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| **AXIS HEALTH CARE**1 Cleeve Crescent  Bletchley  Milton Keynes  MK3 6LL  **TEL**: 0330 330 2820  Web: www.axishealthcare.co.uk  Email:admin@axishealthcare.co.uk | **for office use only**  **Deadline:**  **Date Sent:**  **Date Returned:** |

**JOB APPLICATION FORM**

Axis Healthcare is committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic or national origin, nationality, sexuality, gender identity, marital status, responsibility for dependants, religion, trade union activity and age. Please complete all the sections of the form in either black ink capital letters or type and send us all the documents we ask for.

**Position applied for:**  ………

**Where did you hear about the vacancy?**.............................................................

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| **Personal details (Block capitals please)** | |
| Title:.....................................................................  Forename(s)  Preferred Name ---------------------------------------  Surname ………………………………………….  Address:      Postcode … ………………… | Telephone  Daytime:  Evening:  Mobile: ……….  Email: ……….  Do you have full UK driving licence…………………………………….(YES/NO)  Do you have right to work in the UK………………………………………….(YES/NO)  National Insurance  Number:......................................................... |

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| Passport Number …………………………………. Expiry Date……...………………..  Date of Birth……………………………………………………………………………….  Nationality………………………………..................................................................... |
| **For Nurses/Social Workers**:  Registration Number ……………………………… Expiry Date……………………… |
| **Your Next of Kin Details**  Name………………………………............................................................................  Relationship to you……………………………….......................................................  Address……………………………….........................................................................  Post Code ……………………………….................................................................... |
| **Arrangements for Interview**  If you have a disability, are there any arrangements which we can make for you if you are called for an interview and/or work based exercise? Yes  No  If yes, please specify, (e.g. ground floor venue, sign language interpreter, audio tapes etc) ………………………………………………………………………………………………….  **………………………………………………………………………………………………….......** |

**Education/Qualifications (including overseas)**

Please give earliest first and continue on a separate sheet if necessary.

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| **Date Attended**  **(From – To)** | **Full-time/Part-Time** | **Secondary school college, university etc.** | **Examination taken or to be taken** | **Date** | **Results/**  **Grades** |
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**Training**

Please list any course(s) that you have taken that are relevant to the job and/or job description and continue on a separate sheet if necessary.

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| **Year** | **Organising body** | **Course title** | **Length** |
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**5 Years Employment History**

Please start with your **last** job and continue on a separate sheet if necessary.

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| **Dates**  **(From – To)** | **Employer** | **Job Title** | **Reasons for change** |
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**Present or most recent employment (if any)**

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| **Job Title:**  **Employer:**  **Address:**      **Postcode:** | **Date appointed:**  **Date left (if applicable):**  **Reason(s) for leaving (if applicable):**      **Salary:** |

**Other information in support of your application**

Please begin by giving a brief description of your main responsibilities in your present or most recent employment. The detail experiences and skills that demonstrate your ability to carry out the post. Continue on a separate sheet if possible.

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| **References** |

Please provide the names of (two clinical professionals of senior Grade/Position) to yourself (INCLUDING) your present or most recent employer both of whom, may be contacted to provide a credible comment on your capabilities to undertake the post applied for (friends or relatives are not acceptable).

In addition:

**Nurses/Social Worker**: reference from nurses or other health professionals, must include a reference relating to the last period of employment as a nurse of not less than three months’ duration.

**Support Care Workers**: reference must include a reference to the last period of employment of not less than three months’ duration which involved work with children or vulnerable adults.

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| **First Referee**  Title  Name  Address      Postcode  Email:  Telephone  Position/Job title (if appropriate)    Capacity in which they know you: | **Second Referee**  Title  Name  Address      Postcode  Email:  Telephone  Position/Job title (if appropriate)    Capacity in which they know you: |

**Consent and Confirmation of details**

By filling in and returning this application form, I consent to Axis Healthcare recording and processing the information detailed in this application form. I understand that this information may be used by Axis Healthcare in pursuance of its business purposes associated with my application and my consent is conditional upon the Axis Healthcare complying with their obligations under the Data Protection Act 1998.

