

# Application Form

Attach passport sized photo

Title	
Forename(s)	
Surname	

Post Applied For		NI Number	
Telephone (Mob)		Email	
Telephone (Home)		Nationality	
Address			
Time at address	From		To
Please provide addresses to cover min 5 years – on separate sheet if necessary			
Preferred Areas of Work			Min Pay Rate
How did you hear about Team Support?			

How many hours per week are you able to work?	
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Please provide further detail of any specifics regarding your availability (state times if necessary)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days							
Nights							

Next Of Kin			
Title		Forename	
		Surname	
Telephone Mob			Telephone Home
Relationship			

Relevant training to Job role			
Qualification / Course	Date From	Date To	Awarding Body

Current / Previous Employment		<b><i>FULL employment history required. Please explain any employment gaps</i></b>			
From	To	Name and Address of Employer	Job Title	Salary	Reason for Leaving

*Please use additional sheets if required*

Agency Work		<i>Please provide details of any previous agency work</i>			
From	To	Name of Agency	Job Title	Pay rate	Reason for Leaving

Eligibility to work in UK			Passport Number
UK Resident (British Passport)	<b>Yes</b>	<b>No</b>	

Student Visa	Sponsorship Visa		
Working Holiday Visa	Spouse / Dependant	Visa Expiry	
Other (please specify)			

**Original copies of paperwork must be provided at registration**

Registered body details (if applicable to job role)			
NMC Pin Number		Expires	
HPC Number		Expires	

Are you a member of a recognised union?	<b>Yes</b>	<b>No</b>	If yes please list below

To be completed by all applicants			
Are you, or have you ever been suspended from working at any place of work, or are you currently under investigation for any reason?			
	<b>Yes</b>	<b>No</b>	

Please provide details (on separate sheet if necessary)

**References**

Please supply details of a minimum of 2 professional people of senior position to yourself, at least 1 being from your current or most recent employment. They must be able to comment on your ability to undertake the duties of the position applied for. Students may provide details of course tutor. In all cases, Clinical staff should provide referees who have supervised and can give a clinical reference.

Referees cannot include relatives or friends

Home addresses and personal contact details of referees cannot be accepted

**Ref 1**

Name		Job Title	
Organisation		Relationship to applicant	
Address			
Post code		Email Address	
Tel Number		Fax Number	

**Ref 2**

Name		Job Title	
Organisation		Relationship to applicant	
Address			
Post code		Email Address	
Tel Number		Fax Number	

**Ref 3**

Name		Job Title	
Organisation		Relationship to applicant	
Address			
Post code		Email Address	
Tel Number		Fax Number	

Data Protection Act 1998 and Inspection

I hereby consent to information relating to me being processed by the Company (Team Support Healthcare Ltd) in order that it may properly carry out its duties, rights and obligations. I understand that such processing will principally be for personnel, administrative and payroll purposes.

I also understand that the term 'processing' includes the obtaining, recording or holding of information or data carrying out any operation or set of operations on the information data, including organising, altering, retrieving, consulting, using, disclosing, combining, or destroying the information data.

From time to time the Company is audited by outside contracted clients and Agencies (i.e. NHS/CQC) that requires your consent. I consent to outside clients and outside agencies having access to information held on my personal file for inspection purposes.

For the purpose of recruitment decisions some or all of the information contained in this application form may be shared with clients for the purpose of finding suitable placement.

I agree for the Company to perform a DBS Check on an ongoing basis, and for the Company to obtain a copy of my DBS Certificate for their records. Should I wish to withdraw my consent for the Company to perform a check, I shall give the Company written notice of such withdrawal.

I hereby agree to all of the above

Signed	
Name	Date

Working Time Regulations

I (name)

Agree that I may work more than the average of 48 hours a week. If I change my mind, I will give Team Support Healthcare one month's notice in writing.

Signed	Date
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## Rehabilitation of Offenders Act 1974

Team Support Healthcare complies fully with the Disclosure and Barring Service (DBS) code of practice and we undertake to treat all applicants for positions fairly. Please note that having a criminal record will not necessarily bar you from working for us. However, non-disclosure at this time may affect your application with us.

The work for which you are applying is exempt from the Rehabilitation of Offenders Act 1974, because it involves substantial opportunity for access to children and vulnerable adults. You are therefore required to declare details of any spent, unspent convictions, cautions, reprimands, or warnings you may have save where the spent conviction or caution is protected under the Exceptions Order 1975 (2013). The information you give will be regarded as confidential and will only be disclosed in relation to healthcare appointments.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Team Support Healthcare will arrange for a check to be made with the police for the existence and content of any criminal record in your name. Any information received from the police will be kept in strict confidence and will be destroyed immediately after the selection process is complete.

The disclosure of a criminal record, or other information, will not debar you from appointment unless Team Support Healthcare considers, or is advised, that it renders you unsuitable for appointment. In making this decision Team Support Healthcare and the authority will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors, which may be relevant.

Failure to declare any spent, unspent convictions, cautions, reprimands, or warnings which are not protected may well disqualify you from appointment, or result in your appointment being terminated when the discrepancy comes to light.

I agree for Team Support Healthcare to perform a DBS Check on an ongoing basis (as per relevant policies and procedures) and for Team Support Healthcare to obtain a copy of my DBS Certificate for their records and any managed service or client records. Should I wish to withdraw my consent for Team Support Healthcare to perform a check, I shall give written notice of such withdrawal.

Do you have any spent, unspent convictions, cautions, reprimands or warnings?	<b>Yes</b>	<b>No</b>
Are you currently under investigation for a criminal act?	<b>Yes</b>	<b>No</b>

If YES to either of the above, please give full details including the date and reason:

Bank Details	
Bank / Building Society Name	
Address	
Name of Account	
Account Number	
Sort Code	

Declaration	
<p>The information that I have given in this registration form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with the Company.</p> <p>I also agree to keep the Company advised of any changes to any of the information supplied.</p> <p>I am aware that where I have provided false information or provide false update information in the future the Company reserves the right to report this to my professional body if appropriate.</p>	
Signed	Date

Team Support Healthcare Ltd  
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6DA

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