

Candidate Name: _____ Role: _____

Thank you for enquiring about joining our agency. Please complete the enclosed forms and send them to the above address. As soon as we receive the forms we will arrange for an interview. We require copies of the following documents for registration:

- **Current and Valid Passport &/or Birth certificate – Issued at time of birth**
- **Biometric residence permit**
- **Current driving license – photo card (Full or Provisional)**
- **Marriage certificate (if name changed)**
- **Proof of NI Number**
- **Proof of Address (X2 utility bills)**
- **Immunisation records**
- **Payment for DBS**
- **X2 photo for ID**
- **Proof of PIN if nurse**
- **X2 Reference details**
- **Contact details of Next of Kin**
- **Training certificate (mandatory in-house training required)**

For DBS checks we also need the address of where you lived in the past five years. If you have any queries, please do not hesitate to contact the office. I look forward to speaking with you soon.

New Employee Form

Employer

1st Call Recruitment Services

PAYE reference

Employee details

Surname

Date of birth

Forenames

Male

Female

Address

NI Number

Telephone

Mobile

Postcode

Email

Contact Information (in case of emergency)

Name of person to contact

Relationship to you

Telephone

Mobile

Bank details

Bank name

Account number

Sort code

Account name

Starter declaration

Tick one of the following three statements:

- This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- As well as my new job, I have another job or receive a State or Occupational Pension.

Student Loans I make:

- Type 1 Student Loan repayments through payroll
- PostGrad Loan repayments through payroll
- Type 2 Student Loan repayments through payroll

P45:

- I attach a copy of the P45 from my previous employer

Employment Start Date

Declaration

Signed

Date



Personnel: Application Form

RA02

STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application
<input type="text"/>	___/___/___

1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
	Work Telephone No.
National Insurance Number	Mobile No.
Immigration Details	E-mail
Are you a citizen of the EU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car for work use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 NEXT OF KIN

Surname	First names
Address	Relationship
	Telephone

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? YES NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

6 REFERENCES

Please give the name and address of two referees, one of whom **must** be your present employer, or your previous employer.

Name	Status	Address and Telephone No
1		
2		
3		

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:

Date:

FOR OFFICE USE ONLY

Applicant shortlisted Yes No

Interview Date: / /

References requested: / /

Verbal reference check: Yes No

Date: / /

Additional Notes from application

Application completed Yes No

Full employment history? Yes No

Notes for interview

Completed By:

Date: / /

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a):

Asian or Asian British	Mixed Raced	Other Ethnic Group
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other missed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not want to disclose this

Employment Equality Regulations 2003

Please select the option which best Please indicate your religion or belief describes your sexuality.

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this
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Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:	Circle Yes or No
Epilepsy/Blackouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nervous Mental Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migraine/Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sensory Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain/Previous Back Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthmatic or respiratory ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurring Incidence of Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered disabled? If yes, please detail	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)

1 _____
2 _____
3 _____

Please List below any vaccinations or immunisations

Date
Immunisation
Expiry
Date
Immunisation
Expiry
Date
Immunisation
Expiry
Date
Immunisation
Expiry

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date:



DBS Consent Form

RC04

This new subscription service lets individuals keep their DBS certificate up-to-date so you can take it with you when you move jobs or roles.

As a Registered Body, 1st Call Recruitment Services can then carry out online, instant checks to see if any new information has come to light since the certificate's issue - this is called a status check.

The DBS update service check will allow you to have greater control of your own information and allow DBS certificates to be reused when applying for similar jobs. You will also be able to see who has carried out a status check, and when they did, from your online account.

What should you do now?

- Subscribe to the update service. An annual fee of £13.00 will be payable to the DBS. You can subscribe 28 days of DBS receiving your application or 14 days after the issue date of the Certificate.

By signing below, you give ongoing consent to:

- VCare Staffing Solutions Limited to carry out a Status check (DBS and Regulated Activity) on you each time it is necessary, in accordance with the DFE and DBS guidelines.

Should you wish for the consent to be withdrawn, please provide 1st Call Recruitment services with written notice confirming your withdrawal.

Print Name :

Signed :

Dated :

Name :

Date:

Speciality:

Grade:

Please Tick the Box in accordance w the level of expertise as indicated below:

1. Familiar with procedure and can perform alone
2. Familiar with procedure but needs supervision
3. Understand theory of the procedure but never performed task
4. No knowledge of the procedure

Personal Hygiene	1	2	3	4
Bath/Shower/Assisted wash				
Use of Bath aids				
Mouth Care (Including Dentures)				
Care of feet (Excluding toe nails)				
Dressing/Undressing of patients				
Bed Bath				
Shaving				
Care of hair				
Care of Finger nails				
Care of eyes				
Pressure area care				

Toileting	1	2	3	4
Emptying and changing a catheter bag				
Catheter care				
Stoma care				
Use of bedpans/urine bottles/commodes				
Collection of stool/urine/sputum				
Incontinence care				

Mobility	1	2	3	4
Moving and Handling				
Use of Hoists				
Use of Walking aids				
Use of Wheel Chair				

Nutrition	1	2	3	4
Preparation of food				
Special diets				
Supervision with eating				
Assistance with feeding				

Infection Control	1	2	3	4
Caring for MRSA positive patients				
Barrier nursing				
Isolation				
Universal precautions				
Hand washing				
Cross Infection				

Observations	1	2	3	4
Observing Patients Confidentiality				
Taking temperatures				
Checking Blood Pressure				
TPR/BP recording chart				
Checking pulse/Respiration				
Blood sugar Testing				
Urine Testing				
Observing/recording changes in patient condition and reporting to senior sta ^o				

General	1	2	3	4
First Aid				
Awareness of Health & Safety Precautions				
Bed Making				
Simple Dressing				
Report writing handover				
Laundry				
Shopping				
Domestic Duties				

Knowledge of Service User Groups	1	2	3	4
Elderly people				
Dementia				
Palliative care/ care of terminally ill				
People with Physical disabilities				
People with mental health problems				
People living with HIV/AIDS				
Children/families				



Working Time Regulations Form & Student Declaration

RD02

If you choose not to sign this document, you are restricting your hours available to work to no more than 48 hours in any one week period.

If you choose to sign this declaration, 1st Call recruitment Services will not hold you to working more than 48 hours per week. It is your choice and at your personal discretion if you choose to work more or less than 48 hours.

I _____ agree that I may work for more than an average of 48 hours per week.

If I choose to change this agreement, I will give 1st Call recruitment Services one month's notice in writing to end this agreement.

Print name:

Signature:

Date:

Student declaration form

Strictly confidential

UK Students: Please complete sections A, C and D

Overseas Students: Please complete sections A, B and D

Section A: All students

I am a UK/Overseas (delete as appropriate) Student currently studying

Course:

At: College/University

Section B: Overseas students

My permit allows me to work no more than _____ hours a week.

Section C: UK students

Please complete all relevant statements

I am allowed to work no more than _____ hours a week Signature:

I am allowed to work outside term time only Signature:

I have no restrictions on my working hours/times Signature:

Section D: All students

Declaration: I confirm that the information I have provided is correct. Any misleading or inaccurate information given may result in 1st Call recruitment Services terminating my employment.

Print name:

Signature: Date:

Tuberculosis Continued

Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks		
Unexplained weight loss		
Unexplained fever		
Have you had tuberculosis (TB) or been in recent contact with open TB		

Additional Information

(If you have answered yes to any questions please provide further details below)

Recommendations

I understand that if any recommendations to my employer are necessary as a result of this Assessment.

I give consent for the nominated occupational health service provider to make recommendations to my employer, without me having seen a written copy of the recommendations first

I would like to see a written copy of any recommendations the Health and Work Centre may make to my employer before they are sent to my employer.

Declaration

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Name	Signature	Date



Bank Payment Details Form

RD05

Authorisation For Payment Directly Into Your Bank Account - Please Write Clearly
As Any Errors May Result In Payment Being Sent To Wrong Account

PERSONNEL INFORMATION	
Title: MR/MISS/MS/MRS/OTHER	
NAME:	
ADDRESS:	
POST CODE:	
NATIONAL INSURANCE NUMBER	
PHONE NUMBER	
EMAIL ADDRESS	
PAYE OR CONTRACTOR	
SIGNATURE	
DATE	

BANK DETAILS	
NAME OF BANK / BUILDING SOCIETY	
BANK / BUILDING SOCIETY ADDRESS	
BRANCH NAME	
ACCOUNT NAME	
SORT CODE	
ACCOUNT NUMBER	

This consent is to protect staff information which is currently held under the Data Protection Act 2018 and the Freedom of Information Act 2000.

- a) I understand that as part of the contractual arrangements between 1st Call Recruitment services Limited and the Local Authority contracts team, that the monitoring of the contract gives access to my personal file during their monitoring visits.

Print Name:

Signature: Date:

- a) I understand that the Care Quality Commission has the right to access my file as part of the compliance review process.

Print Name:

Signature: Date:

- c) The EU Working Time Directive allows workers to “opt out” of working a maximum of 48 hours in any week. Please indicate your choice with a **ü**.

I wish to work a maximum of 48 hours in any week

Or

I wish to “opt out” of the working time directive and be able to work more hours should I wish to do so.

If I wish to change these arrangements I understand that I must give 4 weeks' notice in writing of any changes.

Within the current legislative framework, the Care Quality Commission has a right to view all and any forms, correspondence, paperwork which is kept and held under the Data Protection Act 2018 and the freedom of Information Act 2000 within the offices of 1st Call Recruitment Services Limited. Within the service specification of the contract with the Local Authority, the same right is conferred to the monitoring function.



FIRST CALL
RECRUITMENT
SERVICES

Payment Deduction Authorisation

RD10

I authorise 1st Call Recruitment Services
Limited to deduct the sum of
(Pounds) as payment towards Hospital Training/Manual Training
/CPR Training / CRB Processing / Staff Advance before giving me my salary / wages

Authorising Signature

Print Name

Date



Photo Verification

RD11

PLEASE ATTACH 2X PASSPORT PHOTOS HERE OR IF YOU ARE SENDING THEM ELECTRONICALLY JUST COMPLETE THE SECTION BELOW.

Please sign and date to verify that the photographs copied above are a true copy of the ones that you have brought with you today.

Print Name:

Signature:

Date:



Casual Worker Agreement

RE03

Date _____

Dear _____

Following our recent meeting I am delighted to be able to offer you casual work with the Company under the following terms and conditions.

1. Status of this Agreement

This contract governs your engagement from time to time by 1st Call Recruitment Services as a Casual Worker. **This is not an employment contract** and does not confer any employment rights on you (other than those to which workers are entitled). In particular, it does not create any obligation on you to perform work for the Company (even if offered) or on the Company to provide work to you and therefore there will be no mutuality of obligation between the Company and you.

2. Company's discretion as to work offered

It is entirely at the discretion of the Company whether to offer you work and it is under no obligation to provide work to you at any time. The Company reserves the right to give or not give work to any person at any time and is under no obligation to give reasons for such decisions.

3. No presumption of continuity

Each offer of work by the Company which you accept shall be treated as an entirely separate and severable engagement (an assignment). The terms of the contract shall apply to each assignment but there shall be no relationship between the parties after the end of one assignment and before the start of any subsequent assignment. The fact that the Company has offered you work, or offers you work more than once, shall not confer any legal rights on you and, in particular, should not be regarded as establishing an entitlement to regular work or conferring continuity of employment.

4. Arrangements for work

If the Company wants to offer you any work it will call, text or email you the details of the assignment. You are under no obligation to accept any work offered by the Company at any time. However, if you accept an assignment you must inform the Company immediately if you will be unable to complete it for any reason.

The Company reserves the right to terminate an assignment at any time for operational reasons. You will be paid for all work done during an assignment up to the time it is terminated.

In order to assist the Company in organising work, please complete the personal information sheet attached to this contract and return it to manager by _____. It is your responsibility to inform the Company of any changes to these details.

5. Work

The Company may offer you work from time to time as Health Care Assistant/Support worker. If you accept work your duties will include providing care to service users and you will usually report to manager. The precise description and nature of your work may be varied with each assignment and you may be required to carry out other duties as necessary to meet business needs. You will be informed of the requirements at the start of each assignment.

Before offering you an assignment the Company will require certain documents from you in order to satisfy itself that you are legally entitled to work in the UK.

You confirm that you are legally entitled to work in the UK without any additional immigration approvals and agree to notify the Company immediately if you cease to be so entitled at any time.

6. Place of work

During each assignment your place of work will be Preston OR the Company may offer you work at various locations. You will be informed of the relevant place of work for each assignment.

7. Hours of work

During each assignment your hours of work will vary depending on the operational requirements of the Company. You will be informed of the required hours for each assignment.

You will be entitled to an unpaid break of (one hour) where your assignment requires you to work more than (six hours) in any one day.

Company timesheets recording the actual hours worked are to be completed and submitted to the office on a weekly basis.

