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| Section 1 - PERSONAL INFORMATION |
| *Please attach a photograph of yourself here* | Title (Mr, Mrs, Ms, Dr, etc.): |  |
| First / Middle name: |  |
| Surname: |  |
| Primary Tel No: |  |
| Secondary Tel No: |  |
| Email address: |  |
| National Insurance No: |  |
| Address: |  | Notes (Office use only): |
| Postcode: |  |
| Video call details | Skype:-Facetime:- | Messenger:- WhatsApp:-Other:- |

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| Section 2 **- NEXT OF KIN** |
| **Surname:** |  | **First name:** |  |
| **Address:** |  | **Tel No:** |  |
| **Mobile No:** |  |
| **Emergency Contact No:** |  |
| **Relationship to you:** |  |
| **Postcode:** |  |

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| Section 3 - POSITION APPLIED FOR: |
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| CAREWORK |
| Home Care |  | Live-in Carer |  | Hospital HCA |  |
| Support Worker  |  | Residential  |  | Other (Please specify below) |  |
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| HEALTHCARE PROFESSIONAL |
| Doctor / GP |  | Qualified Nurse |  | Midwife / Health visitor |  |
| Health Care Assistant |  | AHP |  | Social Worker |  |
| Radiographer/Sonographer |  | Non-Medical / Non-Clinical |  | Other (Please specify below) |  |

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| Section 4 - CREDENTIALS: |
| NMC / GMC / HCPC Number: |  |  |  |  |  |  |  |  | Expiry Date: | D | D | / | M | M | / | Y | Y |

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| Section 5 - PASSPORT / VISA DETAILS: |
| Passport Nationality: |  | Passport Expiry Date: |  |
| Type of Visa / Work Permit held?: (e.g. Student Visa Tier 2) |  | Visa / Work permit expiry date: |  |
| Visa Restrictions:(if applicable) |  |

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| Section 6 - EMPLOYMENT HISTORY*(Please declare from school leaving age in reverse order including any gaps)*  |
| Dates (MM/YY)From: To: | Name, Address & Tel No. of Employer: | Job Title & Specialities covered: | Reason for Leaving: |
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| Section 8 - PREVIOUS APPLICATIONS |
| Have you applied to Cradlefin Consultants in the past? If yes, please specify: |

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| Section 9 - PROFESSIONAL REFERENCES(One reference must be your current Employer and both references need to cover the last 3 years) |
|  | 1st Reference | 2nd Reference |
| Name of Referee: |  |  |
| Address: (Business Address) |  |  |
| Postcode: |  |  |
| Position held: |  |  |
| Referee’s email address:(This is a mandatory requirement) |  |  |
| Telephone No.: |  |  |

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| Section 11 - PAYTo enable us to pay you as quickly and efficiently as possible we will pay direct into your Bank Account using a BACS Automatic Transfer. Details of your payment will then be sent to you by email. |
| Account holder name: |  |
| Bank / Building Society name: |  |
| Bank / Building Society address: |  |
| Role number for automated BACS payments(Building Society only): |  |
| Sort Code:  |  |  | - |  |  | - |  |  | Account Number: |  |  |  |  |  |  |  |  |
| FOR LTD COMPANY WORKERS |
| LTD company name: |  | Registration No: |  |
| LTD Company Address: |  |  |  |
| Is your LTD company registered via an umbrella company (e.g. ISS)? If so, please give details below. |
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| SELF EMPLOYED |
| UTR Number: |  |  |  |  |  | - |  |  |  |  |  |

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| Section 10 – MARKETING |
| How did you hear about us? | If recommended by an employee, please specify their name: |
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| Referrals(We run a Refer a Friend Scheme so if you know someone who has Health and Social Care or NHS experience who would like to join us we will pay a cash incentive to say Thanks. Please ask for details.) |
| Name & relationship to you:  | Tel Number: | Email address: | Speciality | Post Code |
| Name & relationship to you:  | Tel Number: | Email address: | Speciality | Post Code |
| Name & relationship to you:  | Tel Number: | Email address: | Speciality | Post Code |

