

# Application Form

## Personal Information

Title: Mr / Mrs / Miss / Ms / Other	DOB:
First Name:	Surname:
Current Address	
Post Code:	NI Number:
Mobile phone number:	Email Address:

## Next of Kin

Name:	
Relationship:	Contact:
Current Address:	

## Eligibility to work

Do you have the right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your right to work?	British citizen <input type="checkbox"/>	
	EU citizen <input type="checkbox"/>	
	Indefinite Leave to Remain <input type="checkbox"/>	
	Limited Leave to Remain <input type="checkbox"/>	
	Other, please specify <input type="checkbox"/>	

## Qualifications and Educational Information

Name and Address of Establishment	Subject:	Qualification:	Grade:

## Professional Registration Information

<b>Professional Registration Body:</b>	<b>Professional Registration Number</b>
Are you or have you ever been subject to any investigation, hearings, warnings, complaints or investigations by any employer, agency or professional body? If yes, please provide details:	

*\*Once you have completed the Application form, please email to [recruitment@spcare.co.uk](mailto:recruitment@spcare.co.uk)*

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## Disclosure & Barring Service

Please note that you will be subject to an Enhanced DBS Check. Because you are a health care worker you are not exempt from the Rehabilitation of Offenders Act 2010. This means that all convictions, cautions, reprimands and final warnings on your criminal record **must** be disclosed.

Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police in the UK or in any other country?	Yes [ ]	No [ ]
Are you aware of any police enquiries undertaken following allegations made against you, which may affect your suitability for this role?	Yes [ ]	No [ ]
Are you aware of any pending investigations by the police in which you are involved?	Yes [ ]	No [ ]
If Yes to any of the above, please give details.		
Are you registered with the DBS Update Service	Yes [ ]	No [ ]
If Yes, please provide DBS number		

## References

You must provide the names and contact details for at least 2 professional references who can comment on your professional abilities. Please note that one of these must be from your current or most recent post.

### First Reference (From your current or most recent post)

<b>Organisation:</b>		
Referee Name:		
Professional Title:		
Dates Employed:	From:	To:
Work Address:	Work Email:	
	Telephone:	

### Second Reference

<b>Organisation:</b>		
Referee Name:		
Professional Title:		
Dates Employed:	From:	To:
Work Address:	Work Email:	

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	Telephone:	

### Consent

Please read the following declaration carefully. Make sure that you sign and date all declarations.

#### Working Time Directive

Regulation 4 of the Working Time Directive requires that a worker's average time spent at work does not exceed 48 hours within 1 rolling week unless the worker hereby agrees to exceed this limit.

I hereby confirm that I am willing to opt out of the Working Time Directive. I understand that I can opt out of this agreement at any time providing I provide S&P Care Services with one week's notice.

**Signed:**

**Dated:**

Please note should you choose to not opt out of the Working Time Directive that it is your responsibility to ensure that you do not work in excess of 48 hours per week.

### Declaration

I declare that the information provided in this application form is to the best of my knowledge true and complete.

- I understand that applicants are required to provide proof of their Right to Work in the UK.
- I understand I have a right to ask for a copy of my personal data that S&P Care Services hold but understand that there may be an administrative fee to access this.
- I have read and understood the data privacy conditions in the attached document I understand that my personal data will be kept securely for up to 12 months from the date of this application.

**Signed:**

**Dated:**

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