

## AGA RECRUITMENT SOLUTIONS RECRUITMENT POLICY

It is the company's policy to employ the best qualified personnel and provide equal opportunity for all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Job Application Form							
Vacancy Title: Please tell us how you heard about this vacancy:							
1. Personal details							
First Name:		Last Name:					
Address:							
Postcode:							
Telephone No:		Mobile No:					
E-mail address:							
D.O.B:	Na	ational Insurance No:					
Qualified Nurses and Social Workers only							
NMC PIN/Registration No:							
Expiry/Renewal Date:							
Are you permitted to work in the United Kingdom?  Yes  No							
Do you have a full Driving Licence that allows you to drive in the UK?  Yes  No							
Do you have access to a car that you can use for work?  Yes  No							
DBS application ref No:		Issue Date:					
2. Bank details							
Name of the bank:		Account Name:					
Sort Code:		Account No:					

3. Prefe	rred hours						
Full time		Part time		Flexible			
4. Next	of kin						
First Name:			Last Name:				
Address:	Address:						
		Postcode:					
Relationshi	р:		Telephone No.				
E-mail addr	ess:						
5. Educ	ation/Qualification	ns					
School/ College/University		Dates	Qualification and Grade				
	Mandatory a (this applies to all h	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
Moving and I	(this applies to all h	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
Moving and H	(this applies to all h	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
	(this applies to all h  Handling  afety	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
Health and S	(this applies to all h  Handling  afety	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygien Fire Safety	(this applies to all h Handling afety e	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
Health and S	(this applies to all h Handling afety e	nd Induction Training ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygien Fire Safety Infection Cor Dementia	(this applies to all h Handling afety e	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygiend Fire Safety Infection Cor Dementia Safeguarding	(this applies to all handling afety e atrol g of Vulnerable Adul	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygien Fire Safety Infection Cor Dementia	(this applies to all handling afety e atrol g of Vulnerable Adul	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygiend Fire Safety Infection Cor Dementia Safeguarding Personal Car	(this applies to all handling afety e atrol g of Vulnerable Adule	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygiend Fire Safety Infection Cor Dementia Safeguarding Personal Car First Aid	(this applies to all handling afety e atrol g of Vulnerable Adule	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygiend Fire Safety Infection Cor Dementia Safeguarding Personal Car First Aid Challenging	(this applies to all handling afety e atrol g of Vulnerable Adule	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygiend Fire Safety Infection Cor Dementia Safeguarding Personal Car First Aid Challenging I	(this applies to all handling afety e atrol g of Vulnerable Adule	ealthcare and support workers)		Date Trained	Expiry Date		
Health and Sa Food Hygiend Fire Safety Infection Cor Dementia Safeguarding Personal Car First Aid Challenging I	(this applies to all handling afety e atrol g of Vulnerable Adule	ealthcare and support workers)		Date Trained	Expiry Date		

## 6. Employment History if no CV available

## Current or most recent employer or provide CV Name of Employer: Address: Postcode: **Position Held: Date Started:** Leaving Date: Reason for Leaving: Salary on **Contact Name of Line Manager for** leaving this post: reference: **Previous employer** Name of Employer: Address: Postcode: **Position Held: Date Started: Leaving Date:** Reason for leaving: Salary on **Contact Name of Line Manager for** leaving this post: reference 7. Convictions/ Disqualifications To ensure the safety of our clients/members a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a job. If a check is returned and reveals any information, this will be discussed with the applicant. A decision will be made as to whether the offer of employment should be withdrawn. Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986 "Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act". Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order.

8. Referen	nces						
1 Nama of	Referee an		ı				
relationshi							
Address:							
			Postcode:				
	Email:	Tel:					
2. Name of relationshi	Referee and p to you:	nd					
Address:							
			Postcode:				
	Email:	Tel:					
9. Confide	9. Confidentiality declaration						
Registration implies acceptance of our code of confidentiality. In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family or friends. If you are worried by any information you have obtained and consider that you should talk about it to someone else, MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER. Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register. I have read and I understand the above and I agree to abide by the contents therein.							
Signed:			Date:				
10. Decla	ration						
I agree that AGA RECRUITMENT SOLUTIONS can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998 and GDPR.							
I authorise AGA RECRUITMENT SOLUTIONS to obtain references to support this application once an offer has been made and accepted. I accept that any offer made is subject to the receipt of references and Criminal Records Bureau checks that are satisfactory to the Company. I understand that any engagement entered into is subject to a report on my health being satisfactory.  I also accept that it is my personal responsibility to notify the Company of any employment I accept other than the position for which I am employed and to declare on a weekly basis the actual hours worked.							
I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn, or employment terminated.							
Signed:			Date:				