

**DAY & NIGHT SOLUTIONS LIMITED**

**Application Form**

**Data protecting statement**

Your personal information including sensitive personal data collected on this form are collected for the purpose of recruiting and personnel administration and monitoring. It is the policy of Day&Night Solutions Ltd to protect and keep all personal data collected secure. Application forms of unsuccessful applicants will be destroyed after 3 months.

Equal Opportunities Statement

Day&Night Solutions Ltd’s Equal Opportunities policy covers all employees and potential employees. The policy recognises that everyone will treated equally and fairly regardless of age, disability, ethnic origin, colour, religion, beliefs, gender, marital status, sexual orientation.

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | |
| **Forename** | | | **Other name:** | | | | | | | | | | | **Title:** |
| **Surname:** | | | **Previous surname:** | | | | | | | | | | | |
| **QUALIFICATION/S:** RGN 🖵 RMN 🖵 RNLD 🖵 Support Worker yes🖵 Care Assistant 🖵 | | | | | | | | | | | | | | |
| **Type of work required:** Ad Hoc Locum 🖵 Permanent position Permanent Yes (please email a copy of your up-to-date CV). | | | | | | | | | | | | | | |
| **Current address line 1:** | | | | | | | | | | | | | | |
| **Address line 2:** | | | | | | | | | | | | | | |
| **Town/City:** | | | | **County:** | | | | | | | | | **Post Code:** | |
| **Tel No:** | | | | | **Mobile No:** | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | |
| **Languages spoken:** | | | | | **Professional Reg. No:**  **Please bring your certificate to your interview** | | | | | | **Expiry date:**  **NMC Revalidation date:** | | | |
| **Do you have professional indemnity insurance?** ( Yes) 🖵 No 🖵 If yes details e.g. MDU/MPS/RCN/AODP/other (please specify):   Expiry date: | | | | | | | | | | | | | | |
| **Nationality:** | | **Passport No.** | | | | | | **Visa type:** | | | | **Work visa expiry date:** | | |
| **Date of Birth:** | | **NI Number:** | | | | | | | | | | | | |
| **Car Driver** ( Yes) 🖵 No 🖵 | | **Use of a car** (Yes) 🖵 No 🖵 | | | | | | | | | | | | |
| **Next of Kin:** | | | | | | | | | Relationship to you: | | | | | |
| Address (including postcode) | | | | | | **Emergency telephone number** (mobile number if possible): | | | | | | | | |
| **TRAINING and COURSES (since leaving secondary education)**  **NB: mandatory courses such as Moving and Handling should be listed on your competency check list and not here.**  **Mental Health workers – please add date of last Control and Restraint Training and bring your certificate to your interview** | | | | | | | | | | | | | | |
| **Name of Course** | **Name and Address of School/College / University** | | | | | | **From** | | | **To** | | | | **Qualifications gained** |
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| **FULL EMPLOYMENT HISTORY and REFERENCES** | | | | | | | | | |
| Day & Night Solutions is required to carry out screening in accordance with the requirements of the role for which you have applied. We require details of your FULL employment/unemployment history (since leaving full time education).  Please give details in the space provided for all periods of employment, self-employment, agency work, registered/ unregistered unemployment, part time and voluntary work. Please be sure to give dates (month and year) and full work address details of employers. For periods of registered unemployment, please give dates and full addresses of the Employment Service Job Centre (ESJC).  **Please explain any gaps in employment and please continue on another sheet is required.**  **References:** Please give the names of your direct line managers for your last five years employment. If the organisation has a Human Resources Dept please note, they will also be contacted.  **Unless we hear from you to the contrary, we will contact your referees prior to your interview to ensure that the registration process is completed as quickly as possible.**  **\*If currently or previously working within the NHS, please state your last NHS Appraisal date and next one due:**  **Last NHS Appraisal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next NHS Appraisal due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please start from present or most recent employment and continue on another sheet if required.** | | | | | | | | | |
| **Employer/Company/**  **Establishment name and address** | **Your Official  Job Title** | **Ward/ Unit/ Dept** | | **Type of Organisation** | **From** | | **To** | | **Reason for leaving/ reason for gap in employment** |
| Month | Year | Month | Year |
| 1.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |
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| **Employer/Company/**  **Establishment name and address** | **Your Official  Job Title** | **Ward/ Unit/ Dept** | | **Type of Organisation** | **From** | | **To** | | **Reason for leaving/ reason for gap in employment** |
| Month | Year | Month | Year |
| 2.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| Month | Year | Month | Year |
| 3.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| Month | Year | Month | Year |
| Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| **Employer/Company/**  **Establishment name and address** | **Your Official  Job Title** | **Ward/ Unit/ Dept** | | **Type of Organisation** | **From** | | **To** | | **Reason for leaving/ reason for gap in employment** |
| Month | Year | Month | Year |
| 5.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| **Employer/Company/**  **Establishment name and address** | **Your Official  Job Title** | **Ward/ Unit/ Dept** | | **Type of Organisation** | **From** | | **To** | | **Reason for leaving/ reason for gap in employment** |
| Month | Year | Month | Year |
| 6.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| **Employer/Company/**  **Establishment name and address** | **Your Official  Job Title** | **Ward/ Unit/ Dept** | | **Type of Organisation** | **From** | | **To** | | **Reason for leaving/ reason for gap in employment** |
| Month | Year | Month | Year |
| 7.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| Month | Year | Month | Year |
| 8.  Postcode: |  |  | |  |  |  |  |  |  |
| Referee name (please print full name): | | | Referee job title: | | | | Comments: | | |
| Referee work email: | | | | | | |
| Telephone number: | | | | | | |

