



Attach Photograph

HEALTH CARE ASSISTANT APPLICATION FORM

Please complete this form in black ink and complete all sections

Position Applied for	
Your Surname and Initials	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

1. Personal Details

Title		Surname		Maiden Name	
Previous surnames (if any)					
Forenames (in full)					
Address					Post Code
Telephone	Home		Work		Mobile
Email address					Nationality
May we contact you at work?	Yes	No	Please ✓ as appropriate		
Date of Birth			National Insurance Number		
Next of Kin to be notified in case of emergency: Name					
Address					Post Code
Telephone	Home		Work		Mobile
Relationship to you					

2. Formal Education and Qualifications

Name of School/College/University and Location	Dates of attendance		Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

4. General information

Do you hold a valid and current British Driver's Licence? Yes No Please ✓ as appropriate
 If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes No Please ✓ as appropriate
 If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

5. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions	<input type="checkbox"/> part time	<input type="checkbox"/> full time		
Type of work	<input type="checkbox"/> NHS	<input type="checkbox"/> private hospitals	<input type="checkbox"/> nursing home	<input type="checkbox"/> industry
Clients in their own home	<input type="checkbox"/> Other, please specify _____			
live in	<input type="checkbox"/> days	<input type="checkbox"/> nights	<input type="checkbox"/> visits	
Do you have any other work commitments?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which areas of work do you wish to exclude?	
When will you be available to start work?	

6. Additional Information

Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Agency and their relationship to you.

7. References

References are normally taken for candidates selected for interview.
 One of the Professional Referees should be your current or last employer.
 We require 2 Professional references and 1 Personal for a minimum of 10 years.

Professional Referee Referee Name, Organisation, Address and Post Code		Professional Referee Referee Name, Organisation, Address and Post Code	
Telephone No.		Telephone No.	
Email		Email	
Position / Relationship to you		Position / Relationship to you	
Exact Dates worked		Exact Dates Worked	
May we contact the person above now?		May we contact the person above now?	
Yes No Please ✓ as appropriate		Yes No Please ✓ as appropriate	

Personal Referee Name, Address and Post Code		Personal Referee Name, Address and Post Code	
Telephone No.		Telephone No.	
Email		Email	
Relationship to you		Relationship to you	
Number of years known		Number of years known	
May we contact the person above now?		May we contact the person above now?	
Yes No Please ✓ as appropriate		Yes No Please ✓ as appropriate	

8. Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

9. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions

I have convictions (see Note below)

Please ✓ as appropriate

Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

10. Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

11. Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? **Yes** **No** **Please ✓ as appropriate**

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed _____

Date _____

1. Equal Opportunities Monitoring Form

Acerta24 operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire.

Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?

Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.

A White

British

Irish

Any other White background, please write in here.

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in here.

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in here.

D Black or Black British

Caribbean

African

Any other Black background, please write in here.

E Chinese of other ethnic group

Chinese

Any other, please write here.

SEX

Female

Male

DISABILITY

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

Yes

No

For Office Use Only

Surname & Initial		
Date Application received		
Date Application acknowledged		
Initial Decision		
Date Applicant informed		
Date(s) of Interview		
Decision		

Notes

GAPS IN EMPLOYMENT FORM
&
VERIFICATION OF EMPLOYMENT DATES WHERE REFEREE DOES NOT PROVIDE A REFERENCE

Dates where there are gaps in employment or Employer	Notes / Telephone Verification and title of contact you have spoken to	Acerta24 Staff obtaining verification	Date check was completed

Candidate Name: _____

Date of Registration: _____

Agency Handbook, File Access and Data Protection Act
Declaration

I can confirm receipt of the Agency Worker Handbook which outlines Acerta24 policies, procedures and expectations as well as my responsibilities as an Agency Worker.

At induction I familiarised myself with this handbook and acknowledge, accept and agree to comply with the information contained within this document.

I acknowledge that the handbook is not intended to replace any training requirements or cover all situations that could arise and is a general guide to the organisations policies, practices, procedures and expectations.

By my signature below, I also acknowledge that this is not a contract of employment and that I have received any such contract separately. I will familiarise myself with any updates to this document upon receipt.

The practices, policies and procedures contained within the handbook include policies, procedures and practice in relation to Hospital, Residential, Nursing and Domiciliary Care.

In accordance with the Data Protection Act, I hereby authorise Acerta24 to allow access to my personnel files for compliance purposes or as part of any official audit by both internal and external parties related to my work with the Agency.

General Practice & Policies covered at induction and contained within the Handbook include / not limited to:

Code of Conduct	Caldicott Standards
Recruitment Policy	Uniform Requirements
Timesheet Policy	MRSA
Complaints Procedure	Reasons why temporary workers may be excluded from our register and grievance procedure
Induction and Training and CPD Policy	HIV-AIDS
Medication Policy	Restrictions on Behaviour
Whistle-Blowing	Identification worn by Temporary Workers
Prevention and Detection of Abuse	Occupational Health Policy and Procedures
Safe Administration of Intravenous drugs	Car insurance and use of cars
Criminal Record Checks	Diversity and Equality Policy
Dignity and Privacy policy	Physical Restraint
Anti-Discriminatory Practice -Equal Opportunities	Anti-Fraud Anti-Theft Anti-Corruption
Data Protection and subject access	Safeguarding of Children and Vulnerable Adults
Dealing with difficult behaviours	Incident reporting and Investigation
Managing Risk across the organization	COSHH policy
Health and Safety	Accidents and Incidents Policy
Infection Control Policy	Client feedback
Fire Safety Policy	Grievance Policy
Maintenance of Equipment and Safety checks	Manual Handling
Contingency Plan	Needle Stick Injuries
Confidentiality	Access to SU Homes in event of no response
Smoking and alcohol use	Handling of Money Policy
Record Keeping	

Print Name: _____

Signature: _____

Date: _____

Once completed the form will be retained within your file at:
Acerta24, Weatherill House, 23 Whitestone Way, Croydon CR0 4WF

5.1 Preference regarding Work

Working Time Regulations & Night Working

Night Workers' Health Assessment & Questionnaire

Under Working Time Regulations, all night workers are to be offered an initial and an annual health assessment.