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| School/College/University: | Address: | From:MM/YY | To:MM/YY | Qualification Gained: |
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| Section 12 – DECLARATION*Cradlefin requires you, to sign the below, declaration form, at the stage of the registration process, in order to confirm the following:* |
| Privacy Statement |
| Your Personal data will be processed in accordance with the General Data Protection Regulations (GDPR)  1) We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes. 2) We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation. 3) Our privacy notice for job applicants gives you information on, amongst other things, the data we will hold about you during the recruitment exercise and what we use it for. A copy of the privacy is attached to this application form. |
| Confidentiality |
| During your employment with us you will have access to Confidential Information about patients and clients. On no account must any information relating to either party be divulged to anyone other than your Branch Manager or Consultant.You should not under any circumstances discuss any information with parties outside of your working organisation (i.e. Family members, friends, neighbours)If you have received any information you consider needs to be addressed, please call your consultant and ask for private meeting. Failure to observe these rules will be regarded as serious misconduct which may result in removal from the agency register. |
| Disqualification from Caring for Children (England) Regulations 2002 Declaration |
| By Virtue of section 65 of the Children Act 1989, as amended by the Care Standards Act 2000, a person who is disqualified from fostering a child privately is also disqualified from carrying on being concerned in the management of, or having any financial interest in, a children’s home, and may not be employed in children’s home, with the consent of the relevant local authority.Section 65(4) of the Children Act 1989 provides that a person who fails to disclose to the registration authority that she/he is disqualified from carrying on, being concerned in the management of, or have a financial interest in a Children’s Home (or does those things without the consent of the resignation authority) shall be guilty of an offence and liable on summary conviction to imprisonment not exceeding six months or to a fine.By signing this form you certify that you declare no child you are a parent of has been made the subject of a Care Order at any time, or has been removed from your care by a court order other than a custody or court order in favour of the child’s other parent. You have never been convicted of an offence involving a child, had your registration in respect of a children’s home cancelled, have not carried on, was otherwise concerned with management of, or had any financial interest in a voluntary home or a children’s home where the registration was cancelled. |
| Rehabilitation of Offenders Act 1974 |
| By Virtue of the Rehabilitation Act 1974 (Exemption) (amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do Not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answers to the following questions may not affect your application.Do you have any convictions, cautions, reprimands or final warnings, that are not “protected”, as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, (as amended in 2013) by SI 2013 1198? Yes / No*If yes please provide details:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please note any conviction may need to be declared to the client at any stage.Do you hold a DBS that has been issued in the last 12 months? Yes / NoDBS number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Issue date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your DBS registered with the Updated Service? Yes / No By signing this declaration form it shows you give permission Cradlefin Consultants to apply for an updated Disclosure Barring Service (DBS) or complete an online check against a DBS registered with the Update Service when necessary. |
| References |
| In order for to process your application we need to obtain references from your previous employers or College/University that covers the last 3 years. Do you give permission for us to obtain these references on your behalf? Yes / No |

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| **Professional Registration** |

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| 1) That you are fully aware that you must notify Cradlefin Consultants about any changes/concerns, with regards to your fitness to practice/professional registration with immediate effect.**Note:** Healthcare Professionals failing to disclose any changes/ concerns with regards to their professional registration will be withdrawn from work placements provided by Cradlefin Consultants with immediate effect until evidence of effective registration has been acquired/ full investigation has been completed with a possible referral to the Professional Regulatory Body.2) That you have a current, effective professional registration, in order to practice in line with the Professional Regulatory Body/Government guidelines and obligations as a healthcare professional.**Note:** Healthcare Professionals failing to maintain their professional registration will be withdrawn from work placements provided by Cradlefin Consultants with immediate effect until evidence of effective registration has been acquired/ full investigation has been completed with a possible referral to the Professional Regulatory Body.3) As per Professional Regulatory Bodies` regulations**,** it is now mandatory that you have an appropriate indemnity arrangement in place. Having a professional indemnity arrangement in place it is also a revalidation requirement.It is the professional responsibility of all Healthcare Professionals, to ensure that you have cover, which is appropriate to your role and scope of practice and its risks.We may undertake compliance checks, identification of failure to have the cover in place once you have signed a self-declaration will result in referral to the Professional Regulatory Body. |

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| **Occupational Health** |
| Please be advised, that providing false information on the Medical Health Questionnaire, may result in breach of duty of mutual trust and confidence and misrepresentation. Subsequently, the employee’s employment could be fairly and lawfully terminated, with possible civil court claim proceedings, as a result. |
| By signing this form, I declare that the information I have provided on this form is, to the best of my knowledge, complete and accurate in all respects. You understand that knowingly giving false information will disqualify me from registration with this agency, with a possible referral to the appropriate regulatory body. I also give consent that my file will be assessed for audit purposes by the relevant third party. |

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| **Name:** |  | **Signature:** |  | **Date:** | **DD/MM/YY** |
| **Professional Registration Number:** |  |  |  |  |  |