

For Internal Office Use Only								
Application		/						
Reference								

1	APPL	ICANT INF	ORMAT	ION								
Title		Dr	Mr	Miss	Mrs	Ms	Other (sp	ecify)				
Surna	ıme				First			Mid				
Date	of			Previous	Name			Nar	ne(s)			
Birth	· .			Maiden								
House						Home						
or Na						elephone						
Stree	t				N	Mobile Phone						
Town					V	Work Phone						
Coun	ty				E	Email Address						
Post (Code					JK National						
Coun	try					nsurance No. Nationality						
						-						
2 DRIVING LICENCE												
Do yo	u have	a current [Oriving Li	cence that	is valid for u	se in the UK?	1			YES		NO
If 'YES	S' to the	e above, ple	ease ente	r the licen	ce number.		Licence #					
_												
3	POSIT	ION APPL	IED FOR									
Prefe	rred En	nployment	Туре	Full T	Time	Flexible Hou	irs					
	Office A	Administra	tion		Domicilia	ary Care		Agency V	Vork [Co	mplete se	ction	4]
Job Title												
Complete Section 4 below only if you selected "Agency Work" above.												
4 AGENCY WORKER ROLE APPLIED FOR												
Regis	tered N	lurses		Supp	port kers/HCAs	Doctors		llied Hea		Cleanii	ng/Kit	chen
G	General	Nurse	Midw	fe	Health Care Assistant	GP		Social	Worker	CI	eaner	
	∕lental	Health	Theat		Support	Hos		Physic	otherapist	- 1	tchen	
	Nurse	nity	Nurse		Worker	Doc	or	,510	c. apioi	A:	ssistar	nt
F	Commu Psychiat Nurse	-	ICU N	ırse	Homecare Support Worker	Spe Doo	cialty tor	Occup Thera	pational pist	Co	ook	

Consultant

Dietician

Chef

Care Worker

Health

Visitor

District Nurse

Other (specify)



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5	MEMBERSHIP OF PRO	DESSIONAL BODIES							
Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.									
5.1	Professional Registra	tion Status							
Please	e indicate your UK Profes	sional Registration status							
	Registration is not re	equired for this post							
	I have current UK pr	ofessional registration relevant for	this post						
If pro	If professional registration is not required for this post, skip to Section 6, otherwise complete 5.2 and 5.3 below.								
5.2	Professional Registr	ation Number/PIN [complete if ap	plicable]						
	If you have answered 'I have current UK professional registration relevant for this post', then please enter the relevant details below.								
Profe	ssional Body	Membership or Registration type	Membership/Registration Number/PIN	Expiry/Renewa	al Date				
	ursing and Midwifery puncil (NMC)								
Gener	General Medical Council								
Healt									
5.3	If you are applying provide the following	for a post that requires profession	al registration, you are req	uired to furth	er				
5.3.1	Are you currently the	subject of a fitness to practise investig		YES	NO				
	licensing or regulatory body in the UK or in any other country? If 'YES' to the above, please provide details of any investigations or proceedings you may be subject to.								
5.3.2	Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? YES NO								
	If applicable, please p	rovide details of any conditions you ma	ay have.						



