



GRACEBROOK LTD

APPLICATION PACK

PERSONAL INFORMATION

PLEASE USE CAPITAL LETTERS AND COMPLETE ALL SECTIONS IN BLACK INK		
DATE:	POSITION APPLIED FOR:	
TITLE:	FIRST NAME:	MIDDLE NAME:
SURNAME NAME:	PREVIOUS NAME:	
MARITAL STATUS:	DATE OF BIRTH:	
HEIGHT:	WEIGHT:	RELIGION:
ADDRESS:		
		POSTCODE:
TOWN:	COUNTY:	
HOME TELEPHONE:	MOBILE:	
E. MAIL:		
UK NATIONAL INSURANCE NUMBER:		
WHAT IS THE BEST TIME TO CONTACT YOU?		
NAME OF NEXT OF KIN:		RELATIONSHIP:
CONTACT NUMBER OF NEXT OF KIN:		
DO YOU WISH TO RECEIVE TEXT MESSAGES?	YES ()	NO ()
WHICH IS YOUR PREFERRED CONTACT NUMBER:		
ARE YOU A U.K, EUROPEAN COMMUNITY, OR EUROPEAN ECONOMIC AREA NATIONAL?		

EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(All qualifications disclosed will be subject to a satisfactory check). Please also include subjects currently being studied.

QUALIFICATION / COURSE / TRAINING	NAME & ADDRESS OF COLLEGE/UNIVERSITY	FROM - TO	SCORE/GRADE/AWARD

FOR REGISTERED NURSE APPLICATIONS ONLY.

MEMBERSHIP OF PROFESSIONAL BODIES.

NMC PIN.

EXPIRY / RENEWAL DATE.

CONDITIONS AND RESTRICTIONS.

Are you currently the subject of a fitness to practice investigation or proceedings by a regulatory body in the UK or any other country?

Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practice committee or regulatory body in the UK or any other country?

YES

NO.

For Nurses: All self-employed Nurses are required to provide their **professional indemnity insurance**.

Please provide a copy of your insurance certificate on interview

UTR REFERENCE NUMBER FOR SELF EMPLOYED NURSES:

LIMITED COMPANY DETAILS:

BANK ACCOUNT NAME:

BANK ACCOUNT NUMBER:

EMPLOYMENT HISTORY.

Please record below the details of your **full employment history** beginning with your current or most recent employer. Please supply information covering the full employment history.

Name and Address of Employer and Nature of Business:	Dates from and until employed (month and year)	Job Title: job Functions/Responsibilities:	Reason for Leaving

EMPLOYMENT GAPS

If you have any employment gaps within your employment history, please state the reason for the gaps below.

REFEREES Please provide the full names and full contact details of the people who have agreed to supply references. Referees must be able to comment on your competence, personal qualities, and suitability for the post. This may be your line manager. Referees must **not** be related to you. Can these referees be approached prior to interview? **YES () NO ()**

NAME OF REFEREE:

POSITION OF REFEREE:

(must be your current or last employer)

COMPANY ADDRESS:

POSTCODE

TEL:

COMPANY EMAIL:

NAME OF REFEREE 2:

POSITION OF REFEREE:

ADDRESS:

POSTCODE:	TEL:
COMPANY EMAIL:	

TRANSPORT

Do you have your own Transport? Yes () or No ()
Do you have a clean driving licence? Yes () or No ()
Do you rely on public transport?

DECLARATION OF RIGHT TO WORK IN THE UK

You must have eligibility to work in the UK.
Are you able to provide the following documents: Yes () or No ()
Current Valid passport: Yes () or No ()
Work permit or EEA passport: Yes or No ()
LANGUAGES SPOKEN:

CONFIDENTIALITY POLICY

All the information regarding **GRACEBROOK LTD** and their clients, information data chart, company policy, and documentations created by the business conducted by the company, must be treated in the strictest confidence and any breach of this agreement may result in instant dismissal, legal action, or other disciplinary action.

SIGNATURE:

Are you currently subject of any investigation including safeguarding or regulatory bodies in the UK or any in other country?

Yes () or No () if yes please give details below:

EQUAL OPPORTUNITIES

GraceBrook Ltd wholeheartedly supports the principle of equal opportunities in employment and service provision. To help us monitor our equal opportunities policy in recruitment and selection procedures, you are requested to complete the following questionnaire.

The information you provide does not form part of the selection procedure; it is used only for the monitoring purpose. This sheet will be separated from your application form before short-listing.

Post Applied:

Please tick the appropriate box

Sex: Male () Female ()

Marital status:

What best describes your ethnic group?

() Black African () Black Caribbean Other Black (Please Describe).....

() Chinese () Japans Other Ethnic (Please Describe).....

