ASPIS HEALTHCARE

Registration Form

REGISTRATION FORM

Position Applied For: _____

PERSONAL DETAILS

Candidate ID No: _____

Please note: Your name should be in full as appearing on your certificates and passports

Mr/Mrs/Miss/Ms:_____ Surname_____ First Name(s) _____ Middle Names _____

Any Former Names _____ Known as _____

Address _____

Postcode _____ Telephone _____ Mobile _____

Email _____

Gender **M** ◯ **F** ◯ **Date of Birth** _____/_____/_____

Place & Country of Birth _____

Nationality _____ If not born in the EC, date of entry into UK _____

Are you entitled to work in the UK? Yes ◯ No ◯

Work Permit/Visa No _____ Expiry Date _____

Do you have

A current driving license ? Provisional ◯ Full ◯ No ◯

Use of vehicle ? Yes ◯ No ◯

Emergency Contact Name _____ Relationship _____

Address _____ Postcode _____

Tel Nos. Home _____ Work _____ Mobile _____

National Insurance (NI) Number_____

We require one of the following original documents showing your NI number. a pay slip from a previous employer, a P45, a P60, a NINO card a letterfrom a previous employer or government department. This item will be returned to you. If you are unable to provide this information please contact the Department for Work and Pensions in order to obtain a National Insurance Number

EMPLOYMENT REFEREES

Please provide two employment references that cover at least 5 years work history. One of which must be your current or most recent employer.

Referee One

Title _____ Forename/s _____ Surname _____

Address _____

Post code _____ Home Tel _____ Work Tel _____ Email _____

Occupation _____ In what capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Forename/s _____ Surname _____

Address _____

Post code _____ Home Tel _____ Work Tel _____ Email _____

Occupation _____ In what capacity do you know this person? _____

How long have you known this person? _____

Referee Three

Title _____ Forename/s _____ Surname _____

Address _____

Post code _____ Home Tel _____ Work Tel _____ Email _____

Occupation _____ In what capacity do you know this person? _____

How long have you known this person? _____

Referee Four

Title _____ Forename/s _____ Surname _____

Address _____

Post code _____ Home Tel _____ Work Tel _____ Email _____

Occupation _____ In what capacity do you know this person? _____

How long have you known this person? _____

Referee Five

Title _____ Forename/s _____ Surname _____

Address _____

Post code _____ Home Tel _____ Work Tel _____ Email _____

Occupation _____ In what capacity do you know this person? _____

How long have you known this person? _____

REHABILITATION OF OFFENDERS ACT 1974

WHAT IS THE ACT?

The Rehabilitation of Offenders Acts 1974 was intriduced to enable criminal convictions to be "spent" or forgotten after a period of rehabilitation After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance, or when involved in other criminal legal proceedings.

Applicants for care positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions including those considered `spent` under this Act

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations which might lead to conviction, an order binding you over or a caution in the UK or any other country?

Yes ◯ No ◯

If yes, please provide outline on a seperate sheet of the criminal offenc, order binding you over, a caution, including approximate date, the offence and the authority and country which dealt with the offence.

DISCLOSURE & BARRING SERVICE

All public and private organisations request that an Enhanced Disclosure be obtained for all healthcare personnel acquired from the Disclosure and Barring Service or Disclosure Scotland through Aspis Healthcare.

Copies of the Aspis Healthcare policies on the Rehabilitation of Offenders Act and Storage and Disposal of DBS Disclosure are available upon request.

CHECK LIST

Copies of proof of eligibility to work in the UK (original documents MUST be presented at interview)	
A copy of your current CV including referees	
In addition to your completed forms, please also forward your exixting copies of DBS disclosure, NVQ Qualifications	

Note: Send copies of all requested documents through ONE of the following: Tick your option

◯ Email: vetting@aspishealthcare.com

◯ Post: Vetting Team, Aspis Healthcare Ltd, Unit C3 Water House, Texcel Business Park, Thames Road, Crayford. DA1 4TQ

DECLARATION OF CONSENT

I certify that the information i have provided in this application is correct to the best of my knowledge and belief and agree to co-operate by providing any additional information required. I fully understand that it is a criminal offence to make false statements on this application form under **Section 16 of the Theft Act 1968.** I also understand that any false statement may be sufficient cause for rejection of my application or, if employed, dismissal.

I further certify that i have completed the application form in my own writing and understand that my employment is subject to satisfactory vetting in compliance with BS7858:2006 or as may be amended. I authorise the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act.

I understand and agree that any offer of employment is conditional to the verification, to Aspis Healthcare Limited satisfaction, of the information provided on the Application Form. I confirm that the information i have provided on the Application Form is true and complete to the best of my knowledge.

I understand that the check will involve verification of the details as specified below:

CHECKS TO BE CARRIED OUT

Passport/ID & relevant visa- right to work in the UK

Residency check

Employment and reference checks

I understand that all documents supplied will be checked for authenticity and that all forgeries will be reported to the relevant authorities.
I also understand that it may be a criminal offence to obtain employment by deception and that any misrepresentation, omission, of a material fact or deception will cause for immediate cancellation of consideration for employment, or dismissal if already employed.

I hereby authorise Aspis Healthcare Limited, to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purpose of the **Data Protection Act 1998** and the obtaining of documents and / or information covered by the European Directive 95/46 I authorised Aspis Healthcare Limited to perform reference checks of my employment, including current employment and to contact the Department of Works and Pensions to confirm periods of unemployment (if any). I understand that if an unsatisfactory reference is received from my current employer after i have accepted a role with Aspis Healthcare Limited, that Aspis Healthcare Limited may terminate my employment with immediate effect.

I confirm that my consent is explicit, fully informed and freely given for the purpose of the Act

Signed _____

Print Name _____

Date _____

WORKING TIME DIRECTIVE - 48HRS PER WEEK

The **48-hour week** Working Time Directive has been in force since 1st October 1998.

Under these regulations Aspis Healthcare Ltd must obtain your written permission if you wish to work for more than 48 hrs per week

If **you do wish** to work more than 48 hrs per week, you need to sign the agreement below. If you change your mind about this later, you will need to inform the Human Resources Department in writing giving a months notice, so that your rosters may be amended.

Please Tick one of the following statements and sign below

- ◯ I do not wish to work more than 48 hours pers week
- ◯ I am prepared to work more than 48 hours per week and therefore wish to `opt out` of the regulation.

Signed _____

Print Name _____

Date _____