

APPLICATION FORM GUIDELINES

Please find attached the Application Form for applying to be a Support Worker through Heart 2 Heart Staff Solutions.

There are numerous things that have to be completed for safeguarding and compliance reasons. Should any information be omitted from this application form then your application for employment will NOT be taken any further.

Please write clearly and legibly. It is up to you to make sure that there are **NO GAPS** within employment from leaving school until the present date. **ALL** information has to be completed fully; we will not be chasing any missing information. This means complete addresses, dates and full contact information for your two references is provided.

This is a job application form, therefore, you need to be able to complete the form in a professional manner as this shows your work ethic and ability to understand instructions.

At Heart 2 Heart Staff Solutions we pride ourselves in offering staff of a high standard to our clients, that go above and beyond and represent us in a professional manner.

Heart to Heart Staff Solutions Application Form

Please complete this form and return it to julie@h2hcare.co.uk Please ensure that you have completed ALL parts of the application form and signed the declaration and consent section. *All information supplied on this application form will be treated confidential.*

PERSONAL DETAILS

Title:	Forename/s:		
Surname:	Previous Surname/s: <i>(if applicable give dates)</i>		
D.O.B: <i>(DD/MM/YYYY)</i>	Place of Birth: <i>(town/city)</i>	N.I. Number:	
Current Address:	Mobile Number:		
	Home Number:		
	Resided From: <i>(MM/YYYY)</i>		
Email:			

Please state ALL previous addresses for the past 5 years: *(continue on a separate sheet if required)*

Address:	From: <i>(MM/YYYY)</i>	To: <i>(MM/YYYY)</i>
Address:	From: <i>(MM/YYYY)</i>	To: <i>(MM/YYYY)</i>
Address:	From: <i>(MM/YYYY)</i>	To: <i>(MM/YYYY)</i>

NEXT OF KIN / EMERGENCY CONTACT DETAILS

Name:	Contact Number/s:
Address: <i>(if different from above)</i>	Relationship to you:

Do you need a work permit to work in the UK (please tick ONE BOX)? **YES** **NO**

Note: The Company will require proof of this before **ANY** offer of employment can be confirmed – e.g. A long birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.

Do you hold a current full UK Driving Licence? **YES** **NO**

CURRENT OR MOST RECENT EMPLOYMENT

Please give details of employment (paid or unpaid) from leaving school/education till now. Please give your most recent first and use a continuation sheet if necessary. Should there be **ANY** gap in employment, please state why.

Name of Employer:	From: <small>(MM/YYYY)</small>	To: <small>(MM/YYYY)</small>
Post Title:	Notice Period:	
Address:	Postcode:	
	Contact Number:	
	Reason for Leaving:	
Brief outline of duties:		

Name of Employer:	From: <small>(MM/YYYY)</small>	To: <small>(MM/YYYY)</small>
Post Title:	Notice Period:	
Address:	Postcode:	
	Contact Number:	
	Reason for Leaving:	
Brief outline of duties:		

EMPLOYMENT HISTORY CONTINUED.... (any gaps must be explained)

Name & Address of Previous Employer(s) <small>(and nature of business starting with most recent)</small>	From <small>(MM/YYYY)</small>	To <small>(MM/YYYY)</small>	Position Held	Reason for Leaving

EDUCATION: QUALIFICATIONS

Please give details of all qualifications obtained, along with the grade and date achieved. Please give your most recent first.

School / College / University	Professional Body	Date (MM/YYYY)	Level	Subject	Grade
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Any other relevant training:	
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REFERENCES

Please give details of 5 years of continuous referees (work or personal), one of which must be your current or most recent Line Manager. References from family or friends are **NOT** acceptable. ***Please Note: Your last 'CARE ROLE' must also be provided and SHALL be contacted during the reference search.***

Name:	Job Title:
Address:	Organisation:
	Contact Number:
	Postcode:

Email:

Reference 1 Details	
Reference 2 Details	
Name:	Job Title:
Address:	Organisation:
	Contact Number:
	Postcode:

Email:

DECLARATION

DATA PROTECTION ACT DECLARATION

The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

Sign:

Date:

I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in the withdrawal of any conditional offer made, or dismissal or other disciplinary action if I am appointed.

