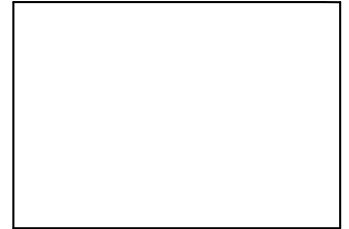


# APPLICATION FORM



## Care Assistant Application Form

Title	_____	Address	_____
First Name	_____		_____
Known As	_____	Town/City	_____
Middle Name(s)	_____	County	_____
Last Name	_____	Postcode	_____
Maiden Name	_____	Date moved to this address:	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Email:	_____
Date of Birth	_____	Tel: Home	_____
Nationality	_____	Tel: Mobile	_____
Marital Status	_____	How Did You Hear Of Us:	_____
Date of Marriage	_____		

**\* PLEASE ATTACH A LIST OF PREVIOUS ADDRESSES FOR LAST 6 YEARS - FORM ATTACHED**

Work Status	full time
Self Employed or PAYE	_____
National Insurance No	_____
Passport No	_____
Passport Expiry Date	_____
Driving License	Yes <input type="checkbox"/> No <input type="checkbox"/>
Car Owner	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Availability: We are open 24 hours a day  
Please specify times at which you are not to be contacted

Is it ok to contact you at work Yes  No

# APPLICATION FORM

## CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list using most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

# APPLICATION FORM

## CAREER HISTORY cont.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

# APPLICATION FORM

## QUALIFICATIONS & TRAINING

Date Qualified:

---

NMC Pin Number:

---

Expiry Date:

---

Where did you train?:

---

Please give details of training undertaken and qualifications obtained:

---

---

---

---

---

You should supply any certificates such as ENB or Diplomas etc -please note that we require manual handling/CPR certifications that have been updated in the last 12 months

# APPLICATION FORM

## MEDICAL HISTORY

Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma/Hay fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bronchitis/Pneumonia/Pleurisy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Headaches/Migraine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Psychiatric Illness/Anxiety/Depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dermatitis/Psoriasis/Eczema	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurrent infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hepatitis/Jaundice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you taking any prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered yes to any of the above questions please give details on separate paper attached to the back of the application form.

Have you ever been vaccinated, immunized or tested for/against any of the Following?

Varicella	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis including BCG	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heaf, Mantoux or Tine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rubella (German Measles)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Poliomyelitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hepatitis B	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hepatitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HIV	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tetanus	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Typhoid	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Other Please State:		

Name Of GP: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

# APPLICATION FORM

## REFERENCES

Ace 24 Consultancy requires 2 professional references.

It is essential that you have had professional dealings with both of your references within the last 2 years.

Name Of Referee:	Place Of Work
Position	
Work Address:	
Country:	Postcode:
Telephone Number:	Fax:
Email:	Mobile Phone:

Name Of Referee:	Place Of Work
Position	
Work Address:	
Country:	Postcode:
Telephone Number:	Fax:
Email:	Mobile Phone:

# APPLICATION FORM

## OPT-OUT AGREEMENT

### DEFINITIONS

In this Agreement the following definitions apply:-

“Assignment” means the period during which the Temporary Worker is engaged in services to a Client.

“Client” means the person, firm or corporate body that has engaged the services of the Temporary Worker.

“Employment Business” means Ace 24 Consultancy.

“Temporary Worker” means a Qualified Nurse, care assistant or other Temporary Worker.

“Working Week” means an average of 48 hours each week as calculated over any 17 week period.

### THE AGREEMENT

The Working Time Regulations of 1998 state that a Temporary Worker shall not work on an Assignment with a client in excess of the Working Week unless they agree in writing that this limit should not apply.

The Temporary worker, by signing the declaration below, agrees that the Working Week shall not apply to their Assignments.

The Temporary Worker can end this Agreement at anytime by giving the Employment Business 14 days notice in writing. After the 14 day notice period has expired the Working Week shall apply immediately.

It should be noted, that any notice ending this Agreement does not mean that a Temporary Worker has ended an Assignment with a Client.

These laws are governed by English Law and are subject to the jurisdiction of the English Courts.

### THE DECLARATION

I have read and fully understand the above OPT OUT AGREEMENT.

I hereby consent that the Working Week limit shall not apply to my Assignments.

I understand that I can end this Agreement by giving the Employment Business 14 days notice in writing.

**SIGNED :**

**PRINT NAME**

---

**DATE**

---

# APPLICATION FORM

## NEXT OF KIN

### NEXT OF KIN DETAILS

FULL NAME : \_\_\_\_\_

RELATIONSHIP TO TEMPORARY WORKER : \_\_\_\_\_

HOME TELEPHONE : \_\_\_\_\_

MOBILE NUMBER : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ANY OTHER OR SPECIAL NOTES

\_\_\_\_\_

\_\_\_\_\_



## DISCLOSURES

### Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitation of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? YES  NO

Do you have any spent or unspent criminal convictions or cautions? YES  NO

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES  NO

Have you ever been involved in court proceedings? YES  NO

Please give any additional information which you think may be relevant in support of your application on a separate page.

