

APPLICATION FORM

Complete all sections of the application form in all cases to enable us to assess your suitability for the role you are applying for. All information is kept securely and in strict confidence. When fully completed return the form by post to: **Global Heritage Consultancy Ltd N° 33 Barkbeth Road Liverpool L36 3TT or Email: info@globalheritageconsultancy.co.uk**

| | |
|------------------------------------|---|
| I am applying for the position of: | Agency HCA <input type="checkbox"/> Agency Nurse RGN <input type="checkbox"/> Agency Nurse RMN <input type="checkbox"/> Others please specify----- |
|------------------------------------|---|

PERSONAL DETAILS

| | | |
|---|------------------|------------|
| Mr/Mrs/Miss/Ms | First name: | Last name: |
| Previous Last names: | | Email: |
| House number and street: | | |
| Town: | | Postcode: |
| Phone Day: | Phone Eve: | Mobile: |
| Nationality: | Passport Number: | NI Number: |
| Do you have the right to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa expiry date: | | |

| | |
|------------------------------------|--------|
| Emergency contact details (in UK): | |
| Name: | Phone: |

| |
|---|
| What languages do you speak/write? |
| Do you have a valid UK driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> and use of a car? Yes <input type="checkbox"/> No <input type="checkbox"/> |

PROVIDE 5 YEARS ADDRESS HISTORY INCLUDING THE CURRENT ADDRESS

| | | |
|---------------------|------|----|
| Current Address: | | |
| Year: | From | To |
| Previous Address 1: | | |
| Year: | From | To |
| Reason for leaving: | | |
| Previous Address 2: | | |
| Year: | From | To |
| Reason for leaving: | | |
| Previous Address 3: | | |
| Year: | From | To |
| Reason for leaving: | | |
| Previous Address 4: | | |
| Year: | From | To |
| Reason for leaving: | | |
| Previous Address 5: | | |
| Year: | From | To |

Reason for leaving:

EDUCATIONAL INFORMATION

| Date from | Date to | Name of School/college | Details of course | Qualifications achieved |
|-----------|---------|------------------------|-------------------|-------------------------|
|-----------|---------|------------------------|-------------------|-------------------------|

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

EMPLOYMENT HISTORY

EXPERIENCE Please experience in the relevant experience you have not



check the boxes indicating your areas. You can include other included in this list

| | |
|---|--|
| <input type="checkbox"/> First aid | <input type="checkbox"/> Assisting with exercise |
| <input type="checkbox"/> Dealing with emergency situations | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Assisting into and out of bed | <input type="checkbox"/> Colostomy |
| <input type="checkbox"/> Assisting with feeding | <input type="checkbox"/> Servicing commode |
| <input type="checkbox"/> Assisting with bathing and toileting | <input type="checkbox"/> Bed making |
| <input type="checkbox"/> Assisting with dressing and undressing | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Teeth, nail, hair cleaning and shaving | <input type="checkbox"/> Elderly mentally ill |
| <input type="checkbox"/> Naso-gastric feeding | <input type="checkbox"/> Diabetic clients |
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Life support |
| <input type="checkbox"/> Moving and handling | <input type="checkbox"/> Swallowing difficulties |
| <input type="checkbox"/> Use of a hoist and stand aid | <input type="checkbox"/> Stroke clients |
| <input type="checkbox"/> Dealing with incontinence | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Dealing with family and relatives | <input type="checkbox"/> Observations recording |

Please provide more experience:

REFERENCES

Please supply the contact details of 2 referees in support of your application, 1 of which **MUST** be from your current employer and 1 from your most recent previous employer.

Family members will not be accepted as referees.

| | | | |
|------------|-------|---------------|--|
| Company 1: | | Contact name: | |
| Address: | Town: | Postcode: | |
| Email: | | Phone: | |
| Company 2: | | Contact name: | |
| Address: | Town: | Postcode: | |
| Email: | | Phone: | |

DECLARATION OF CRIMINAL RECORD

As stated, because of the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of any criminal record.

Only relevant convictions and other information will be considered, so disclosure need not necessarily be a bar to obtaining this position.

If you have declared a criminal record and we believe this to have a bearing on the requirements of the post, we will discuss the matter with you at the interview. If we do not raise the record with you it is because we have taken the view that it should not be considered in deciding your suitability for the post. If you require further information or have any concerns about filling in this declaration, please contact us.

Have you ever been _____ convicted by the courts or cautioned, reprimanded or given a final warning by the police? **Note that the post you have applied for is excepted from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record MUST be disclosed.**

| | | | | |
|------------------------------|--|-----------------------------|--|---|
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | If you have answered Yes to this, please attach details and dates |
|------------------------------|--|-----------------------------|--|---|

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

| | | | | |
|------------------------------|--|-----------------------------|--|---|
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | If you have answered Yes to this, please attach details and dates |
|------------------------------|--|-----------------------------|--|---|

Signed: _____ Print Name: _____ Date: _____

DECLARATION

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be enough for cancelling any agreements made. I understand that, in the event of being short listed for interview, I will be required to complete a confidential declaration in respect of my state of health.

Because of the sensitive nature of the duties the post holder will be expected to undertake, I also understand that the declaration will include details of any criminal convictions, cautions, reprimands and final warnings and any other information that may have a bearing on my suitability for the post.

I understand that an Enhanced Disclosure will be sought in the event of a successful application.

