

Hands On Healthcare Services Ltd

1. Personal Information

Please enclose your most recent CV with your application.

Forename:	Surname:	Title:
Address:		Photo I.D (for office use ONLY)
Town/City:	Postcode:	
Phone No:	Email:	
Mobile No:	Nationality:	
Date of Birth:	National Insurance No:	
Next of Kin: Name:	Address:	Tel:
Do you drive? (Y/N)		Do you own a car? (Y/N)

2. Applicant Information

Date Available:	Desired Salary:	
Position Applied For?		
Preferred Location of Work?		
Availability	Full Time: <input type="checkbox"/>	Weekends <input type="checkbox"/> Ad Hoc: <input type="checkbox"/>
(Tick those that apply)	Only:	
Working Status	Work Permit: <input type="checkbox"/>	Student Visa: <input type="checkbox"/> Unrestricted: <input type="checkbox"/>
Do you have a criminal record?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
Are you a UK citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, can you work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your Manual Handling Training up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, date of expiry:

3.**Occupational Health Screening History**

Name of trust or hospital that gave your most recent screening:

Date of most recent screening:

GP Address:

GP Contact Number:

Were the results in anyway abnormal?

If the results were abnormal please provide details in the space below:

4.**Immunisations Records**

Please tick the appropriate option. You will need to provide proof of any clean checks.

Hep B	Varicella	Rubella	TB
Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>
Needs Immunisation <input type="checkbox"/>	Had Virus <input type="checkbox"/>	Needs Immunisation <input type="checkbox"/>	Scar <input type="checkbox"/>

5. PRESENT EMPLOYMENT

Name of Employer:

Address:

Postcode:

Position Title:

Department/Section:

Date of Appointment:

Salary:

6. Previous Employment

Name of Employer:

Address:

Position Held:

Summary of Duties:

7. Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualification/Grades

8. Training & Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

9.

Health Check

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:	
Please state number of occasions in the last 2 years:	
Do you or have you had any problem with the under noted? If	Yes No
Yes please give details on a separate Sheet.	
Nervous or psychiatric illness	
Tonsillitis / sinusitis/ ear infection	
Asthma/ hay fever/pleurisy /chest infections	
Tuberculosis	
Heart/Circulation/ High blood Pressure	
Bladder/ Kidney Problems	
Blackouts/ Epilepsy/ giddiness	
Skin rashes/ allergies to food or drugs	
Thyroid /debates/other glandular illness	
Gastro-intestinal / jaundice	
Migraine / headache / varicose veins/ painful periods	
Genitourinary symptoms, disorders or diseases	
Hernia	
Do you have any persistent coughs?	
Immune- deficiency symptoms e.g. HIV positive diseases or disorders	
Stress related disorders or diseases	
Haematological symptoms, disorders or diseases	
Have you ever attended hospital anytime	
Are you receiving any medical treatment	
Have you ever left employment for health reasons	
Have you ever had chicken pox or shingles?	
Date, if yes?	

10.**References**

Reference 1	Reference 2	Reference 3
Name	Name	Name
Position (job title)	Position (job title)	Position (job title)
Work Relationship	Work Relationship	Work Relationship
Organisation	Organisation	Organisation
Address	Address	Address
Postcode	Postcode	Postcode
Telephone No	Telephone No	Telephone No
E-mail	E-mail	E-mail
From to	From to	From to

11.**PERSONAL DECLARATION**

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.

I understand that providing false/inaccurate information may result in the termination of employment.

I agree that I will endeavour to make myself aware of the Health & Safety procedures for each client I am assigned to.

I understand my C.V and personal information will be shared with potential employers. I give full permission to store my information and distribute it to potential companies and individuals deemed necessary by Hands On Healthcare Services Ltd. Information contained within this document is governed by the Data Protection Act 1998, in line with the Equality Act 2010. Disclosure of Information is only with your informed consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

Signed by (full name): **Date:**

Signature:

12. Personal Statement (Optional)

Please use this section to explain in detail how you meet the requirements of the Employee Profile (abilities, skills, knowledge and experience). If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

13. NOTICES

All notices which are required to be given in accordance with these Terms shall be in writing and may be delivered personally or by post to the registered office address. Or sent by email to the company email address.

14. GOVERNING LAW & JURISDICTION

These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales.

Signed by the Agency Worker:

Full Name:

Date: