**1.Personal Details**

Title:   
Mr Mrs Miss Dr  
First Name ( In Full):  
Middle Names:  
Surname:  
Maiden Name:

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:

ARE YOU ALLERGIC TO ANYTHING ? LATEX? PLEASE LIST HERE:

TUNIC SIZE: FEMALE UK: 8, 10, 12, 14, 16, 18, 20, 22, 24

MALE SIZE UK S, M, L, XL, XXL OTHER……………

**2.Formal Education and Qualifications If you have a CV with you then please attach to this page.**

Name of School/college/ University and Location:

From: To:  
Course of Study/ Qualification(s) gained e.g. GCSE's, "A" levels, NVQ,  
Degree etc:  
Grade:  
  
**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.

Dates of Employment  
From:  
To:  
Name & address of Employer

Position held and brief summary of duties and responsibilities:

Reason for leaving:   
Last salary or wage:

From:  
To:  
Name & address of Employer  
  
Position held and brief summary of duties and responsibilities:

Reason for leaving:  
Last salary or wage:

**9. Equal Opportunities Monitoring Form**

Gillz Care Ltd operates a policy of Equal Opportunities. Therefore, we need to be able to chack that decisions are not influenced by unlawful discrimination. To help usa 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 CaribbeanWhite and Black AfricanWhite and Asian

**Any other Mixed background, please write in here………………………………………...**

**C Asian or Asian British**IndianPakistaniBangladeshi **Any other Asian background, please write in here………………………………...**

**D Black or Black British**CaribbeanAfrican **Any other Black background, please write in here……………………**

**E Chinese of other ethnic group**Chinese **Any other, please write here…………………………………..**

**SEX: Female or Male** (Please delete as appropriate)

**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 OR NO (Delete as appropriate)**

**6. References**

References are normally taken 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:

Postcode:  
Email address:  
Dates From:  
Dates to:  
Telephone Number:  
Position:  
Relationship to you:  
May we contact the above person? NO/YES (Please delete as appropriate)

Name:  
Address:

Postcode:  
Email address:  
Dates From:  
Dates to:  
Telephone Number:  
Position:  
Relationship to you:  
May we contact the above person? NO/YES (Please delete 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/Care home.   
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, and further legal action will be taken.   
I have read and I understand the above and I agree to abide by the contents therein:

Signed…………………………………….

Print Name………………………………..

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 Please delete as appropriate: YES/NO** (delete as appropriate)

(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 delete as appropriate)

**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 enquiries 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……………………………………………….

Print Name………………………………………….

Dated ...................................

**BANK ACCOUNT DETAILS**

**Title:**

**First Name:**

**Surname:**

**Bank Name:**

**Bank Address:**

**Sort code:**

**Account Number:**

**Roll Number if applicable:**

If this is an account amendment, please do not close the old account until your salary has been credited to the new account.

Signature:…………………………………………..  
Print Name:………………………………………..

Dated…………………………..

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

Signature……………………………………………….

Print Name……………………………………………..

Dated:………………………………

***Gillz Care Ltd Updated June 2017***