Do you have any prosecutions pending? *(please tick the appropriate answer)* YES NO
If yes, please give details in the box below:

Have you ever been convicted at a court or cautioned by the police for any offence?
(please tick the appropriate answer) YES NO

If yes, please list below details of all convictions, cautions or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

DECLARATION OF ABUSE INVESTIGATION(S)

Have you **ever** been the subject of any adult or child abuse investigations which alleged that you were the perpetrator of any adult or child abuse? *(please tick the appropriate answer)* YES NO

If yes, please list full details below indicating the name of police unit or HSC Trust involved in the investigation. If possible, please provide the approximate date(s)

DECLARATION AND CONSENT

Sign:

Date:

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete a DBS Certificate Application Form if I am considered to be the preferred candidate. I consent to the Enhanced Disclosure Check being made, and I agree to enquiries relevant to the declaration.

YOUR CLIENT GROUPS AND PREFERENCES

Which of the following services have you worked in/prefer to work in? *(please tick the appropriate answer/s)*

- | | | | |
|--|---|--|---------------------------------------|
| Learning Disabilities <input type="checkbox"/> | Mental Health <input type="checkbox"/> | Physical Disabilities <input type="checkbox"/> | Older People <input type="checkbox"/> |
| Children/Young Adults <input type="checkbox"/> | Nurseries <input type="checkbox"/> | Residential Services <input type="checkbox"/> | Day Services <input type="checkbox"/> |
| Respite Services <input type="checkbox"/> | Domiciliary Services <input type="checkbox"/> | | |

Date Available to Start:

Will Heart to Heart be your ONLY employment? *(please tick the appropriate answer)*

YES

NO

GDPR Data Consent Form

The General Data Protection Regulation 2018 response sheet for staff who work with

H2H Staff Solution Ltd

Failure to complete this section will result in data being deleted

(Delete as necessary) I DO / DO NOT give consent for H2H Staff Solutions Ltd to hold some or all of the following for managing my personal information or sharing with any third party.

- Surname
- Forename/s
- Familiar name
- Title
- Home address
- Telephone number
- Mobile number
- Email address

(Delete as necessary)

Print Name:

Sign:

Date:

CONFIDENTIAL

PRINCIPAL STATEMENT OF TERMS AND CONDITIONS

I am pleased to confirm your appointment as an agency worker with Heart to Heart Staff Solutions Ltd. This document outlines the Terms and Conditions which apply to your contract and other information which is relevant to your employment.

1. You agree to be available for work, should Heart to Heart offer you work. However, Heart to Heart has no obligation to offer you work at any time, and you are **not** entitled to a minimum number of hours of work per day, week or year.
2. If Heart to Heart does offer you work, you are required to accept and complete it to the organisation's satisfaction. Where Heart to Heart offers work to you, it does not give rise to a presumption that it will offer you any further work.
3. A minimum 30 minutes prior to the commencement of a work assignment, Heart to Heart will contact you to explain the work that they require you to carry out and the date on which the work is due to start. You should confirm your availability immediately if you are able to complete the work.
4. You will be subject to the terms and conditions as agreed and amended from time to time by the Company as outlined in its policies, procedures, handbooks and other relevant documents.