A night worker is classified as an individual who regularly works for more than three hours during the period 11 p.m. to 6 a.m. The assessment is voluntary and additional to any other health assessment undertaken via the Agency.

Completed questionnaires are held and assessed in confidence. They are designed to identify possible areas of special need in relation to night work.

The questionnaire is deliberately broad and, if necessary, a member of staff from Acerta24 or our appointed Occupational Health Service will contact you within seven working days if further assessment is required.

Do You Suffer from any of the following conditions? Please answer Yes or No to each.

- | | |
|--|--------|
| 1. Diabetes | Yes/No |
| 2. Heart or circulatory disorders | Yes/No |
| 3. Stomach or intestinal disorders | Yes/No |
| 4. Any condition which causes difficulty sleeping | Yes/No |
| 5. Chest disorders, especially at night | Yes/No |
| 6. Any medical condition requiring medication to a strict timetable | Yes/No |
| 7. Any other health factors that might affect fitness for night work | Yes/No |

If you have answered "Yes" to any of the questions above, please give further details relating to the question number(s) on the reverse of this document. Remember to sign and date any additional information.

Working Time Opt-Out Agreement

In accordance with the Working Time Regulations 1998, Agency Workers of this organisation are not required to work more than 48 hours per week. This is averaged over a 17 week period. This means that an employee might work more than 48 hours in one week, and less in another during a 17 week period – as long as the average is not more than 48 hours.

Agency Workers can opt out of this restriction on weekly hours. By signing this agreement you indicate that you are prepared to work more than 48 hours in any week. This is not a guarantee that you will be offered work in excess of 48 hours in any week. This is just an indication that you are prepared to opt out of the restriction.

You are entitled to give 4 weeks notice if you wish to cancel this agreement. Such notice should be given in writing.

If you choose not to sign this agreement you will not suffer any detriment.

I, would like to opt out of the requirement not to work more than 48 hours per week. I understand that I can give written notice of 4 weeks at any time to terminate this agreement.

Name:

Surname:

Date of birth:

CONFIDENTIALITY AGREEMENT

Agency Worker Confidentiality Agreement

To **The Partners, Acerta24**

1. In return for **all clients including but not limited to public sector organisations such as the National Health Service (NHS), Primary Care Trusts (PCT's), Local Authorities and other private sector organisations** providing information to me in the course of my assignment as an Agency Worker with **Acerta24**, I promise to do the following in relation to the information given to me or obtained by me in the course of such placement (“the information”):
 - I promise to hold the information in the strictest confidence, and to ensure that it is kept in a safe and secure place when not in use. I acknowledge that no information is to be removed from Client premises without the permission of the Client;
 - I promise to use the Information only for the purpose of the work for which I have been given such information;
 - I promise not to disclose it to any third party or to copy the information except as may be required in the course of my duties;

2. I agree that any breach of this undertaking by me or any third party to whom I release the information may result in legal proceedings being commenced against me including a claim for the recover of any losses or damages incurred by the Client as a result of that breach.

Signed by.....

PrintName.....

Dated:

Section 15
Acerta24

Candidate New Starter/Amendment Form

Personal Details.

Title: Mr / Mrs / Miss / Other _____ Sex: _____

Surname: _____ Forename: _____

Middle Name(s): _____

Address: _____

Postcode: _____

Email Add: _____

Payslip Option Emailed Posted

Date of birth: dd/mm/yyyy

National Insurance Number

Bank Account Details.

A/C Holders
Name _____

Name of
Bank _____

Sort Code _____ A/C Number _____

I confirm these account details to be correct, and agree for a deduction of **£7.50** to be made from my account if they are found to be in error to cover bank charges incurred by Acerta24

Your Bank account details can be changed once free of charge, if you wish to alter them again you will be subject to an administration charge of **£20.00**, this charge will be charged at the discretion of the Payroll Manager.

You have the option of being paid weekly or fortnightly, please select which option you would prefer.

Weekly Payroll Fortnightly Payroll

Please be aware that once you have selected which payroll run you wish to be on, this cannot be changed without incurring a charge of **£25.00** for Administration purposes.

I confirm the Bank details above to be correct and to the charges should I incur them

Name _____ Signature _____

Date _____

**Internal Use
Only**

Candidate Acerta24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Candidate Added to Payroll :	_____
Employment Status	PAYE	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
Tax Document Included	P45	<input type="checkbox"/>	P46	<input type="checkbox"/>	P38	<input type="checkbox"/>

Acerta24 Limited
Work Contracts
(i) Casual (ii) Incorporated Companies

I confirm receipt of my contract for

Please tick as appropriate

- 1 Terms and Conditions of Casual Work offered to me by Acerta24 Limited
- 2 Self Employed Contractor Agreement

SIGNED by

.....
Signature

.....
Name and Title of Person Signing
for and on behalf of Acerta24 Limited

SIGNED by

.....
Contractor Signature

.....
Contractor Name