Signed: _____ Print Name: _____ Date: _____

BANK DETAILS

The following information should be provided to enable us set up your payroll file in our company

ALL SHOULD BE IN CAPITAL LETTER

| | | | | | | | |
|------------------------|--|--|--|------------------------------|--|--|--|
| ACCOUNT HOLDER'S NAME: | | | | BANK BUILDING, SOCIETY NAME: | | | |
| SORT CODE: | | | | | | | |
| ACCOUNT NUMBER: | | | | | | | |
| BRANCH ADDRESS: | | | | | | | |

Equality and Diversity Form

The intention of monitoring and analysis is to establish if there are different success rates between genders, people of different sexual orientation, ages, different ethnic backgrounds or faiths, and people with disabilities. If there are differences in success rates it will enable action to be taken to ensure that no group is treated unfairly.

Your answers will be treated confidentially and will not affect your application in any way.

Personal Details:

| | |
|----------------------------------|---|
| Title | Mr / Mrs / Miss / Ms / Dr / Other |
| Surname: | |
| First name: | |
| Age: | 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| Gender Identity (if appropriate) | If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? Transsexual <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> |

Ethnic origin: Please tick against one of the following:

| Asian or Asian British | Mixed |
|--|--|
| Bangladeshi <input type="checkbox"/> | Black and White Caribbean <input type="checkbox"/> |
| Indian <input type="checkbox"/> | Black and White African <input type="checkbox"/> |
| Pakistani Any other Asian <input type="checkbox"/> | Asian and White Any other mixed <input type="checkbox"/> |
| background <input type="checkbox"/> | background <input type="checkbox"/> |
| Please specify below if you wish..... | Please specify below if you wish..... |
| | |
| | |

| Black or Black British | | White | |
|---------------------------------------|--------------------------|---------------------------------------|--------------------------|
| African | <input type="checkbox"/> | British | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | English | <input type="checkbox"/> |
| Any other Black background | | Irish | <input type="checkbox"/> |
| Please specify below if you wish..... | | Scottish | <input type="checkbox"/> |
| | | Welsh Any other White | <input type="checkbox"/> |
| | | background | <input type="checkbox"/> |
| | | Please specify below if you wish..... | |
| | | | |
| | | | |
| Chinese or Other ethnic group | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| | <input type="checkbox"/> | | |
| Chinese | | | |
| Any other | | | |
| Please specify below if you wish..... | | | |
| | | | |

Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010? In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Yes No Prefer not to say

Please describe the nature of your disability

This information is provided for monitoring purposes only – if you need any reasonable adjustments you should arrange these separately.

Religion or belief: Please

tick against one of the following

| | | | |
|-------------|--------------------------|---------------------------------------|--------------------------|
| No religion | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Baha'i | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Please specify below if you wish..... | |
| Jain | <input type="checkbox"/> | | |
| | | ... | |
| | | Prefer not to say | <input type="checkbox"/> |

Sexual Orientation: Please tick against one of the following

| | | | |
|-------------------|--------------------------|-----------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Gay Man/Homosexual | <input type="checkbox"/> |
| Gay Woman/Lesbian | <input type="checkbox"/> | Heterosexual/straight | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | |

Thank you for completing this form

WORKING TIME REGULATIONS 1998

48 HOUR OPT-OUT AGREEMENT

Regulation 4 of the Working Time Regulations 1998 (as amended) "the work time regulation "WTR" limits the average working week to 48 hours (average being calculated over a standard 17 week reference period, which can be extended to 26 or 52 weeks in certain circumstances). The worker can opt out of the 48-hour maximum but must give written notice that they intend to do so. The worker can later give notice that they wish to opt back in to the 48-hour working time limit.

Please select one of the following options:

I wish to opt out of the 48-hour average working week

I DO NOT wish to opt out of the 48-hour average working week

Name: _____

Signature-----

Date:-----

CONSENT DECLARATION FORM

Your privacy is important to us, and we want to communicate with you in a way which has your consent, and which is in line with UK law on data protection. As a result of a change in UK law, we now need your consent on how we contact you. Please fill in the contact details you want us to use to communicate with you:

Name _____ Address:

_____ Email Address:

_____ Phone Number:

By signing this form you are confirming that you are consenting to Global Heritage Consultancy holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):- I consent to Global Heritage Consultancy contacting me by post phone or email.

To keep me informed services at Global Heritage unsubscribe at any time in

about news, events, activities and Consultancy (note you can writing by post or email);

To share my contact details with Global Heritage Consultancy so they can keep me informed about news, events, activities and services that will be occurring in the company and which are directly relevant to the role I am undertaking.

Signed: _____ Dated: _____

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about company business updates, forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our “Privacy Notice” which is available from our website or from our office.

You can withdraw or change your consent at any time by contacting Global Heritage Consultancy, 33 Barkbeth Road, Liverpool, L36 3TT or email: info@globalheritagconsultancy.co.uk

Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

REQUIREMENT FOR REGISTRATION

1. Application Form
2. Curriculum Vitae
3. Training certificate
4. Proof of National Insurance Number

ANY ONE FROM THE FOLLOWINGS (as proof of identity)

5. Passport
6. Resident Permit Card
7. National ID Card

ANY TWO FROM THE FOLLOWINGS: (for proof of address)

1. Bank statements

2. Utility bill
3. Council tax
4. Driver licence
5. TV licence

2 REFERENCES ONE MUST BE FROM THE MOST CURRENT OR RECENT EMPLOYER

2 Recent passport photos Proof of immunisation