

## AQUA ROBSON CARE LIMITED APPLICATION FORM

PERSONAL DETAILS					
POSITION APPLIED FOR					
Mr / Mrs / Miss / Ms / Other -		Last Name		First Name	
Address				Town	
Postcode		Home Tel		Mobile	
Email		NI Number		Date of Birth	
Passport Number		Visa Status (if applicable)		Nationality	
Next of Kin Name		Address & Post Code		Tel	
EDUCATION AND QUALIFICATIONS					
University / College Name		Dates attended		Qualification achieved	NVQ Level
		From	To		
EMPLOYMENT HISTORY					
Starting with the most recent first, please list details of your employment going back at least five years, explaining any gaps in employment.					

Date		Name & address of employer	Position	Duties
From	To			
Reason for leaving				
Reason for leaving				
Reason for leaving				
Reason for leaving				
Reason for leaving				

### PROFESSIONAL REFEREES

Please provide details of two people that have agreed to give character references for you.

Preferably your two last employers.

REFEREE 1		REFEREE 2	
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Tel		Tel	
Email		Email	
<b>Sent</b>		<b>Sent</b>	
<b>Received</b>		<b>Received</b>	

### CONVICTIONS / DISQUALIFICATIONS

This position is considered exempt from provisions of the Rehabilitation of Offenders Act 1974, as contained in the Exemptions Amendment 1986. You are required to disclose information concerning all convictions including those, which for other purposes would be regarded as spent under the Act. All information will be treated as confidential and taken into account where the offence is relevant.

**Please list below all convictions. Past, current and pending.**

I certify that the above information is true to the best of my knowledge. I also understand that I will not be allowed to commence work until I hold a current valid DBS check.

**Signed**

**Date**

**Print Name**

### HEALTH DECLARATION

**This section MUST be filled in to help us ascertain areas you would be most suited to work in. This will not affect your application in general.**

### Have you ever had in your life any of the following?

DESCRIPTION OF ILLNESS	YES	NO	DETAILS
1 – Any skin condition			
2 – Bronchitis, Pneumonia, Tuberculosis or similar exposure to TB			
3 – Asthma or other allergic conditions			
4 – Heart disease or high blood pressure			
5 – Fits, blackouts or epilepsy			
6 – Any type of Hepatitis (previous, current or being investigated)			
7– Backache, sciatica or other back or neck pains			
8 – Are you registered disabled?			

### TRAINING

Course	Date Attended	Expiry date
<b>Mandatory training certificate</b>		
Medication Administration		
Additional specialist or complex training:		

### EQUAL OPPORTUNITIES MONITORING

Aqua Robson Care Limited aims to be an equal opportunities employer and we select solely on merit irrespective of disability, race, creed, colour, nationality, ethnic origin, sex, marital status or sexual orientation when selecting, recruiting, training and or promoting staff. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated. Please note: Ethnic minority questions are not about nationality, place of birth or citizenship.

They are about colour and broad ethnic groups- UK citizens can belong in any group. In promoting its Equal Opportunities Policy, the Agency will try to meet in full the legal requirements placed on it by the Race Relations Act 1976, the Sex Discrimination Act 1975, the measures relating to the employment of disabled people and codes of practice now in force.

**This information is for monitoring purposes only and will be treated in the strictest confidence.**

SEX	MALE		FEMALE		ETHNICITY	White European		White other
NATIONALITY					Black Caribbean		Black African	Black other
AGE GROUP	16-20	21-35	36-50	50+	Pakistani		Indian	Filipino

<b>DISABILITIES</b>	Registered disabled	No Disability	Chinese	Other Asian	Mixed race
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## WORKING TIME REGULATIONS

I agree with Aqua Robson Care Limited that the limit stated on Regulation 4(1) of the Working Time Regulations 1998, of 48 hours' maximum shall not apply to me. I understand that my hours of work may now exceed those stated in the Working Times Regulations. This agreement shall apply from the date of signing below. I understand that I can terminate this agreement at any time with 4 weeks' written notice. I agree to comply with the policies and procedures of Aqua Robson Care Limited.

<b>Signed</b>		<b>Date</b>	
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## DECLARATIONS

I can confirm that I am not under investigation by my employer previous or current. I agree to disclose any future investigations to Aqua Robson Care Limited as soon as possible. I also agree to inform Aqua Robson Care Limited of any criminal investigations against me.

<b>Signed</b>		<b>Date</b>	
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I agree that all information provided by me is true and accurate to the best of my knowledge. I understand that and false or misleading information provided by myself can lead to the termination of my contract. I am permitted to work in the UK. I understand the conditions of the agreement between Connect Nursing and Temporary Nurses and Carers. I agree to inform the company if I am offered permanent employment by any client, I am sent to work at by Aqua Robson Care Limited.

<b>Signed</b>		<b>Date</b>	
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<b>How did you hear about Aqua Robson Care Limited</b>		<b>Referred By</b>	
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You can now submit this application by email to [office@aquarobsoncare.co.uk](mailto:office@aquarobsoncare.co.uk)  
**Aqua Robson Care Limited**  
**39B Trafalgar House**  
**712 London Road**  
**Essex, RM20 3JT**