



HIGH PROFILE CARE LIMITED

The Lansdowne Building, Lansdowne Road Croydon CR9 2ER, United Kingdom.

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Email: info@highprofilecare.co.uk. Web: www.highprofilecare.co.uk.

Application form

Please use CAPITAL LETTERS throughout and complete this form using BLACK INK

PERSONAL DETAILS

Title: Surname
Forename: Maiden Name
Middle Name: Marital Status:
Date of Birth: Gender:
Age: National Insurance:
Address:
City / Town: Country:
Postcode:
Mobile phone:
Email Address:
Preferred Contact Method Are you willing to expect morning calls? YesNo
Are you willing to expect late Night calls? Yes: No.....

VARIOUS INFORMATION

Work status Passport Number: Exp date: / /
Nationality
Religion Ethnic Origin
Do you smoke? Yes, No Registered Disabled? Yes No

Give details of hobbies/leisure activities

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.....

PROFESSIONAL EDUCATION AND TRAINING.

Please list any Training / Course / healthcare qualification you have and when you gained them

Qualification:	School / College University:	Dates
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.....
.....
.....
.....

Please tick the specialities of which you have significant, post training experience.

SPCIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1- 2 YEARS	2 YEARS +
Hospitals				
Learning Disability				
Adolescents				
Children				
Mental health				
Elderly				
Physical disability				
HIV				
Residential Homes				
Nursing homes				

EMPLOYMENT HISTORY

Please give details of your past 5 years of continuous work history giving reasons/s for any breaks in employment

From / / **To** / /

Employer

Address

Telephone: _____ Main contact

Post Title: _____ Grade _____
Full time or part-time _____ Salary: _____
Main responsibilities: _____

Reason for leaving: _____

From / / **To** / / _____
Employer _____
Address _____

Telephone: _____ Main contact _____
Post Title: _____ Grade _____
Full time or part-time _____ Salary: _____
Main responsibilities: _____

Reason for leaving: _____

From / / **To** / / _____
Employer _____
Address _____

Telephone: _____ Main contact _____
Post Title: _____ Grade _____
Full time or part-time _____ Salary: _____
Main responsibilities: _____

Reason for leaving: _____

Asthma			
Infections - ear / sore throat			
Psychiatric illness - Mental disorder/ depression etc			
At present are you having any injections/medications	YES	NO	Details (if YES)
Are you under any treatment of any kind of condition?	YES		
Have you had any major operations			
Physical Disabilities?			
How much time have you taken off work in the last 5 years due to illness?			
Please state any other information about your health which may affect your work			
If you do not have vaccination information, please provide details of where we can request them below.			

WORK PREFERENCE

Please specify the kind of Care work are you interested in? (tick all that apply)

SUPPORTED LIVING PRIVATE HOSPITAL NURSING HOME

RESIDENTIAL HOME:

(Please specify) SHORT TERM LONG TERM

Please indicate when you would like to work. Please tick all relevant boxes.

DAILY.

PART-TIME FULL-TIME BANK HOLIDAYS

EVENINGS (M-F) DAYS (M-F) NIGHTS (M-F)

EVENINGS (SAT-SUN) DAYS (SAT-SUN) NIGHTS (SAT-SUN)

AVAILABILITY

When you are available to work

Do you have any holiday booked? When:

REHABILITATION OF OFFENDERS ACT 1974.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore not, entitled to withhold information about convictions, which for other purposes are 'spent' under the provision of the Act in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Information provided will be kept confidential and use in relationship to the post applied for..

Have you ever been convicted of a criminal offence? YES.....NO.....

If yes, please specify

.....

Do you have any spent or unspent convictions YES NO

If yes please specify

.....

Have you instigated an enhanced disclosure within the last six years? YES NO

I CONSENT TO HIGH PROFILE CARE LIMITED CHECKING THE DETAILS I HAVE PROVIDED AGAINST THE VARIOUS DATA SOURCES IN ORDER TO VERIFY MY INDENTITY AND PROCESS THIS APPLICATION. THESE DETAILS MAYBE USE TO ASSIST OTHER ORGANISATION SUCH AS DBS, AND IN IDENTITY PURPOSES.

SIGNATURE _____ DATE _____

REFERENCES.

Please give the names and addresses of two of most recent employers with work addresses who is able to comment on your work ability and experience. Starting with your present to most recent employer if possible.

(A) _____

Name of Reference: _____ Company Name _____

Address: _____

Postcode _____ city/ town; _____ country _____

Telephone no: _____ Fax no: _____

Email address: _____ Mobile phone: _____

Start date: / / End date: / / To date _____

(B) _____

Name of Reference: _____ Company Name _____

Address: _____

Postcode _____ city/ town; _____ country _____

Telephone no: _____ Fax no: _____

Email address: _____ Mobile phone: _____

Start date: / / End date: / / To date _____

BUILDING SOCIETY /BANK DETAILS

Bank Name _____

Bank Address _____

Building Society Bank Roll _____

Holder's Account Name _____

Sort Code _____ Account No _____

I authorise **High Profile Care Limited** to pay my weekly wages into the above Bank Account and I will notify **High Profile Care Limited** if changes occur to my details.

Signed _____ Date _____

NEXT OF KIN

Name of Emergency contact _____

Relationship to you: _____

Address: _____

Post code: _____

Home Telephone: _____ Work No: _____

Email Address: _____

Mobile No: _____ Pager: _____

WORKING TIME REGULATIONS

I have read and understood the working time regulations and I hereby consent that the working time limit shall not apply to my assignments

Print Name Sign

Date

FINAL STATEMENT

I declare that the information provided on this application is true to the best of my knowledge. I have read the terms and condition of engagement and agree to comply with the current Health and Safety at Work Act. I understand that my appointment is subject to the receipt of two satisfactory references and it subject to Enhanced DBS Disclosure. **HIGH PROFILE CARE LIMITED** is free to make any other enquiries thy may find necessary relating to my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to.

Signed Date

AGENCY INFORMATION. OFFICE USE

CHECKLIST		NOTES
Application		
Proof of Address	Utility bills, bank statements, others.	
Proof of identity	Passport, driving license others	
Eligibility to work	Visa, Work Permit, passport, birth cert	
CRB Application		
PAYE Form		
2 passport photographs		
Immunisation		
Signed contract		

AGENCY SIGN OFF

I Certify that I interviewed the above applicant in Accordance with **HIGH PROFILE CARE LIMITED** requirements and I am satisfied that this applicant is cleared for work

NAME OF CONSULTANT _____

SIGNATURE OF CONSULTANT _____

DATE _____