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6	RIGHT TO WORK IN THE UNITED KINGDOM (UK)							
	der Immigration, Asylum and Nationality Act, we are required to check that all employees are eligible to work thin the UK.							
	tick 'YES' against the right to w al documents you would be able		cable to you and indicate which o r right to work.	of the speci	ified			
6.1	Are you a British Citizen or a citin the UK?	tizen of the United Kingdo	m and Colonies having the right	to work	YES			
	If 'YES' to the above, which of the following original documents can you provide as confirmation?							
	Passport							
	UK Birth Certificate (short or long) and permanent UK National Insurance Number							
6.2	Are you a national of European Economic Area (EEA) country or Switzerland? YES							
	If 'YES' to the above, which of the following original documents can you provide as confirmation?							
	Passport							
	National Identity Card							
	Registration Certificate or Document Certifying Permanent Residence							
	Permanent Residence Card							
6.3	Are you allowed to stay indefinitely in the UK?							
	If 'YES' to the above, which of the following original documents can you provide as confirmation?							
	Passport (endorsed)							
	Biometric Residence Permit							
	Immigration Status Document							
	Birth Certificate (short or long) and permanent National Insurance Number							
	Certificate of Registration or Naturalisation as a British Citizen and permanent National Insurance Number							
6.4	Do you have a current document that indicates that you are allowed to stay in the UK and are allowed to do the type of work in question?							
	If 'YES' to the above, which of the following original documents can you provide as confirmation?							
	Current Passport (endorsed)							
	Current Biometric Immigration Document (Biometric Residence Permit)							
	Current Residence Card (including an Accession Residence Card or Derivative Residence Card)							
	Immigration Status Document and permanent National Insurance Number							
	Certificate of Application (or Application Registration Card) and a Positive Verification Notice							
	If none of the above [$6.1 - 6.4$] is applicable in your case, you must answer this question (6.5)							
6.5	What other type of visa or doc UK and are allowed to do the t		old that indicates that you are all	lowed to s	tay in the			
	Type of visa/document and det	ails of restrictions to empl	oyment or occupation in the UK?					
	Visa Start Date: (DD/MM/YY)		Visa Expiry Date: (DD/MM/YY)					

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7	EDUCATION AND PROFESS	IONAL QUALIFICA	TIONS			
	levant qualifications. Please (bject to a satisfactory check.		ects currenti	y being studied. All	qualifications	disclosed will
Unive	ersity/College/School		ate ompleted	Qualification(s) At	tained	
8	TRAINING COURSES ATTEN					
	ing courses that you have att the date completed or to be o		of courses th	at you are currently	undertaking	, together
Cour	se Name/Title		Training	Provider	Duration	Date Completed



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9 EMPLOYMENT HISTORY

Please record below the details of your full employment history since you finished full time education beginning with your current or most recent first. If required, please provide additional information in Section 11 regarding any gaps between all employment posts.

9.1	9.1 Current/Most Recent Employment								
Start Da	ate			End Date		Employer			
Job Titl	e								
Busines	ss Type	2						Country	
Employ	/er							Telephone	
Addres	S							Post Code	
Reason	for Le	aving							
Notice	Period								
9.2	9.2 Previous Employment 2								
		ious Li	iipio	•		1			
Start Da	ate			End Date		Employer			
Job Titl	e								
Busines	ss Type	9						Country	
Employer							Telephone		
Addres	S							Post Code	
Reason	for Le	aving							
Г									
9.3	Prev	ious Er	nploy	ment 3		1			
Start Da	ate			End Date		Employer			
Job Titl	е								
Busines	ss Type	<u> </u>						Country	
Employer							Telephone		
Address							Post Code		
Reason	Reason for Leaving								
9.4 Previous Employment 4									
Start Da	ate			End Date		Employer			
Job Titl	e								
Busines	ss Type	9						Country	
Employ								Telephone	
Addres	S							Post Code	
Reason	Reason for Leaving								



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9.5	Prev	ious Emplo	yment 5						
Start D	ate		End Date		Employer				
Job Titl	le								
Busines	ss Type						Country		
Employ							Telephone		
Addres	S						Post Code		
Reason	for Le	aving							
10	GAP:	S IN EMPLO	YMENT HIS	STORY					
	Please explain any gaps between all employment posts since you finished full time education, beginning with the most recent gap.								
Fron		Range - To		Reason for gap in employment					



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11	PREVIOUS DISMISSAL FROM EMPLOYMENT		
11.1	Have you ever been dismissed from employment?	YES	NO
11.2	If YES, please give details below including date(s), company and reasons for disr	nissal	

12 REFERENCES

Please provide the names and full contact details of three people who have agreed to supply references to cover a period of three years employment and/or training history. Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.

If you have not been in employment for over 3 years, then you should seek one reference from your last known employer and two Character/Personal reference from a person of standing within your community who knows you.

Where you have not been in employment at all or it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of three personal acquaintances who would be willing to give a character reference. Personal acquaintances must not be related to you, or have any financial arrangement with you. Referees may be approached prior to interview, unless you indicate otherwise below.

