



KIMARCHIE HEALTHCARE

Meeting All Your Care Sector Staffing Needs

EMPLOYMENT APPLICATION FORM

11 Trafalgar Close
Huddersfields
West Yorkshire, U.K.
HD2 1NZ
Email: applications@kimarchiehealthcare.com
Phone: +44 (0) 14 847 680 49

Private and Confidential

Dear,

Thank you for requesting our application form. Find enclosed an application form.

Please complete the application form and return it to our office. To help us with your application please answer all the questions within this form in black ink. Once you have finished please return your completed application forms to our office. If you have any problems with any of the questions, please contact our office. Our consultants will be more than happy to assist you with your application form.

Once we receive your application form we will arrange an interview and you will be expected to bring the following for us to help you with your application form. **Passport size photograph (attach to page 2), Driving Licence, Council Tax Bill, Letter from University or College, Pin Card, Name and Number, Qualified Staff-NMC Statement of entry, Proof of Current address.** Due to the new legislation on POVA (Protection of Vulnerable Adult) listing, a new CRB has to be done when joining the Agency. **All workers have to complete a CRB Form which cost £60.00 and is none refundable. Finally, bring copy of your P45 OR fill the P46 form enclosed.**

Please also include **3 references**, one of which must be your **current or most recent employer**.

Please send your completed application back to the office address above.

I look forward to receiving your application form.

Kind regards

Quinn Sowa

Manager

Passport size photograph (attach to page 2)	Vaccination report from your GP or Occupational Health Department i.e Hepatitis B, Varicella (Chicken Pox, Rubella (German Measles)
Driving Licence	Completed DBS Form. Due to the new legislation on POVA (Protection of Vulnerable Adult) listing, a new CRB has to be done when joining the Agency.
NI National Insurance Number Card, p60, P45 or other Inland Revenue documents must be produced	Proof of Identity Driving Licence or Passport
Council Tax Bill	Proof of professional indemnity
Please follow the link and download a P46 IF YOU DONT HAVE A P45. http://www.hmrc.gov.uk/forms/p46.pdf	Proof of Current address, Utility Bill, Bank Statement
Letter from University or College	Certificates i.e., care work or Nursing
Pin Card, Name and Number	Qualified Staff-NMC Statement of entry (not GNC or ENB certificate)

IT IS REQUIRED OF THE AGENCY THAT YOU ARE ABLE TO READ AND SPEAK AND UNDERSTAND ENGLISH LANGUAGE. But other language skills are welcome.

***If you have not obtained these certificates or your certificates need updating, Kimarchie Healthcare runs courses in these subjects and you can book a place on these courses to speed your registration.**

Please ensure you bring ALL REQUESTED DOCUMENTS with you when you come to register. Our Consultant will NOT BE ABLE TO REGISTER YOU WITHOUT THEM.

- OFFICE USE		
- Employee No:	- Start Date:	
- Social	- Nursing	- Care:
	-	-

Work applied for:
If RGN or RMN pls confirm PIN:-

Qualification Level:

1. Personal Details

Title (Mr,Mrs,Miss,Ms)	First Name(s)	Last Name
Address details		Telephone No
Full Postcode :		Mobile No
		E-mail Address
Date of Birth	Marital Status	Previous Surname(s)
National Insurance No		Nationality

2. Next of Kin (or person to be contacted in case of emergency)

Name:	Relationship to you:	Telephone Number(s)
Address:		

3. How did you hear about our service?

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4. Transport

Do you have a full driving licence?
What is your usual means of transport?

5. Your right to work in the UK I confirm that I am entitled to work in the UK on the following basis (*tick one*)

UK Citizen: Yes	Work Permit:	Expiry Date:
EU Citizen:	Student Visa:	
Workers Registration scheme:	Working Holiday:	
Permanent Residency:	Other (Please state)	

6. Disability

Do you consider yourself To have a disability?	Disability nature:
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7. Bank Details

Bank	Sort code	
Address	Account No.	
	Your Name as it appears on the account	

8. Working Time Regulations

You are not required to work more than an average of 48 hours per week (calculated over a 17 week period). If you would like to work more than 48 hours per week, we require a signed statement to that effect. Please circle the statement that applies to you:

Yes, I would like to work more than an average of 48 hours a week.

Signed..... Full Name..... Date.....

9. Employment History

(Most recent job first going back 5 years). Please include email address for reference purposes.

COMPANY NAME:		Telephone Number:	Email/ Fax
Company Address:			
Line Manager:		Main duties	
Job Title:			
Salary/Pay Rate	Dates (Month & Year) From: To: date	Reason For Leaving: - This is a part time activity I am doing for Charity in order to give quality of life to Vulnerable people	- Can we reference? -

COMPANY NAME:		Telephone Number:	Email/ Fax
Company Address:			
Line Manager:		Main duties (If agency, please state companies you were placed at):	
Job Title:			
Salary/Pay Rate	Dates (Month & Year) From: To:	Reason For Leaving: -	- Can we reference? -

COMPANY NAME:		Telephone Number:	Email/ Fax
Company Address:			
Line Manager:		Main duties (If agency, please state companies you were placed at)	
Job Title:			
Salary/Pay Rate	Dates (Month & Year) From: To:	Reason For Leaving:	- Can we reference? - YES / NO

10. Gaps in Employment

Please explain gaps in the employment history above, including dates, if appropriate:
(E.g. study, childcare, unemployment)

Have you ever been dismissed from any employment at all? **YES / NO**

11. Training and Qualifications Please bring all your certificates to interview

Relevant Qualification(s) and Training

12. About You

Please tell us why you want to do this type of work?

The work you have applied for may require you to wear a uniform. Please circle your uniform size:

- *Male*
Chest size
28,30,32,34,36,38,40,42,44,46

- *Female*
8 10 12 14 16 18 20 22 24 26 28 30

13. Health Questionnaire

- Do you have, or have you ever had any of the following?

	YES	NO		YES	NO		YES	NO
Back problems			Diabetes			Hearing difficulty		
Hypertension			Sight Problems			Liver/kidney problems		
Heart Defect			Nervous disorder / depression			Asthma		
Epilepsy			Hay Fever or other allergies			High Blood Pressure		
Have you ever had an operation that could affect your ability to carry out your normal duties at work?	- YES/NO		Have you ever had more than five consecutive days off work due to illness/injury within the last 2 years?	- YES/NO				
If you have answered YES to any of the above questions, please give details below: (Continue on a separate sheet if necessary)								
Do you consider yourself physically and mentally fit to carry out the normal Duties required for the type of work for which you are applying?							- YES/NO	

14. Immunisations – Please provide proof of the following if necessary

Name	YES/NO	Date	Name	YES/NO	Date
Tetanus			Rubella		
Diphtheria			M.M.R		
Whooping Cough			Hepatitis B		
Polio			B.C.G		

15. Disclosure

I confirm that I **do not** have a Criminal Record. **YES/NO**

Signed..... Full Name..... Date.....

If **YES** please give details

16. Declaration Please read and sign

I understand that it is my responsibility to check that I am up to date with any immunisations which are relevant to the type of work for which I am registering. I understand that my engagement with Kimarchie Healthcare is subject to the receipt of a satisfactory Enhanced Criminal Records Bureau Disclosure. I confirm that the information given on this application is, to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform Kimarchie Healthcare if any of the details on this application form change. I agree to the Terms and Conditions of Engagement of Kimarchie Healthcare

Signed..... Full Name..... Date.....