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| It is my understanding that all the information given above is to the best of my knowledge true and willfully giving any information that l know to be untrue could result in disciplinary action or termination of my contract.  **Signed:………………………………………  Date:** | Please return this form to:  **AXIS HEALTHCARE**1 Cleeve Crescent  Bletchley  Milton Keynes  MK3 6LL  **TEL**: 0330 330 2820  Web: www.axishealthcare.co.uk  Email:admin@axishealthcare.co.uk | |
| **Equal Opportunities Monitoring** | |
| Axis Healthcare operates an equal opportunities policy aimed at giving everyone the same privileges and opportunities. All employees will be judged on their capabilities rather than gender, race, religious or political beliefs. At Axis Healthcare we take all complaints or allegations of discrimination in any form against any of our staff or clients very seriously. We will investigate all allegations and notify authorities and take appropriate action where necessary. These questions are designed to help us monitor our workforce and implement strategies to allow us to be a representative of the community as a whole by targeting any deprived or misrepresented groups. However, your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs, you will be identifiable. Please take a few moments to fill in the information required below.  In order to help us monitor the effectiveness of our Equal Opportunities Policy, please complete the following:  **Ethnicity:**  **White:**  British  Irish    Other (please specify:  **Mixed:**  White / Black Caribbean  White / Black African   White / Asian   Other (please specify):  **Asian / Asian British:**  Pakistani  Indian  Bangladeshi   Other (please specify):  **Black / Black British:**  Caribbean  African   Other (please specify):  **Other:**  Chinese   Other ethnic group (please specify):   Prefer not to say  **Gender:**  Female  Male  **Disability:** Do you have a disability  Yes  No  **Date of birth (dd/mm/yyyy):** / /  **Age at time of application:** | |

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| **Commitments**  Do you have any Armed Service/Public Duty commitments (e.g. are you a JP or Councillor, etc)? YES ❑ NO ❑  If YES, please give details |
| **Disability** |
| IMPORTANT NOTE:  The information in this section will be disclosed to the Recruiting Manager if you are shortlisted for interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability? YES ❑ NO ❑ |
| If YES, what is your condition?  Does the nature of your disability lead you to require any special equipment or facilities in your workplace? YES ❑ NO ❑  If YES, what is required?  Is there anything you would like to suggest to us which would facilitate your full participation if selected for interview, for example, wheelchair access?  Are you registered disabled? YES ❑ NO ❑  If yes what is your registration number:  Are you disabled but not registered? YES ❑ NO ❑ |

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| **Consent and Confirmation of Details** |
| * It is my understanding that all the information given is to the best of my knowledge true and willfully giving any information that l know to be untrue could result in disciplinary action or termination of my contract. * I am permitted to work in the UK. * I understand that my registration is subject to the receipt of at least two satisfactory referees and enhanced disclosure from CRB and confirmation of statutory qualifications/registration if applicable. * I undertake to inform Axis Healthcare Ltd should I be convicted of any offence in the future. * I undertake to inform Axis Healthcare Ltd immediately if I am engaged through their introduction including the offer of permanent employment following a temporary assignment. * I agree to respect the confidentiality of patients and any other information I may have access to at all times. * I am clear that Axis Healthcare Ltd cannot guarantee assignments and that they have noresponsibility whatsoever to pay for hours not worked no matter what the situation. * I have read and understood and agree to the “Conditions of work for flexible workers”, of which I have been given a copy. * I understand that Axis Healthcare Ltd will make deductions from my wages if any money is owing as a result of overpayment and/or any other money outstanding to the company. * I am in a good state of physical and mental health. I understand that it is my responsibility to inform Axis Healthcare Ltd immediately if there is a change in my medical condition that may affect my ability to do my work. * For purposes of the Working Time Regulations 1998 (as amended) I consent in access of an average of 48 hours per week. I understand that I may withdraw this consent by giving Axis Healthcare Ltd not less than 3 months notice. I understand that my registration with Axis Healthcare Ltd can be terminated at any time following unsatisfactory reports. * I consent to my personal data being processed for recruitment and assignment purposes and compliance with the Domiciliary Care and Nursing Agency Regulations 2002. * I understand that the information will be entered on to Axis Healthcare Ltd computer database under the terms and conditions of the Data Protection Act 1998 and will be treated in a secure and confidential manner. * I agree that health care is an occupation which happens 365 days a year and care workers will be expected to accept their share of work, on a rota basis, of work at weekends and on Bank Holidays including Christmas at normal pay rates. * I accept that each care call is a self-contained offer of work. Once the care call is over I am not obliged to undertake any further care calls nor is Axis Healthcare Ltd obliged to offer me any. On completion of any care call, I shall no longer be an employee of Axis Healthcare Ltd. I agree that I am deemed to be served notice to terminate the employment created by each care call at the start of an assignment and I fully agree to waive any right to a longer period. * I agree that my continuous employment with Axis Healthcare Ltd as a Home Support Worker/Nurse/Carer starts on and ends with the completion of each care call.   Signature………………………………..........................................................Date…..…………………. |

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| **Rehabilitation Of Offenders Act** |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application. A copy of our written policies is available on request. A criminal record will not necessarily be a bar to obtaining a position.  Have you at any time been convicted of an offence? ………………………..(YES/NO)  If “YES“ please supply details:  …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………  ……………………………………………………………………………………………………..................  ...............................................................................................................................................................  ............................................................................................................................................................... |

