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E: enquiries@Care101.co.uk
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Please attach photo ID here	1

Application to join us (revision 2.1)

Thank you for your interest in joining our Care101 team. Please complete the following questions as completely as you can and return it, along with any supporting documents to the above address.

If you would like to additionally attach a CV, please do. If you need any help, please call us on 01372 231007 or email admin@Care101.co.uk.

Which position are you app	lying for (please tick one) ?			
 I am applying as a registered nurse (RGN). My current PIN number is given below. I am applying as a registered nurse (RMN). My current PIN number is given below. I am applying as a Healthcare Assistant (HCA). 				
For nurses only, what is your NMC PIN number?				

Please tell us a bit about you			
What is your surname?		vas your surname (if different)?	
What are your forename(s)?			
And your title?	Mr, Mrs, Miss, Ms etc.		
What is your nationality?	Original:	Today (if changed):	
What is your date of birth?	dd/mm/yyyy		
Where were you originally born?	Town:	Country:	
What is your current address?			
What is your mobile telephone number?			
Other number (if applicable)?			
What is your e-mail address?			
Personal Options			
What is your national insurance number?			
Do you hold a full & valid driving licence for the UK?		☐ Yes ☐ No	
Do you normally have access to a car to get you to/from work?		☐ Yes ☐ No	
How did you hear about Care101?			
If it was through someone who please enter that person's nan			

Payment Options			
How would you like to be paid?	☐ PAYE	E Direct through UTR or the company below	
If applicable, what is your unique tax reference (UTR) or company name?			
Your eligibility to work in the UK			
Do you require a work permit to work in the L	JK?	☐ Yes ☐ No (please skip to next section)	
If you do, which type of permit do you have? (e.g. work permit, biometric residence, depend	dent etc.)		
How many hours per week are you permitted	to work?	☐ Unlimited ☐ This no. hours:	
Training & Education			
Have you completed your mandatory training	in the pas	t year? ☐ Yes ☐ No	
Employment History			
Briefly detail your employment history within of any employment gaps within this period.	the past 5	s years, starting with the most recent. Please include details	
If you have no relevant healthcare experience, we may still be able to put you on our mentorship programme.			

Please give details of any convictions in this country or abroad you currently or have previously had.
If none, please write the word "NONE" in this box. Please be aware that it is an offence to withhold this information.
References
Please give details of two people that would be prepared to give you a reference. One must be from a current/previous employer; the other should be a character reference, from someone other than a family member.
Any offer of employment will be subject to satisfactory references. By entering their details here, you give Care101 permission to contact these people.
Reference 1 – Professional reference, from a senior colleague who has worked with you
Name:
Position:
Organisation:
Address:
Contact number or e-mail address:
Reference 2 – Character reference, from someone who knows you well but is not a family member
Name:
Address:
Contact number or e-mail address:

Previous Convictions

Emergency contacts			
Please give contact information for two people we could contact on your behalf in an emergency.			
Contact 1 – Name & phone number			
Contact 2 – Name & phone number			
DBS status			
As part of your application we must determine your current DBS status. We can do this through the DBS Update service or by requesting a new certificate for you.			
Do you subscribe the DBS Update Service?			
Please enter the <u>number of the DBS certificate</u> you subscribe with? Please note this is the <u>DBS certificate number</u> , not your DBS account subscription number or login.			
Working Preferences & Working Time Regulations			

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When would you prefer to work? (circle all that apply)	Day Shifts	Night Shifts	Week days	Weekends
Briefly give details of any other employment you currently have – either full or part time				

Night shift working (if you may wish to	Have you worked night shifts before?	□ Yes □ No
work nights)	Have you ever suffered from health problems as a result of working during the night?	□ Yes □ No
	If so, please give details	
	When working at night, are you able to able to sleep in the day without incurring any health problems?	☐ Yes ☐ No
Health & Safety	Do you have a disability of any kind that may affect your work?	☐ Yes ☐ No
	If so, please give details	
	Do you have any special needs or medical conditions that others, including clients, may need to be aware of in an emergency?	□ Yes □ No
	If so, please give details	
	Do you have any allergies or religious beliefs that prevent you working with specific foods?	☐ Yes ☐ No
	If so, please give details	
Online data	Our records, including details relating to you are held securely on complete accessible to, or shared with appropriate people (typically clients either through staff profiles), in accordance with the Data Protection Act 1998.	online or
	Some of this data is personal and considered sensitive. They are shared with our General Data Protection Regulation (GDPR) policy.	in accordance
	Do you authorise us to store your details online & share them with 3 rd parties as needed?	☐ Yes ☐ No
Working time regulations	Under European Union rules, the maximum working week is currently link hours. As you are under no obligation to accept any work offered, you week compelled to work more than 48 hours per week. However, you may ch	vill not be
	☐ I DO NOT wish to work more than 48 hours per week ☐ I DO wish to work more than 48 hours per week	

Documents we will need to see

As part of your application we will need to see copies of the following documents. If you have any to hand now, please take copies and send them with this application. If not, don't worry, we can check them later.

Please do not send originals by post; any original documents we need to see (marked * below) can be brought to your interview.

Proof of ID	If you subscribe to the DBS Update service
	 Your main passport page * 1 x proof of address (recent utility bill, bank/card statement, council tax etc.)
	If you do not subscribe to the DBS Update service
	 Your main passport page * 2 x proof of address (recent utility bill, bank/card statement, council tax etc.)
Right to work	Proof of your right to work in the UK
	 Your main passport page * Your Biometric Residence Permit (BRP)* if applicable Any visa or residence permit * Any appropriate Home Office letter or supporting documentation *
DBS	If you subscribe to the DBS Update service
	A copy of the original DBS certificate used by the Update service
	If you do not subscribe to the DBS Update service, we will need to request a new certificate in order to verify your current DBS status.
Training	If you have completed any mandatory training within the past year, please provide proof of completion, such as course certificates.
Qualifications	If applicable, please send proof of any relevant medical or care-based qualifications you have – e.g. NVQ, QCF, diploma, degree etc.

Data Protection

Our records, including any copies of documents supplied are kept securely in line with the Data Protection Act 1998 and GDPR regulations. You understand & give permission for these to be made available from time to time to authorised personnel or inspectors.

Home Office Immigration Check

If applicable, you understand & give permission for Care101 to contact the appropriate authority in order to verify your current immigration status.

Declaration

I confirm that I have read and understood the above and confirm my answers to be accurate and correct.

Additionally, I understand that ...

- It is my responsibility to update Care101 in the event any of these details change in the future.
- Any job offer made to me is based on a zero-hours contract with no guarantee of work or working hours.
- Any job offer made to me is subject to satisfactory references being obtained from the individuals offered above. I give permission for Care101 to contact the referees given.
- Upon acceptance, if I do not subscribe to the DBS Update Service, Care101 will request a Disclosure and Barring Service (DBS) check. You will be sent a separate form for this.
- If information given on this application form is found to be false it may result in disciplinary action, or dismissal.

Signed	d: D	ate: