions will result in your removal from our register. Any information you may give will, of course, remain strictly confidential. We may contact you for your permission to disclose such details if relevant to the position you are applying for.

Have you ever been police checked?	Yes/No
If so, by whom?	
Date you were last police checked:	
Have you read the enclosed leaflet : Recruitment of Ex-Offenders Policy?	Yes/No
Have you ever been convicted of a criminal offence?	Yes/No

If yes please give details of any convictions:

Offence
Date of conviction
Sentence

Offence
Date of conviction
Sentence

Checklist

To ensure your application is processed smoothly, please ensure **that you enclose original documents as detailed below with your application;**

- Full CV and completed employment history
- Copies of qualifications and Dip SW
- Enhanced Disclosure Form - completed
- GSCC Registration Certificate
- Passport or driving licence for identification
- 2 Passport size photographs
- Signed copy of the Health & Safety Policy – Page 5

Note: You may bring documents in person to the office by appointment, or by post. All documents will be returned same day by recorded delivery

Health and safety policy for temporary workers

Our Recruitment Policy confirms our commitment to treat all candidates with respect and to act in their best interests. It is important, therefore, for us to take all reasonable steps to ensure your health, safety and welfare whilst visiting our offices and, as far as possible, working on our Clients premises. Please note however that it is in the ultimate responsibility of the client to provide you with a work environment that complies with current health and safety regulations.

It is your responsibility to look after you own health, safety and welfare, and that of others by:

- Familiarising yourself with the Clients Health and Safety policy, Fire and Evacuation arrangements' and First Aid arrangements
- Insuring that you co-operate with the Clients Fire and First Aid arrangements
- Complying with any induction and task training, supervision and requirement of any relevant risk assessments
- Only carrying out tasks that you are trained for and competent to carry out, have been employed for by the Client and have been authorised to undertake within the agreed premises or area
- Notifying us if you are or become pregnant. This is particularly important as certain equipment and conditions may affect the development of your baby
- Notifying us of any changes in your circumstances that could affect your ability to work, or that put you at risk within the work place
- Taking care of company property entrusted to you, refrain from horseplay and abuse of welfare facilities

You should also:

- Report to your immediate supervisor any defects in plant or equipment and insure that plants and equipment is in a safe and secure state when unattended
- Report all incidences that could result in person injury or property damage to the Client and to your manager at the agency
- Report any person work related injury or disease to the client and to your manager at the agency
- Set a personal example

Declaration

I have filled in this application form to the best of my knowledge and understanding, and I have omitted no relevant details. I accept that I may be required to undertake a medical check and that I will inform my manager of any changes in my medical status. I also understand that if any false statements are made, this may result in the termination of my contract for services.

- I hereby give my consent for all my details to be stored on computer
- I confirm that I have registered with the company through my own choice
- I confirm that, should any of my personal details change, I will inform the company immediately
- I confirm that I have read and understood the information in this application form
- I confirm that I am not an employee of the company, nor that I have any intention of becoming and employee of the company
- I confirm that should I accept a position of temporary worker through the company, that I am under the direction, supervision and control of the Client at all relevant times

Signed:

Date:
