



Website- www.gillzcare.co.uk
Email- vacancies@gillzcare.co.uk
24 hr. Tel & Fax- 01902 420268

Please complete this form in black ink and complete all sections

Position Applied for	
Your Surname and Initials	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

1. Personal Details

Title	Mr Mrs Miss Dr	Maiden Name (previous last name before marriage)	
First Name (In Full)			
Middle Names			
Surname			
Address			
			Post Code
Telephone	Home	Work	Mobile
Email address			Nationality
Date Of Birth		Pin Number (Nurses only)	
National Insurance Number		May we contact you at work?	Yes NO
Next of Kin to be notified in case of emergency: Name			
Address			
			Post Code
Telephone	Home	Work	Mobile
Relationship to you			
<p>ARE YOU ALLERGIC TO ANYTHING ? LATEX? PLEASE LIST HERE</p> <p>.....</p>			
<p>TUNIC SIZE. FEMALE UK 8 10 12 14 16 18 20 22 24 OTHER</p> <p>MALE UK S M L XL XXL OTHER</p>			
<p>NOTES...</p>			

2. Formal Education and Qualifications

Name of School/College/ University and Location	Dates of attendance		Course of Study/ Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/ Last salary or wage
	From	To		
	Month/Year	Month/Year		

4. General information

Do you hold a valid and current British Driver's Licence? Yes No Please √ as appropriate
If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes No Please √ as appropriate
If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

5. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions part time full time

Type of work NHS private hospitals nursing home industry

Other, please specify _____

Do you have any other work commitments? Yes No

Which areas of work do you wish to exclude?

When will you be available to start work?

Days or nights

NOTES....

Please list any care training you may have. (With Dates)

6. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of **two** work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, Address and Post Code		Name, Address and Post Code	
Name Address Postcode Email address:	1	Name Address Postcode Email address:	2
Date From	Date to	Date From	Date to
Telephone Number		Telephone Number	
Position	<i>Manager, Supervisor etc</i>	Position	<i>Manager, Supervisor etc</i>
Relationship to you		Relationship to you	
May we contact the above person now? Yes No Please <input type="checkbox"/> as appropriate		May we contact the above person now? Yes No Please <input type="checkbox"/> as appropriate	

7. Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed.....Date

8. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties.

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

Do You have convictions	Yes	No	(see Note below)
Please √ as appropriate			

Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK?	Yes	No	Please √ as appropriate
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Notes

9. Equal Opportunities Monitoring Form

Gillz Care Ltd operates a policy of Equal Opportunities: Therefore, we need to be able to check that decisions are not influenced by unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire.

Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?

Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.

A White

British

Irish

Any other White background, please write in here.

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in here.

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in here.

D Black or Black British

Caribbean

African

Any other Black background, please write in here.

E Chinese or other ethnic group

Chinese

Any other, please write here.

SEX

Female

Male

DISABILITY

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

Yes

No

Criminal Records – Disclosure Certificate DBS (Disclosure and Barring Service)

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

There is a £66.00 charge for a new DBS applications whether it is successful or not, no refunds are given on DBS applications. A new DBS may be required upon request by Gillz Care Ltd at any point during employment, this is again chargeable at the rate of £66.00. We accept cash or cheque, DBS applications will not be processed until cheques are fully cleared. Receipts will be given for payments made for DBS applications.

I declare that to the best of my knowledge the information provided in this application, and that submitted in any accompanying documents, is correct, and I give permission to for any enquires to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose. I give permission for the processing of personal data contained in this form for employment purposes.

I understand that any false or misleading information could result in my dismissal.

Employee Agreement.

This agreement is written to confirm the conditions under which you will engage in providing services to clients as an employee of Gillz Care Ltd. You will provide care services on an intermittent "as needed" basis, with the understanding that our Agency will inform you on the earliest possible date the days on which services are required.

Non Disclosure Agreement and Restrictive Covenant: All information that we provide to you shall be considered strictly confidential and you agree that you will not, directly or indirectly, during your association with us make available to any person any of our confidential information without our specific written consent. You further agree not to circumvent or bypass our rights by doing business directly with any individual (client) or business entity (client) whom we have introduced to you (or by entering into employment with such individuals or business entities) without our advance written consent both during the period in which you provide services to any such client and for a period of 2 years thereafter. Also note that financial participation in a business enterprise as an owner, shareholder, or stockholder which is in direct competition with Gillz Care Ltd is strictly prohibited.

Signed

Dated



BANK ACCOUNT AND PAYROLL DETAILS AMENDMENT FORM

Title: _____

First Name: _____ **Sure name:** _____

Employee No:Office use only..... **NI Number:** _____

Date of birth: _____

Home Address: _____

_____ **Post Code:** _____

Bank Details

Bank Name	
Bank Address	
Sort Code (6) characters	
Account Number (8) characters	
Account Name	

If this is an account amendment, please do not close the old account until your salary has been credited to the new account. This is a self employed position, You are responsible for paying your own tax and national insurance.

Opt-out agreement

I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer three weeks notice in writing to end this agreement.

Signature _____ Dated _____



We like to be up front about all our costs and charges to our staff. For nursing and care staff the charges are the same.

ANY HOURS SPENT TRAINING -YOU DO NOT GET PAID FOR.

- Care Certificate training theory based £160.00
- Moving and handling £40.00
- CRB £66.00
- Uniform (White Tunic for carers, BLUE FOR NURSES) £25.00
- £5.00 PER SHIFT TRANSPORTATION FEE - SEE BELOW

All of the above to be paid up front before you do your first shift.

Your first shift is a voluntary shift, this is part of your training. This is called a supernumerary shift.

Voluntary shifts can be increased at the discretion of the management, until Gillz Care Ltd are happy to allow you to do a paid shift.

There is a £5.00 per shift Transportation fee. This is charged per shift if you have transport with us. This is paid for the organisation of transport. And is to be paid to Gillz Care Ltd not the drivers.

I agree to the above terms and understand all money for training, CRB & Uniform must be paid in full before I can complete my first shift. No Refunds are given in any circumstances.

Signature.....Dated.....