() White () Irish Other White (Please Describe).....

() Indian () Pakistan Other Asian (Please Describe).....

() Bangladeshi () Afghani Other Arabian (Please Describe).....

() Polish () Slovakia Other European (Please Describe).....

Any Other Mixed Background (Please Describe)

Religious belief:

Relationship: if you are related to the director or employee of an appointing organisation, please state the

relationship:

EMPLOYEE BANK DETAILS

Full name of Employee:
Name of Bank:
Bank Sort Code (Must be 6 digits only)
Account Number (Must be 7 or 8 digits only)
Building Society Reference (If applicable)
Name of Account as on account:
E-mail address:

I have completed the above details and confirm them to be correct and complete. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Print name _____

Signature _____

Date _____

CONSENT FORM

Name.....

Position.....

1. I hereby do give / do not give (please delete)
my consent to GRACEBROOK LTD to forward my personal information profile which includes (my name, photo, training dates, information about DBS and passport to the client(s) as and when required.

2. I hereby do give / do not give (please delete)
my consent for my personal details such as, National Insurance number, home address, full name and date of birth, to be sent to our company accountant and pension providers.

Signed.....

Date.....

FORM FOR REQUESTING INFORMATION ABOUT (FILTERED) CRIMINAL CONVICTIONS

Filtering rules: As of 29 May 2013 you are no longer required to disclose information about any ‘filtered’ offences. You are not required to disclose on any part of this form any convictions or cautions that have been ‘filtered’. Guidance and criteria on the filtering of these cautions and convictions can be found on the [Disclosure and Barring Service website](#)

Subject to the filtering rules failure to declare a conviction that you must disclose may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Section 1:

Name:

Do you have any unspent* criminal convictions?

Yes / No (delete as applicable)

If yes, please list your criminal convictions and their dates below **subject to the filtering rules** (see above). The information you give will be treated in confidence and only considered where, in the reasonable opinion of GRACEBROOK LTD the offence is relevant to the post for which you are applying.

- 4.2. For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as notice of termination by the Employee.
- 4.3. Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.

5. THE LAW

5.1. These Terms are governed by the law of [*England & Wales/Scotland/Northern Ireland] (*delete as applicable) and are subject to the exclusive jurisdiction of the Courts of [*England & Wales/Scotland/Northern Ireland] (*delete as applicable).

Signed by the Employee

Name-----

Date _____

GRACEBROOK LTD

Health Assessment Questionnaire for Night Workers

First name: _____ Mr / Mrs / Miss / Ms Other: _____

Surname: _____ Date of Birth: _____ Age: _____

Job title: _____ Supervisor: _____

Home tel: _____ Mobile: _____

Email: _____

Please specify your weekly hours of work / shift pattern

The following medical conditions could possibly affect your health and ability to safely carry out night work, or could be made worse by night work.

Do you suffer from any of these conditions?	Yes	No
a) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>

b) Heart or circulatory problems?	<input type="checkbox"/>	<input type="checkbox"/>
c) Stomach or intestinal problems, such as ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
d) Any medical condition which causes difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
e) Chronic chest disorders where night time symptoms may be particularly troublesome?	<input type="checkbox"/>	<input type="checkbox"/>
f) Any medical condition requiring medication on a strict timetable?	<input type="checkbox"/>	<input type="checkbox"/>
g) Any medical condition where the timing of meals is particularly important?	<input type="checkbox"/>	<input type="checkbox"/>
h) Any mental health problems which may be affected by night work?	<input type="checkbox"/>	<input type="checkbox"/>
i) Any other medical condition which may affect your ability to work safely at night?	<input type="checkbox"/>	<input type="checkbox"/>
j) Are you a new or expectant mother? (optional question)	<input type="checkbox"/>	<input type="checkbox"/>
k) If you have worked at night before, did this cause any ill health?	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' to any of the above, please give details i.e., when condition developed, is this new, how severe, its effect on you, how well controlled and treatment so far.

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Do you believe that any of these are made worse by night work? Yes No If 'yes', please give details:

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Would you like to discuss these with an Occupational Health Adviser? Yes No

Declaration

I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside Occupational Health, but an opinion about my fitness for night work will be issued to management.

Signed:

Date:

.....

Manager signature _____ Date _____

Print name: _____

For Office Staff:

Supporting identification Documents (Healthcare training Certificates)

DBS

Birth Certificate

Passport /Biometric card /other documents-

Driving Licence

N.I. Number

Recent Photograph

Utility Bill

Evidence of qualifications (If you called for interview, please provide our Register Manager with proof of qualifications) All documentations will be photocopied and returned to applicant.

Certificates

Diploma/Degree

Training course certificates

Checked by:

Sign:

Date: