

Candidate Registration Form

YOUR INFORMATION (please write clearly in BLOCK CAPITALS using black ink)

ABOUT YOU			
Title (Mr/Mrs/Miss/Ms)		Gender	M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Surname		Date of Birth	(DD/MM/YYYY)
First Name(s)		Marital Status	
National Insurance No		Mobile Phone	
E-mail		Home phone	
Current Address			
Postcode		Do you drive Yes <input type="checkbox"/> No <input type="checkbox"/>	How do you usually travel to work?
ABOUT YOUR WORK			
Job Title			
Current place of work			
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Days <input type="checkbox"/>	Nights <input type="checkbox"/>
YOUR PAYMENT DETAILS			
Name of Bank/Building Society			
Account Name		Personal <input type="checkbox"/>	LTD <input type="checkbox"/>
Branch Address		Post Code	
Account Number		Sort Code	

Your Training, Qualifications, Appraisals and References

MANDATORY TRAINING (Please tick if you have successfully completed the following training within the last 12 months) Please enclose copies of your training certificates					
Basic Life support		Fire Safety		Data Protection	Infection control
Intermediate Life support		Moving and handling		Food Hygiene (where required to handle food)	Personal Safety (mental health and learning disability)
Advanced Life Support		Equality, diversity and inclusion		Handling Violence and Aggression	Lone Worker training
Complaints Handling		COSHH		RIDDOR	Health and safety
Conflict management		Safeguarding of vulnerable adults		Safeguarding of Children	Caldicott Protocols
APPRAISALS (please give details of your last appraisal)					
Name of Appraiser		Position and Grade of Appraiser			
Branch Address		Post Code			
E-mail		Phone Number			
REFERENCES (Please supply us with two professional referees, one must be from your most recent or present employer and must be a senior grade to yourself and you must have worked for that person for a duration not less than three months)					
1. Name		Position			
Work Address		Postcode			
Work e-mail		Tel			
2. Name		Position			
Work Address		Postcode			
Work e-mail		Tel			

Your DBS status and immunisations

[Please send a copy of your most recent DBS Disclosure (formerly known as CRB)]

Current DBS Disclosure (formerly known as CRB)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear	Yes <input type="checkbox"/> No <input type="checkbox"/>
Issue Date		Disclosure Number	
Is this the certificate registered with the update service?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

You will be requested to carry out a DBS at registration and annually upon employment

IMMUNISATIONS (Please tick amongst the following, the immunisations you have received vaccination for and include the reports when returning your registration)					
EPP and Non EPP	Hep B Yes <input type="checkbox"/> No <input type="checkbox"/>	TB Yes <input type="checkbox"/> No <input type="checkbox"/>	Varicella Yes <input type="checkbox"/> No <input type="checkbox"/>	Measles Yes <input type="checkbox"/> No <input type="checkbox"/>	Rubella Yes <input type="checkbox"/> No <input type="checkbox"/>
EPP Candidates only	Hep C No Proof <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/>	Hep B Antigen No Proof <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/>	HIV No Proof <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/>		

All applications who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Michael Rgis' care providers will cover the cost of any mandatory training updates, however cancellations outside of 48 hours and late attendance will be charged to the candidate. Candidates will be required to purchase uniform at the cost of £25. This will be deducted from their pay once they start work with Michael Rgis' Care Ltd.

Please sign to say you have read and understood the above			
Your Signature		Date	

Your Next of Kin			
Name of Next of Kin			
Phone Number		Relationship	
Your Signature		Date	

Your Work History

Please ensure you complete this section even if you have a CV. The NHS states that "Employment history should be recorded on an Application form which is signed" Please ensure that you leave no gaps unaccounted for and it covers full work history including your education.

Please ask for extra paper if required

- Full work history including your education
- Dates to and from are shown in a MM/YY format
- Dates are continual with NO gaps
- Where there have been gaps in work history please state the reason for the gaps
- Lists all relevant training undertaken

From		Employer	
Title of Post		Grade	
Address		Main responsibilities	
Reason for leaving			

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Title of Post		Grade	
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From		Employer	
Title of Post		Grade	
Address		Main responsibilities	
Reason for leaving			

1. Health Declaration

All applicants must complete the enclosed health questionnaire to enable us to establish your fitness for work. We would ask all overseas candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health doctors to establish your fitness for work. Please sign the declaration below to allow Michael Rgis' Care Services release your information for inspection.

I (name)..... Consent to Michael Rgis' Care Ltd releasing my health and immunisation records for review to Michael Rgis' Care Ltd's qualified Occupational Health Advisor. I understand that based on this review, I may be required to undergo a medical examination to establish my fitness for work. I confirm that I will immediately inform Michael Rgis' Care Ltd if I am HIV positive, Hep B positive or if I have AIDS in accordance with the Department of Health guidelines. I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform Michael Rgis' Care Ltd immediately should my general condition of health change. I will inform Michael Rgis' Care Ltd if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to Michael Rgis' Care Ltd obtaining further information regarding my health from my GP or Occupational health department.

Signed		Print Name		Date	
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2. Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.

I understand that providing false or inaccurate information may result in the termination of any placement.

I agree that I will make best endeavours to make myself aware of the Health and safety procedures for each client I am assigned to.

I confirm that I have read and understood the Terms of engagement and the terms of the declaration and agree to be bound by them.

Signed		Print Name		Date	
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3. Working Time Regulations

For the purposes of the Working Time Regulations 1998 (as amended) I, consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving Michael Rgis' Care Ltd not less than three months' notice at any time.

Signed		Print Name		Date	
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In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.

Signed		Print Name		Date	
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4. Confidentiality

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the Client or the Company (Michael Rgis' Care Ltd) or in relation to any of their employees, business affairs transactions or finances which I may acquire during the term of my agreement with the company (Michael Rgis' Care Ltd) under the Terms of Engagement.

Signed		Print Name		Date	
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5. Rehabilitation of Offenders Act 1974- please answer all five questions

Because of the nature of the work for which you are applying, Section 4(2), and further orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

1	Do you have any convictions cautions or bind overs? If yes, please give details	Yes	No
2	Have you ever had disciplinary action taken against you? If yes, please give details	Yes	No
3	Are you at present the subject of criminal charges or disciplinary action? If yes, please give details	Yes	No
4	Do you consent to Michael Rgis' Care requesting a police check and any appropriate references on your behalf	Yes	No
5	Have you been police checked in the last 3 years? If so, by whom? <i>Please supply a copy</i>	Yes	No

Signed		Print Name		Date	
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6. Right to Work in the UK

Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an overseas national or require a work permit to work in the UK, please include copies of supporting documentation.

Your entitlement for working in the UK is based upon what status.

Please tick as appropriate

EU Citizen		Spouse of an EU Citizen		Work Permit	
Permit-free Visa		Right of Abode in the UK		Admitted to UK as a Doctor Prior to 1985	

7. Health and Safety

Each agency worker has a responsibility at the start of their first shift to become familiar with the Clients general policies including, without limitation, those relating to crash call procedures, the Hot Spot Mechanism for alerting security staff that an individual is in trouble, Fire Policy and the Violent Episode Policy.

Signed		Print Name		Date	
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Registration Form Declaration

PLEASE READ BEFORE SIGNING

I declare that by signing this form, I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I agree that Michael Rgis' Care Ltd retains the right to hold this registration form and any other data required to process it and pass onto any authorised third party and the details held within. I also agree to use all reasonable efforts to assist to comply with the Data Protection Acts 1998.

In addition, I confirm that all the information provided is true and accurate and that I have received and agree to Michael Rgis' Care Ltd Terms of Engagement and Staff Handbook

Signed		Print Name		Date	
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You will be requested to update your details annually

Please send your completed pack to

Michael Rgis' Care Ltd

Weston Business Centre

The Colchester Centre]

Hawkins Road Colchester

Essex

CO2 8JX

Tel: 01206266919

Mob: 07503735573

Handbook Declaration Form

This handbook contains important information and guidance for your time with us.

I have

Please sign below to show you accept its contents.

I have agreed to abide by the contents of the Michael Rgis' Care Ltd Candidate Handbook

Print name:

Profession:

Signature: Date:

I understand that any personal held by Michael Rgis' Care Ltd is liable to be inspected by a third party as part of audit purpose, and that it is my responsibility to provide you with updates to my personal data or any changes to my registration where relevant.

Print name:

Signature: Date:

I have received and understand the complaints procedure and agree to abide by the content within.

Print name:

Signature: Date:

The above declaration will be detached from the handbook and kept on record in the agency workers personal file