**IF YOU HAVE A CONVICTION/CAUTION RELATING TO A VIOLENCE OR THEFT OFFENCE, WE WILL BE UNABLE TO PROGRESS WITH YOUR APPLICATION.**

# APPLICATION FORM

## DECLARATION

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to Ace 24 consultancy checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ace 24 Consultancy Ltd retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:-

Compliance Team  
Ace 24 Consultancy  
Colchester Business Centre  
1 George Williams Way  
Colchester  
Essex  
CO1 2JS

## ADDITIONAL INFORMATION/CHECKLIST

On receipt of a satisfactorily completed application form, Ace 24 Consultancy will provide/send the following:-

1. Assist you with your DBS application for an enhanced DBS. The charge for this will be **£58.39** (cheques to be made payable to Ace 24 Consultancy Ltd).

**Please bring this Application Form to your interview along with the following ORIGINAL documentation for us to view and take copies. Without this information we cannot progress with your application.**

Please Tick Boxes

NMC pin card and your statement of entry	<input type="checkbox"/>
Valid Passport	<input type="checkbox"/>
Valid Visa/Work Permit/Certificate of British Nationality (if applicable)	<input type="checkbox"/>
National Insurance Number Card	<input type="checkbox"/>
2 additional forms/proof of Identity & Address - (Driving Licence or copy bills etc.)	<input type="checkbox"/>
Full Immunisation record :	
Hep B	<input type="checkbox"/>
MMR 1	<input type="checkbox"/>
MMR 2	<input type="checkbox"/>
Varicella	<input type="checkbox"/>
Hep B (IVS) HBSAg	<input type="checkbox"/>
Hep C (IVS)	<input type="checkbox"/>
HIV (IVS)	<input type="checkbox"/>
Training Certificates including:	
Moving and Handling (practical)	<input type="checkbox"/>
BLS / ILS / ALS	<input type="checkbox"/>
Complaints Handling	<input type="checkbox"/>
Conflict Resolution (inc management of violence & aggression)	<input type="checkbox"/>
Fire Safety	<input type="checkbox"/>
Information Governance (including Caldicott Protocols and Data Protection)	<input type="checkbox"/>
Health & Safety at Work (including COSHH and RIDDOR)	<input type="checkbox"/>
Infection Control (including MRSA and C-Diff)	<input type="checkbox"/>
Lone Worker Training (if applicable)	<input type="checkbox"/>
Food Hygiene (if applicable)	<input type="checkbox"/>
IV Certificate (if applicable)	<input type="checkbox"/>
Full CV	<input type="checkbox"/>
Addresses covering the past 6 years and dates of residency	<input type="checkbox"/>

## APPLICATION FORM

2 Passport size photos

| College Details & Terms Dates (if Student)

**We will also need details of your Bank / Building Society account for our Payroll Department**

We try to make our registration process as swift and painless as possible but we are sure that you understand that owing to the sensitive nature of your profession that our checks have to be thorough.

**PLEASE CONTACT US ON 01206580362**

**Thank you.**

# APPLICATION FORM

## LIMITED COMPANY BANK DETAILS OR IF PAYE PERSONAL BANK DETAILS

Please note the details below are the account your wages will be paid into

<b>Bank / Building Society Name</b>								
<b>Bank / Building Society Address:</b>								
<b>Postcode</b>								
<b>Account Holder Names (s):</b>								
<b>Account Number</b>								
<b>Sort Code</b>								
<b>Building Society Reference</b>								
<b>Unique Taxpayer Reference: (mandatory unless you are paid PAYE)</b>								
<b>WORKING TIME DIRECTIVE: WTR 48 HOUR WORKING WEEK OPT-OUT</b>								
The Working Time Directive requires that a worker's average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit. Please sign the declaration below in order that we may lawfully employ you if your hours exceed 48. Please note that by signing this Opt-Out you are not committing to a working week of more than 48 hours, but rather allowing yourself to be offered assignments that could take you over this threshold.								
<b><u>TAX STATUS</u></b>								
Please note I wish to be paid gross for assignments with Ace24 Consultancy. I will take account of my own income tax and national insurance contributions. If I have not provided my self assessment number it is because this is my first year of self assessment. Once the Inland Revenue provide me with a self assessment number it will be passed onto Ace24 Consultancy.								
<b><u>Full Name</u></b>					<b><u>NMC Pin:</u></b>			
<b><u>Signature</u></b>					<b><u>Date:</u></b>			
<b><u>IMPORTANT INFORMATION</u></b>								
PLEASE SIGN THE DECLARATION ABOVE AND PRINT YOUR NAME TO CONFIRM THE ABOVE INFORMATION								