

Candidate Name:



For Our Use:

Application Received:

Telephone Interview
Date:

Interview Date:

Applied for:

APPLICATION FORM

This is your pre interview application form. Please complete in full and add as much detail as possible and return prior to interview.

Key Question	Key Line of Enquiry (KLOE)
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

Personal Details

Title (eg. Mr, Mrs, Miss or Ms)	
Surname	
Forenames	
Other Surnames you have been known by	
Address	
Postcode	
Mobile Number	
Email Address	
Position applied for	
Did some referrer you or where did you make your application?	
Do you know anyone or are related to anyone who workd for Insignia?	

Passport nationality _____	Place of issue _____	
Passport number _____	Issue date _____	Expiry date _____

Do you need permission to work in the UK? yes / no ***If yes, please answer the following:***

Are you visiting the UK on a working holiday? yes / no

Do you hold a student visa? yes / no

Do you require a work permit? yes / no

Do you have a valid work permit? yes / no Expiry date:

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Education History

Please give details of your **secondary** education

SECONDARY SCHOOL NAME AND ADDRESS	DATES OF ATTENDANCE	TYPE OF QUALIFICATION	SUBJECT	GRADE

Employment History

Please give details of your full employment history including accurate dates, reason for leaving and any employment gaps. Please start with your most recent employer. **Please continue on a separate sheet if necessary. If CV provided, please score through.**

NAME AND ADDRESS OF EMPLOYER	POSITION	START DATE	END DATE	REASON FOR LEAVING

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References

Please provide full details of 3 previous employers, 1 must be your current or most recent employer. Please also provide a professional character referee from someone in a senior position to you. **Referees must not be relatives or friends.**

Professional character referees must be able to provide a credible comment on your ability to undertake the duties of the post applied for and have a business email address.

Reference 1 – Current/most recent employer. Please provide the company details for the HR department or appropriate manager.

Name		
Position in the company		
Company Name and Address		
Company Telephone		
Company Email		
Can we contact prior to interview	YES	NO

Reference 2 – Previous employer. Please provide the company details for the HR department or most senior manager.

Name		
Position in the company		
Company Name and Address		
Company Telephone		
Company Email		
Can we contact prior to interview	YES	NO

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Reference 3 – Previous employer. Please provide the company details

for the HR department or most senior manager.

Name		
Position in the company		
Company Name and Address		
Company Telephone		
Company Email		
Can we contact prior to interview	YES	NO

Reference 4 – Character Reference. Please provide details for someone who you have previously worked with and was in a senior capacity to you. Friends and Family cannot be accepted and work contact details should be provided where possible.

Name		
Address		
Telephone		
Email		
How long has this person known you and in what capacity?		
Can we contact prior to interview	YES	NO

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Reference Consent

I _____ (*insert name*) confirm that I **give*/do not give*** permission to Insignia Healthcare Group to request a reference from my current and former employers.

I also confirm that I **give*/do not give*** permission to Insignia Healthcare Group to provide my date of birth, previous names and National Insurance number at the request of the referee.

I also **agree*/do not agree*** to Insignia Healthcare Group providing my details to any future employers who wish to contact the company for a reference.

I understand that this document will continue to apply after my employment ends and I agree to comply with this policy.

Signed _____

Date _____

*Delete as appropriate

Name _____

Date of Birth _____

NI number _____

Previous Surname(s) _____

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Rehabilitation of Offenders Act 1974 and Criminal Records

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should therefore list all offences on a separate sheet even if you believe them to be 'spent' or 'out of date' for some other reason.

Have you ever been convicted of a criminal offence? <i>If yes, please ask for a separate form.</i>	Yes	No
Have you ever been cautioned or issued with a formal warning for any criminal offence? <i>If yes, please ask for a separate form.</i>	Yes	No

The DBS (Disclosure and Barring Service) is the executive agency for the Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS disclosure information. NHS Trusts, private sector hospitals and nursing homes insist on agencies making informed recruitment decisions which require criminal record checks to be made on all staff.

It is a condition of proceeding with your application that you apply for a DBS disclosure (or that you produce an acceptable original disclosure which you have already obtained). The disclosure will be compared with the information given above and any inconsistencies could invalidate your application or lead to cancellation of your registration with us.

Please sign to confirm you have read and understood this information.

Signature		Date	
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Any cautions or convictions should be disclosed in full and will be discussed further at interview.

Data Consent

I confirm for my personal data to be held securely electronically and in physical form.

I consent to my data being held on secure third party servers that Insignia Healthcare Group use within its day to day operation.

I consent to receive relevant Email communication from Insignia Healthcare Group.

I consent to Insignia Healthcare Group authorising third party companies such as Apps and Software to send me registration emails, Update notifications and alerts.