12.1	Referee 1									
Type of Reference		Employer reference Educational reference Pe				Persona	al /Character refe	erence		
Refer	ee Title	Dr	Mr	Miss	Mrs	Ms	Oth	er (specify):		
Refer	ee Surname					Referee Forenam	e(s)	,		
Refer	ee Job Title									
Relati	onship									
Comp	any Name									
								Telephone		
Address								Mobile Phone		
								Post Code		
Count	ry				Email					
Can th	Can the referee be contacted prior to interview?							YES	NO	



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12.2 Referee 2					
Type of Reference	Employer reference	Educational reference	Personal /Character reference		
Referee Title	Dr Mr Miss	Mrs Ms Othe	er (specify):		
Referee Surname		Referee Forename(s)			
Referee Job Title					
Relationship					
Company Name					
			Telephone		
Address			Mobile Phone		
			Post Code		
Country		Email			
Can the referee be	contacted prior to interview?			YES	NO

12.3	Referee 3									
Type o		Employer reference			Educa	tional refe	rence	Persona	l /Character ref	erence
Refere	ee Title	Dr	Mr	Miss	Mrs	Ms	Oth	er (specify):		
Refere	ee Surname					Referee Forenam	e(s)	<u>'</u>		
Refere	ee Job Title									
Relati	onship									
Comp	any Name									
								Telephone		
Addre	ess							Mobile Phone		
								Post Code		
Count	ry				Email					
Can th	ne referee be	contacted	prior to ir	nterview?					YES	NO



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Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you are applying for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended). Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

The position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012) and therefore an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' or 'spent' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You also are not required to tell us about parking offences.

13.1	* Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court or Court-Martial in the United Kingdom or in any other country?	YES	NO
13.2	If YES to the above, please include details of the order binding you over and/or the offence, the penalty, sentence or order of the Court, and the date and place of the		
13.3	Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?	YES	NO
13.4	Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?	YES	NO

14	ADDITIONAL DOCUMENTS		
Pleas	e supply the following with your applications:	Attached?	
14.1	Copies of any professional certificates	YES	NO
14.2	A full and current CV covering the most recent Employment and Education history over the last 5 years – A template to create this can be downloaded from our website www.firstcol.com/resources/template CV.doc	YES	NO

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15 DATA PROTECTION ACT 2018

PRIVACY NOTICE FOR JOB APPLICANTS, EMPLOYEES AND AGENCY WORKERS

This form contains both your 'personal data' and 'special categories of personal data' (e.g. convictions and offenses) as defined by the Data Protection Act 2018 under the General Data Protection Regulation (GDPR) (EU) (2016/679).

Your data will be processed by FirstCol Services Ltd ('FirstCol') exclusively for the purpose of recruitment, employment and/or finding you agency work. FirstCol protects any information disclosed within this form and ensures that it is not passed to anyone who is not authorised to have this information.

If you consent to FirstCol collecting and processing your personal data in accordance with the terms stated in FirstCol's *Employee Data Protection and Privacy Notice*, please tick the boxes below to confirm.

15.1	Your consent to processing or your data by FirstCol	
	Please read FirstCol's Privacy Notice for Job Applicants, Employees and Agency Workers before you submit this form. Do not submit the form if you do not consent to processing of your personal data.	TICK TO CONFIRM
	I confirm that I have read and understood FirstCol's <i>Employee Data Protection and Privacy Notice</i>	
	I consent to processing my personal data by FirstCol as detailed in their <i>Employee Data Protection and Privacy Notice.</i>	

16 DECLARATION

I certify that my answers and all the information that I have provided in this form are true and complete to the best of my knowledge.

I agree that any deliberate omission, falsification or misrepresentation in the application form or interview will be grounds for rejecting this application or subsequent dismissal from employment.

I authorise FirstCol Services Ltd to make any other enquiries they may feel necessary to support my application.

Where applicable, I consent that FirstCol Services Ltd can seek clarification regarding my professional registration details where applicable.

I agree to the al	YES	NO	
Your Signature			
Your Name	Date Signe	ed	

17	Where did you see this vacancy advertised?				
F	FirstCol Website	Facebook	Job Search Platform	Other (please specify below)	
FirstCol Staff Referral		Google Search	(e.g. Indeed , Reed)		