8. Working Time Opt-Out

Please complete the attached form to confirm whether you wish to opt out of the 48 hour limit on a week's work. If you do not opt out, the Company must ensure that it does not offer you work which would result in you working for more than 48 hours in any week. You must then keep the Company informed of the hours that you work for third parties so that it can comply with this obligation.

9. Pay

You will be paid for the hours that you work. The Company's current rate of pay for casual workers is £ _____ an hour gross. You will be paid weekly/monthly in arrears on or about the last day of each month, directly into your bank account for the hours worked in the previous month. The Company will make all necessary deductions from your pay as required by law and shall be entitled to deduct from your pay or other payments due to you any money which you may owe to the Company at any time.

10. Holidays

Your holiday entitlement will depend on the number of hours that you actually work and be pro-rated on the basis of a full time entitlement of 28 days holiday during each full holiday year. This entitlement includes the usual 8 public holidays in England and Wales. The Company's holiday year runs from (01/01) to (21/12).

At the end of each assignment the Company will pay you in lieu of any accrued but untaken holiday for the holiday year in which the assignment ends. The amount of the payment in lieu will be calculated by taking 12.07% of the hours worked during the assignment and multiplying this by your hourly rate of pay. (See paragraph 9 above).

For operational reasons you will not normally be entitled to take leave during an assignment, but permission may be granted in exceptional circumstances.

If you have taken and been paid for more holiday than your accrued entitlement at the date your assignment ends, the Company shall be entitled to deduct from you any overpayment which has been made.

11. Sickness

If you have accepted an offer of work but are subsequently unable to work the hours agreed, you must notify the manager of the reason for your absence as soon as possible but no later than (time) on the first day of absence.

You will not be entitled to receive any pay in respect of any period of sickness or injury during an assignment. As you are not an employee you have no entitlement to Statutory Sick Pay.

12. Data Protection

You consent to us holding and processing, both electronically and manually, the data that we collect about you, in the course of your working relationship with us, for the purposes of administration and management of our staff and our business and for compliance with applicable laws, procedures and regulations.

13. Company rules and procedures

During each assignment you are required at all times to comply with relevant Company rules, policies and procedures in force from time to time including but not limited to those contained in the staff handbook, a copy of which has been given to you OR which is available from the staff portal of the website.

14. Confidential Information

You shall not use or disclose to any person, either during or at any time after your engagement by the Company, any confidential information about the business or affairs of the Company (or any of its business contacts) or about any other matters which may come to your knowledge as a result of carrying out assignments. For the purposes of this clause confidential information means any information which is not in the public domain and which relates to the affairs of the Company (or any of its business contacts).

The restriction in this clause does not apply to:

- a) Prevent you from making a protected disclosure within the meaning of section 43A of the Employment Rights Act 1996; or
- b) Use or disclosure that has been authorised by the Company or is required by law or in the course of your duties.

15. Company property

All documents, manuals, hardware and software provided for your use by the Company, and any data or documents (including copies) produced, maintained or stored on the Company's computer systems or other electronic equipment (including mobile phones) remain the property of the Company.

Any Company property in your possession and any original or copy documents obtained by you in the course of your work for the Company shall be returned to the manager at any time on request and in any event at the end of the assignment.

16. Termination

If you wish your name to be removed from the Company's staff bank or no longer wish to be considered for casual work by the Company you should inform the manager as soon as possible.

The Company may remove your name from its staff bank if you are unable to accept an assignment on (three) occasions OR work for (four) consecutive weeks.

The Company may terminate this contract immediately by giving notice in writing to you if it reasonably considers that you have committed any serious breach of its terms or committed any act of gross misconduct. Non-exhaustive examples of gross misconduct include (dishonesty, theft, fighting, mis-use of drugs or alcohol or any acts or omissions which might bring the Company into disrepute).

17. Changing Terms and conditions

The Company may review its requirement for casual workers from time to time and/or may update the terms on which it offers such work. In the event of any changes to the terms on which it is prepared to engage casual workers the Company may terminate this contract with immediate effect by giving notice to you and you may, at the Company's absolute discretion, be offered a new contract for casual work.

18. Governing law

This contract will be governed by English law. If you wish to accept casual work from the Company on the terms stated above you are requested to sign and date one copy of this agreement and return it to manager as soon as possible. We look forward very much to you joining the team and trust that we shall have an enjoyable and satisfying relationship.

Signature _____

Position _____

Date _____

I accept the offer of casual work under the terms stated above.

Signature _____

Name of Recipient _____

Date _____