



CAREESSENCE
Caring for you holistically

REGISTRATION FORM

PLEASE COMPLETE ALL SECTIONS OTHERWISE YOUR REGISTRATION WILL NOT BE PROCESSED.

SECTION 1				
Date ___/___/_____	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>	
Forenames	Surname			
What is your gender? Please tick one	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Unspecified <input type="checkbox"/>	
Date of birth ___/___/_____	National Insurance Number: _____			
Address:				
City:		County:		
Postcode:	Telephone _____	Mobile _____		
Email Address:				
Where did you see this role advertised?				

SECTION 3	
Name Of Next Of Kin:	Relationship:
Address:	
Postcode:	
Telephone: _____	Mobile: _____

SECTION 4					
Which of the following do you consider to be your ethnic origin? Please tick one					
Arab	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>	Mixed – Any other mixed background	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Black or Black British – any other Black background	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>	White – any other White background	<input type="checkbox"/>
Asian or Asian British – any other Asian background	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>	If “other” please specify:	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>		<input type="checkbox"/>

SECTION 5							
What is your religion, even if you are not currently practising? Please tick one							
No religion	<input type="checkbox"/>	Christian (all denominations)	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Any other religion, please describe below:	

SECTION 6

Please give the date of immunisation against the following infectious diseases:

Immunisation	Date of Immunisation	Immunisation	Date of Immunisation
Hepatitis B- Dose 1	___/___/_____	MMR- Dose 1	___/___/_____
Hepatitis B- Dose 2	___/___/_____	MMR- Dose 2	___/___/_____
Hepatitis B- Dose 3	___/___/_____	BCG	___/___/_____
Hepatitis C- Dose 1	___/___/_____	Varicella	___/___/_____
Hepatitis C- Dose 2	___/___/_____	HIV	___/___/_____
Hepatitis C- Dose 3	___/___/_____		___/___/_____

SECTION 7

Have you a current DBS Certificate? (within the year)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' are you registered for the DBS update service? (£13 per yearly subscription)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please provide the DBS update service ID: _____		

SECTION 8

Do you have a valid UK driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any endorsements on your UK driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please outline why? _____		
Do you have use of a car for work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'No' which form of transport do you intend to use for work? _____		
Are you a UK or EU/EEA national?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' you will be required to provide proof. Do you have a valid UK or EU/EEA national passport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the legal right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' but there are conditions attached, please specify below (e.g. start/finish dates/WRS etc.): _____		
IF 'NO', PLEASE NOTE WE ARE UNABLE TO EMPLOY ANYONE WHO DOES NOT HAVE THE LEGAL RIGHT TO WORK IN THE UK.		
Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered employment by Careessence?		
BY COMPLETING THIS APPLICATION, PLEASE NOTE THAT YOU ARE CONSENTING FOR ALL NECESSARY BACKGROUND CHECKS TO BE COMPLETED; THIS INCLUDES COMPLIANCE CHECKS, REFERENCES, RIGHT TO WORK AND ALL NECESSARY CHECKS TO ENSURE THAT YOU ARE ABLE TO CARRY OUT THE REQUIRED POSITION.		

SECTION 9

The nature of the work you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are applying for a post involving access to persons in receipt of care services, your offer of employment will be subject to a satisfactory enhanced Disclosure and Barring check. It is therefore a requirement that all previous convictions are declared, even those which would otherwise be regarded as 'spent'. (Any such information will be treated confidentially).

Please read the above carefully and then answer the following questions:

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received any official cautions, reprimands or warning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To your knowledge, are you currently the subject of any criminal proceedings or any police investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to any of these 3 questions please provide details below (include driving offences):		

SECTION 10

Are you related to or do you know anyone who works for Careessence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please give the name of the employee and the relationship to them.		

SECTION 11

Please inform us on the kind of work pattern you are interested in:

Please tick the day and shift patterns you would prefer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early							
Late							
Afternoon							
Night							
Long-day							
Sleepover							

Are you flexible for various shift patterns? please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state the geographical areas you are willing to work in below:		

SECTION 12

Please state all education and qualifications you have obtained that are relevant to the role you are applying for.

Subject / Name of Course	Level	Grade Achieved

SECTION 13

Employment History Current/most recent employment

Employer's Name:	Start date:	End date:
Address:		
Postcode:	Tel. No	
Email Address:		
Job Title:		
Reason for leaving if applicable:		
Brief description of duties and responsibilities:		

Full Employment History (most recent first with any gaps explained)

Dates		Job Title	Employer's Name and Address	Reason for Leaving
From	To			
___/___/___ -----	___/___/___ -----			
___/___/___ -----	___/___/___ -----			
___/___/___ -----	___/___/___ -----			
___/___/___ -----	___/___/___ -----			

SECTION 13 (CONTINUED)

Please use this section to state how your skills, experience and training would enable you to meet the requirements of the role for which you are applying. Please make reference to the person specification.
Please use a continuation sheet if necessary.

SECTION 14**Please provide three references (must include a minimum of two professional references)**

Employer's Name:			Start date:	End date:
Address:				
Postcode:			Tel. No	
Email Address:				
Job Title:				
Reason for leaving if applicable:				
Brief description of duties and responsibilities:				

Employer's Name:			Start date:	End date:
Address:				
Postcode:			Tel. No	
Email Address:				
Job Title:				
Reason for leaving if applicable:				
Brief description of duties and responsibilities:				

Employer's Name:			Start date:	End date:
Address:				
Postcode:			Tel. No	
Email Address:				
Job Title:				
Reason for leaving if applicable:				
Brief description of duties and responsibilities:				

**SECTION 15
DECLARATION**

Please check that you have completed all parts of this form and then sign the following declaration.

I have read all the information displayed above. I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with Careessence Limited (Careessence). I understand that this application does not constitute an offer of employment. I understand that, in some cases, additional police checks will be required and I will be notified if this applies to this application.

Careessence is under a legal duty to maintain and manage personal data in accordance with the General Data Protection Regulation (GDPR). Careessence places a high importance on information security and within the company and is ready to comply with a number of standards that also focus on information data security/privacy. Careessence operates in accordance with GDPR as a data controller and has developed a programme of works which will deliver what is required by the regulation. Careessence will ensure that all personal data is processed with prior consent and for legitimate purposes.

Careessence is committed to the elimination of all forms of unjustifiable discrimination. Careessence will actively pursue equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. Personal circumstances and characteristics will only be taken into account when they can be justified as being relevant to employment. To enable Careessence Limited to constantly monitor itself to ensure this commitment is fulfilled, we would ask all applicants to complete the questions detailed.

Signature: _____

Date: _____

DOCUMENTATION REQUIRED FOR REGISTRATION			
• Full CV		• P46 / P45 / P60 / 3 most recent payslip	
• Passport/s, EU identity card or proof of right to work in the UK (if applicable)		• Disclosure and Barring Service (DBS) Enhanced	
• Qualification certificates / transcript		• Driving Licence	
• Recent training certificates (e.g. Manual Handling / Basic Life Support)		• 2 Passport photo	
• National Insurance Card		• Medical Form	
• Documentation to support your application, for example, letters of reference		• Copy of NMC pin card (Nursing Only)	

OFFICE USE ONLY	
CONFIRMATION & AUTHORISATION	
<p>We hereby confirm that this application has been received by our Human Resources team. This application will be processed in accordance with the General Data Protection Regulation, Data Protection and Best practice procedures of the Care Quality Commission.</p>	<div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <p>Office stamp</p> </div>

Signature: _____

Date: _____