Signature		Date	
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ADMINISTRATION CHECKED INITIALS		
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DBS Information

Place of Birth Town/County/Country	
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Have you been known by any other name?	Yes		No	
IF KNOWN BY ANY OTHER NAME YOU MUST OBTAIN NAMES & DATES FROM BIRTH				
Name	From Month / Year	To Month / Year		

Do you hold a valid passport?	Yes		No	
IF THE APPLICANT HAS A VALID PASSPORT A COPY MUST BE OBTAINED IN ORDER TO PROCESS CRB				
PASSPORT SEEN	Yes		No	
NOTES				

Do you hold a valid Driving Licence?	Yes		No	
IF THE APPLICANT HAS A VALID DRIVING LICENCE A COPY MUST BE OBTAINED IN ORDER TO PROCESS CRB				
DRIVING LICENCE SEEN	Yes		No	
NOTES				

Time at current address	
IF LESS THAN 5 YEARS PROVIDE PREVIOUS HISTORY ADDRESS BELOW	
ADDRESS -	

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DBS Agreement

Name:

The named employee agrees to the following terms and conditions as set out below:

1. I acknowledge that Insignia Healthcare Group have paid for my DBS Enhanced disclosure at the cost of **£61.50**.
2. I agree that in the event I decide not to complete my probation with Insignia Healthcare Group I will be invoiced for the full cost of my DBS enhanced disclosure - **£61.50**.

I am signing this form to accept the terms set out above

Signed by Employee _____ Date: _____

DBS Update Consent

Please only complete this section if you have a Enhanced DBS that is on the update service.

Full Name:

Current Address:

Date of Birth:

Certificate Number:

I am completing this form because I have a current DBS Update Service account and am therefor entitled to transfer my current DBS certificate from one company to another.

I confirm that I give permission to Insignia Healthcare Group Limited to carry out an "Status Check" via the Disclosure & Baring Service (DBS) website. I understand that this check will be recorded against my account and the Company will print a copy of my DBS Certificate for their records.

Signed by Employee _____ Date: _____

**ADMINISTRATION CHECKED
INITIALS**

DBS Consent Form

ukCRBS Ltd

Suite 2, Orchard House
Tebbutts Road
St Neots
Cambs, PE19 1AW
Tel: 01480 403636, Fax: 01480 403684

APPLICANT CONSENT

Applicant Name:
Employer/Prospective Employer
Company Name:

By signing this document you are giving your consent to the completion of an application form via eBulk this is the electronic submission of your application to either the Disclosure and Barring Service or Disclosure Scotland dependant on the category of check being undertaken.

All information requested is used solely for the purpose of producing a Disclosure and Barring Service or Disclosure Scotland certificate and is collected, stored and processed by UK CRBS Ltd and the Disclosure and Barring Service or Disclosure Scotland in accordance with the Data Protection Act 1998. We will treat all personal information as confidential and we will not disclose it to any third party except: (i) with prior agreement; (ii) as necessary for providing our eBulk online disclosure service; or (iii) as required by law.

By signing below you are agreeing the following;

That on this date you

- ☐ Give consent for the application to be processed
- ☐ will represent your identity to be true,
- ☐ will Corroborate your identity to be true via documentation
- ☐ confirm that the information provided on the application is true and accurate to the best of your knowledge and belief.

A record of your consent will be retained for a period of 12 months.

Please confirm your consent by signing below. If you do not consent please contact your employer/prospective employer.

Signed by Employee _____ Date: _____

ADMINISTRATION CHECKED INITIALS		
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GDPR and Inspection

We are required to hold personal information on staff eg.

National Insurance number, address, qualifications, a mechanism for checking health and fitness including records of immunisation, record of training, annual leave and sickness, references and Rehabilitation of Offenders information. From time to time we may be required to release elements of this information in placing you in assignments: please be assured that we would only disclose information that is necessary.

I **CONSENT / DO NOT CONSENT** to the disclosure of information required to place me on assignments.

If you are placed on assignments in NHS Trusts under Framework Agreements, part of the inspection process involves checking that we maintain certain information as described above. Inspectors will need to know that the Company is maintaining the information as we should.

Please complete and sign the declaration below. If you have any concerns, please contact us.

I **CONSENT / DO NOT CONSENT** to staff having access to information held on my personal file for inspection purposes.

Signature		Date	
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Please note: Regulatory bodies such as Social Services, Home Office, Immigration, Care Quality Commission have the right to access personal files for inspection in order to verify compliance with legislation and NCSC regulations.

Declaration

The information that I have given in this 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 Insignia Healthcare.

I also agree to keep Insignia Healthcare advised of any changes to any of the information supplied.

Signature		Date	
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Birdie/QCS

Insignia Healthcare use Quality Compliance Systems (QCS) and Birdie application for the monitoring of Quality and Care Planning, if you are currently working with these systems, please indicate below:

I **DO / DO NOT** already have access to the QCS/Birdie.

ADMINISTRATION CHECKED INITIALS		
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