(Continue on a separate sheet if necessary)

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| **Bank Details** |
| Your Bank Details (To be used to deposit)  ………………………………………………………………………………………………  Account Name  …………………………………………………………………………………………….  Account Number ……………………………………………………………………….  Sort Code umber………………………………………………………………………..  Branch Address:  .............................................................................................................................................  .............................................................................................................................................  Post Code:  .............................................................................................................................................  Ref No (Building Societies)  **.**............................................................................................................................................ |

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| **Asylum and Immigration**  The law requires Axis Healthcare Ltd to ask you to prove your right to work in the UK. To do this we need to inspect original documents that show your right and we must also keep a copy of these.  We must inspect the documents listed below and you may also have to give further documents to explain any changes in name (i.e. marriage, divorce or deed poll documents).  If you have a document from list A then we do not have to ask you to show it to us again after you start a job with Axis Healthcare Ltd. If you have documents from list B then, you will have to show us up to date documents throughout your employment with Axis Healthcare Ltd.  **List A documents**  1. A passport showing that you, or your child, is a British or UK citizen and has the right to live in the UK; **or**  2. A passport or national identity card showing that you, or your child, is a national of a European Economic Area country or Switzerland; **or**  3. A residence permit, registration certificate or document certifying or indicating permanent residence issued by the Home Office or the Border and Immigration Agency to a national of a European Economic Area country or Switzerland; **or**  4. A permanent residence card issued by the Home Office or the Border and Immigration Agency to the family member of a national of a European Economic Area country or Switzerland; **or**  5. A Biometric Immigration Document issued to you by the Border and Immigration Agency which indicates that you are allowed to stay indefinitely in the UK, or that you have no time limit on your stay in the UK;  6. A passport or other travel document endorsed to show that you are exempt from immigration control, allowed to stay indefinitely in the UK, have the right to live in the UK, or has no time limit on their stay in the UK; **or**  7. An Immigration Status Document issued to you by the Home Office or the Border and Immigration Agency with an endorsement indicating that you are allowed to stay indefinitely in the UK, or have no time limit on your stay in the UK, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); **or**  8. A full birth certificate issued in the UK which includes the name(s) of at least one of your parents, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); **or**  9. A full adoption certificate issued in the UK which includes the name(s) of at least one of your adoptive parents, when produced in combination with an official document giving your permanent National Insurance Number you’re your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); **or**  10. A birth certificate issued in the Channel Islands, the Isle of Man, or Ireland, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45,P60, National Insurance Card); **or**  11. An adoption certificate issued in the Channel Islands, the Isle of Man, or Ireland, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); **or**  12. A certificate of registration or naturalisation as a British citizen, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); **or**  13. A letter issued by the Home Office or the Border and Immigration Agency to you which indicates that you are allowed to stay indefinitely in the UK, or have no time limit on your stay, when produced in combination with an official document giving the person’s permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card).  **List B documents**  1. A passport or other travel document endorsed to show that you are allowed to stay in the UK and are allowed to do the work in question, provided that it does not require the issue of a work permit; **or**  2. A Biometric Immigration Document, issued by the Border and Immigration Agency to you which indicates that you can stay in the UK and are allowed to do the work in question; **or**  3. A work permit or other approval to take employment issued by the Home Office or the Border and Immigration Agency, when produced in combination with either a passport or another travel document endorsed to show that you are allowed to stay in the UK and are allowed to do the work in question, or a letter issued by the Home Office or the Border and Immigration Agency to you, or the employer or prospective employer confirming the same; **or**  4. A certificate of application issued by the Home Office or the Border and Immigration Agency to you or for a family member of a national of a European Economic Area country or Switzerland, stating that you are permitted to take employment, which is less than 6 months old, when produced in combination with evidence of verification by the Border and Immigration Agency Employer Checking Service; **or**  5. A residence card or document issued by the Home Office or the Border and Immigration Agency to a family member of a national of a European Economic Area country or Switzerland; **or**  6. An Application Registration Card (ARC) issued by the Home Office or the Border and Immigration Agency stating that you are permitted to take employment, when produced in combination with evidence of verification by the Border and Immigration Agency Employer Checking Service; **or**  7. An Immigration Status Document issued by the Home Office or the Border and Immigration Agency to you with an endorsement indicating that you can stay in the UK, and are allowed to do the work in question, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or previous employer (e.g. P45, P60, National Insurance Card); **or**  8. A letter issued by the Home Office or the Border and Immigration Agency to you or the employer or prospective employer, which indicates that you can stay in the UK and are allowed to do the work in question, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or previous employer (e.g. P45, P60, National Insurance Card). |
| **Criminal Records Policy Statement** |
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