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| **Gender** | **Sexual Orientation** | **Religion/Belief** |
| Male 🖵  Female 🖵  Transgender Female 🖵  Transgender Male 🖵  I do not wish to disclose 🖵 | Heterosexual 🖵  Gay 🖵  Bisexual 🖵  Lesbian 🖵  I do not wish to disclose 🖵 | Christian 🖵  Jewish 🖵  Muslim 🖵  Hindu 🖵  Buddhist 🖵  I do not wish to disclose 🖵 |

**Health Section**

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| Do you have or have you ever had any significant health problem, impairment / disability(physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered? |
| Yes 🖵  No 🖵 |
| If Your answer is yes please provide details |

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| Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work? |
| Yes 🖵  No 🖵 |
| If Your answer is yes please provide details |

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| Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? |
| Yes 🖵  No 🖵 |
| If Your answer is yes please provide details |

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| Are you having, or waiting for any medical treatment or investigations at present? |
| Yes 🖵  No 🖵  If Your answer is yes please provide details |

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| Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? |
| Yes 🖵  No 🖵  If Your answer is yes please provide details |

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| Are there any areas you prefer not to work in? Yes/No ………. Please explain below.  Do you have any restrictions at all with your work practice? i.e., manual handling………. Please explain below.  Do you have any annual leave booked with your current employer?.......Please explain below? |

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| DECLARATION |
| I declare that the information given is, to the best of my knowledge, complete and accurate in all respects. I am legally permitted to work in the UK. I have read, understood and agree to the conditions of engagement as provided by Day & Night Solutions of which I have been given a copy. I understand that my registration is subject to satisfactory references. I undertake to inform you should my circumstances change (e.g., should I be convicted of an offence/receive a caution, have a change in health status, employment or professional body registration) since this registration took place. I wil**l i**nform you immediately, supplying written detailsif I am under investigation or suspended by myprofessional body, Safeguarding or any employer at any time. I have also received and read the Working for Day & Night Solutions Handbook and I understand and agree to the contents therein.  Signed………………………………………………………………………................. Date……………………………………………….. |
| **DATA PROTECTION/CONFIDENTIALITY** |
| I acknowledge that this information may form the basis of a computerised personnel system, which I have access to as determined by The Data Protection Act 1998 (full details of Day & Night Solutions Data Protection Policy are in the Day & Night Solutions (Handbook). I agree to the passing on, to clients with whom I may be placed, (and other official bodies if requested as part of an investigation/audit) information held in relation to me, by Complete Care Needs.  I agree to respect the confidentiality of Day & Night Solutions its clients/workers and any information to which I may have access, at all times.  Signed………………………………………………………………………… Date………………………………………………. |
| **DEDUCTIONS** |
| I understand and agree that on an annual basis I will have the payment for my annual DBS and up-date training deducted from my wages.  Signed………………………………………………………………………… Date………………………………………………. |
| **TRAINING** |
| I understand that I will be required to attend the Day & Night Solutions induction day before I am placed to work. I also understand that I will be required to attend an up-date training day on an annual basis. Should I fail to attend once a place has been booked for me, I understand that I will be expected to pay the rate applicable at the time.  Signed………………………………………………………………………… Date………………………………………………. |
| **EU REGULATIONS** |
| I hereby agree to opt-out of the 48-hour working week limitation as laid down in the EU Working Time Regulations 1998. I understand that I may end this agreement at any time by informing Day & Night Solutions in writing.  Signed…………………………………………………………………………… Date……………………………………………..  I understand that in order to maintain effective registration with Day & Night Solutions, I will be required to update myself on the mandatory subjects according to EU Regulations/other statutory requirements.  Signed…………………………………………………………………………… Date…………………………………………….. |
| REHABILITATION OF OFFENDERS ACT |
| Because of the nature of the work for which you are applying, the provisions of section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (Exceptions) order (Amendments) order 1986.  **Applicants are therefore required to give information about convictions, which for other purposes, are ‘spent’ under the provisions of the Act**. The information you give will be treated in confidence and only taken into account where, in thereasonable opinion of Day & Night Solutions, the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment, if the offence is not declared, but later comes to light**.**  **Have you at any time been convicted of a criminal offence or cautioned by the police? YES 🖵 NO 🖵**  **If ‘YES’ please complete a Statement of Conviction form. Have you enclosed this with your application YES 🖵 NO 🖵**  Under UK legislation we are required to perform an enhanced DBS check before placement and annually thereafter.  **Do you agree to have an enhanced DBS check at your expense? YES 🖵 NO 🖵**  **If you hold a DBS certificate registered with the DBS update service,**  **do you give consent for Day & Night Solutions** **to check this online? YES 🖵 NO 🖵**  Signed…………………………………………………………………………………..Date……………………………………………………  **How did you hear about Day & Night Solutions?**  Word of mouth **🖵** Window advert **🖵** Local newspaper advert **🖵** Day & Night Solutions website **🖵** Search Engine **🖵** (please  state which one and what you ‘searched’ for e.g. nursing/care agency) ………………………………………..  Other please specify……………………………………………………………………………………………………. |