



Application Form

PLEASE PRINT CAREFULLY IN BLACK INK

Personal Details

Job Applied For: RMN//RGN/HCA/SUPPORT WORKER	Preferred Location for Work:
Name	Title
Address	Post Code
Telephone Number	Mobile Number
Email Address:	Date of Birth
National Insurance Number:	Nationality
Proof of Employment (Visa)	Verified by REAL CARE PROFESSIONALS Staff – date
Passport Number:	Passport Issued:
Passport Nationality:	Passport expiry:

Next of kin Details

Name	Relation
Address	Email
Telephone number	Mobile number

Do you hold a valid driving licence: Yes / No

Licence Number:.....

What transport do you have access to? Car Bicycle Public transport

Bank Details

Bank Name:	Your name as it appears on the card
Bank Address	
Sort Code:	Account Number:

Relevant Courses attended

<u>Training</u>	<u>Date</u>	<u>Verified by*</u>
Manual Handling		
CPR /Basic life support		
Safeguarding Adults		
Safeguarding children		
PMVA		
Health and Safety		
COSHH		
Caldecott Principles		
Fire safety		
Infection control		
Food Hygiene		

**Verification is done by REAL CARE PROFESSIONALS and copies of certificates taking for file*

Education and Training

<u>University/ Colleges Attended</u>	<u>Qualifications Gained & Dates</u>	<u>Verified by*</u>

Please give full details, with dates, of any professional/clinical/vocational training or qualifications which you feel are relevant to the job for which you are applying:

Professional Registration Details including NMC Pin Number (if applicable)

Employment History

Names of Previous Employers (*Past 5 years*) starting with current employer

Name of Employer and Address	Job Role and Duties	Dates	Reason for leaving

Please explain any breaks in employment

Date of Gap	Reason

References

Real Care Professionals 7 Leyton Rd Southampton SO14 0PX Hampshire

Please give the names, addresses and contact telephone numbers of **TWO** people from whom a reference may be obtained, one of whom must be your present or most recent employer.

Reference 1 – Current Employer

Name	Role
Address	Post Code
Telephone Number	Email Address
Can be contacted before interview	YES/NO

Reference 2

Name	Role
Address	Post Code
Telephone Number	Email Address
Can be contacted before interview	YES/NO

Supervision Agreement

I understand that I will attend a supervision session every three months. This is to assess my ability to effectively work with our clients and to help improve the services that REAL CARE PROFESSIONALS provide. This information will be kept on my record and used during my annual appraisal.

Signature (applicant): _____ Date: _____

Data protection:

Data Protection Act 1998

I am aware that REAL CARE PROFESSIONALS will create and maintain computer and paper records on me, both during my employment and after I leave the company; these records will be processed in order to maintain employee records and will be held in compliance with the principles of the Data Protection Act 1998.

I Consent that the information in the records may be used for reports both internally within REAL CARE PROFESSIONALS and to external bodies working with us in employment administration

Signature (applicant): _____ Date: _____

Working Time Disclaimer:

You have the option to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulation 1998.

Do you wish to opt out? YES/NO (delete as appropriate)

I understand that I may end this agreement by giving one week's notice in writing to CHOICE HEALTHCARE 24 LTD

Signature (applicant): _____ Date: _____

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Rehabilitation of Offenders Act 1994:

Have you ever been convicted of a criminal offence and /or served a sentence or received preventative detention?
YES/NO

At the time of signing this form is there any prosecution pending or has anything occurred which may result in a Future prosecution against you? YES/NO

I the undersigned undertake to inform you of anything which occurs in the future which may result in a prosecution

Signature (applicant):

Date:

Declaration

I, to the best of my knowledge, have completed this application and believe that the information I have provided herein is accurate and true. By knowingly falsifying this document I understand that this could lead to dismissal.

I acknowledge that I have read the terms of engagement between myself and REAL CARE PROFESSIONALS and accept the conditions therein.

I confirm that I wish to have payments sent direct to the account detailed on page one of this application. I have checked these details and confirm that they are correct. During the course of my employment, should I be overpaid in error, I accept that any monies owed will be deducted out of my wages the following week.

Signature (applicant):

Date:

Please return application form to:

REAL CARE PROFESSIONALS
7 LEYTON RD
SOUTHAMPTON
SO14 0PX

Mobile Number: 07958531404 / 07738288966
Email: info@realcareprofessionals.co.uk