5. If the Company makes an overpayment to you to which you are not entitled, or is more than that to which you are entitled, you agree to allow the Company to recover the overpayment by deductions from your salary or other payments due to you. Any deductions will normally be made over the same period that the overpayment was made. It is within your interest to regularly check your pay slips.
6. You will be paid weekly on a Friday; your pay will be in arrears to a bank account of your choice.
7. To receive holiday pay, you are required to work with us for a minimum of 12 weeks. Holiday pay will be paid at the basic rate of £8.50ph at a maximum of 30 hours per week.
8. You are expected to comply with the Company dress code, the shift coordinator will explain the details of this, and provide you with any relevant company policy on this.
9. Should the need for disciplinary action be deemed necessary, this will be taken in accordance with the Company Policy and Procedure on Disciplinary Action. You have a right of appeal against this as outlined in the Procedure.
10. If you have a grievance in relation to your employment, then you should follow the procedure outlined in the Company Grievance Policy and Procedure. You should initially discuss any grievance with your immediate superior.
11. You are required to report any sickness absence as soon as is practicably possible to your immediate superior and provide certification of sickness in line with Company policy. You should not accept a work assignment if you know that you will be unable to work all or any of the hours agreed because of sickness or injury.
12. Smoking on Company premises is prohibited (except in those external areas specifically designated for that purpose). Breach of this regulation may result in disciplinary action being taken.
13. In the course of your employment you may have access to confidential material both in paper and electronic form. On no account should this information be divulged to any unauthorised person. Breaches of confidentiality will be dealt with through the Company Policy and Procedure on Disciplinary Action.
14. The Company has a strict anti-bribery and corruption policy in line with the Bribery Act (2010). If you bribe (or attempt to bribe) another person, intending either to obtain or retain business for the company, or to obtain or retain an advantage in the conduct of the company's business this will be considered gross misconduct. Similarly accepting or allowing another person to accept a bribe will be considered gross misconduct. In these circumstances you will be subject to formal investigation under the Company's disciplinary procedures, and disciplinary action up to and including dismissal may be applied.
15. It is a condition of your employment that the Company is satisfied on your medical fitness to carry out your duties. This appointment is conditional on a satisfactory Occupational Health Service / Company Doctor assessment. Should it be deemed necessary during the course of your employment, you may be required to attend for a medical examination from the Company Doctor / Occupational Health Service.
16. Your employment with the Company may be dependent upon the possession of particular qualifications or registration with a statutory Body or other Authority; evidence of this must be produced on request. Failure to produce such evidence may lead the termination of your employment
17. Access to all handbooks, policies and procedures etc. is available through your line manager or the Company Head Office, and copies can be provided on request.
18. If you are in agreement with the above terms and conditions, please sign below
19. I give permission for Heart to Heart to contact me on the phone number or email address written on this application form.

Print Name:

Sign:

Date:

FORM OF ACCEPTANCE: I will accept this appointment on the terms and conditions stated above.

EQUAL OPPORTUNITIES

Do you consider yourself to have a disability or health condition? *(please tick the appropriate answer)*

YES **NO** **Prefer not to say**

If yes, please give details:

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process

ETHNICITY

White: *(please specify)*

Mixed / Multiple Ethnic Groups:
(please specify)

Asian / Asian British:
(please specify)

Black / African / Caribbean / Black British:
(please specify)

Any Other:
(please specify)

I certify that I have answered ALL questions to the best of my ability and knowledge. I understand that withholding information, or knowingly giving incorrect information, about my health on this form may result in disciplinary action or dismissal from post.

Print Name:

Sign:

Date:

PART 2: TO BE COMPLETED BY ALL APPLICANTS

GP / SPECIALIST REPORT

It may be necessary for Heart to Heart to obtain further information from your GP or Consultant before they are able to determine your fitness for work. Any reports provided will form part of your Occupational Health Medical records and will not be provided to your employer. Under the 'Access to Medical Reports Act 1998' a medical report cannot be provided by a Medical Practitioner without your consent. You have the following options regarding any report requested: -

1. You may withhold your consent to a report being provided to us.
2. You may consent, but request to see the report before it is provided to us. The Medical Practitioner will then send the report to you. If you have not replied to them within 21 days of the report being sent, they may assume consent and provide the report to us. If you do not approve the report due to any information you deem incorrect, you can request in writing, that the report be amended. The Medical Practitioner may or may not agree to amend the report. If they do not you may: -
 - a) Withdraw your consent to the report being issued.
 - b) Request that the Medical Practitioner attach a statement from yourself to the report.

c) Agree to the report being issued unchanged.

You may also withdraw your consent to the report being provided if the Medical Practitioner declines to show you the report, or part of the report, if they consider there are special circumstances as described in the Act.

- 3. You may consent to the report being provided (You can request a copy of the report from your GP or specialist – up to 6 months after it has been provided. There may be a charged for this service).
- 4. Heart to Heart Staff Solutions Ltd will inform you of each report that is requested.

Your Doctor Details	Your Specialist/Consultant Details
GP's Name:	Specialist Name:
GP's Address:	Specialist Address:
Postcode:	Postcode:
Telephone Number:	Telephone Number:

Please consider the statements below and tick one box only to indicate your decision:

I DO NOT consent to a medical report/extract of records being provided to	<input type="checkbox"/>
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Heart to Heart Staff Solutions Ltd.	
I consent to a medical report/extract or records being provided to Heart to Heart Staff Solutions Ltd, but I wish to see it before it is issued.	<input type="checkbox"/>
I consent to a medical report/extract of records being provided to Heart to Heart Staff Solutions Ltd.	<input type="checkbox"/>

Print Name:

Sign:

Date: