



ULTIMATE QUALITY CARE
**HEALTH CARE/SUPPORT WORKER
APPLICATION FORM**

PRIVATE & CONFIDENTIAL

Unit 314a, M25 Business Centre, Ability House, 121
Brooker Road, Waltham Abbey, Essex , EN9 1JH

Contact : 01992807851

<https://ultimatequalitycare.co.uk/>

Passport Photos X 2

FIRST NAME:
MIDDLE NAME:
SURNAME:
DATE OF BIRTH:
NATIONAL INS. NO.
ADDRESS
POSTCODE:
HOME TEL:
MOBILE:
E-MAIL:

MARITAL STATUS:
NEXT OF KIN:
RELATIONSHIP:

ADDRESS:

POSTCODE:

PHONE NUMBER:

DO YOU HAVE PERMISSION TO WORK IN THE UK?

YES / NO

DO YOU HAVE A VALID PASSPORT?

YES / NO

YOU HAVE A VALID WORK PERMIT?

YES / NO

MOBILITY:

DO YOU HAVE ACCESS TO A CAR

WHICH CAN BE USED FOR WORK PURPOSES?

YES / NO

DO YOU HOLD A FULL UK DRIVING LICENCE?

YES / NO

QUALIFICATIONS/TRAINING

Qualifications	School/College	Grade/Result	Dates: From-To

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Relevant Training/Qualifications in Healthcare		Certificates Date

EMPLOYMENT HISTORY / WORK EXPERIENCE

Please record all employment in the past 5 years, including current employment by other agencies, and any other relevant experience gained within the health care field. Please start with the most recent. **Please note that we shall obtain a reference from your LAST EMPLOYER**

Employer Name, Address & Tel no.	From	To	Position held, Duties and Responsibilities	Reason for Leaving
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Please explain how you believe that your current skills, experience and qualifications enable you to meet the essential requirements that we have set for this post.

REFERENCES

1a) Must be your most recent employer (of at least 3 months duration) which must correspond with your employment history.

Name of Employer:

Address of employer:

Telephone Number

E-mail:

Fax Number.....

1b) Another of your Employers in the last 3 years:

Name of Employer:

Address of employer

Telephone Number :

E-mail :

Fax Number.....

2) Can be a fellow colleague who does not live with you and is able to supply a character reference of your personal and professional profile.

Name of Employer:

Address of employer:

Telephone Number:

E-mail

Fax Number.....

EQUAL OPPORTUNITIES MONITORING

Ultimate Quality Care Ltd aims to be an equal opportunities employer. Employees are therefore put forward for work / shift irrespective of race, ethnic origin, disability, age and

gender. In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Name
Age Group 16 – 20 <input type="radio"/> 21 – 35 <input type="radio"/> 36 – 50 <input type="radio"/> 50+ <input type="radio"/>

Registered disability <input type="radio"/>
Unregistered disability <input type="radio"/>
No disability <input checked="" type="radio"/>

Please tick appropriately which best describes your Ethnic Origin.	
White European	<input type="radio"/>
White Other	<input type="radio"/>
Black African	<input checked="" type="radio"/>
Black Caribbean	<input type="radio"/>
Black Other	<input type="radio"/>

Indian	<input type="radio"/>
Pakistani	<input type="radio"/>
Chinese	<input type="radio"/>
Other	<input type="radio"/>

How did you hear about the post?

WORD OF MOUTH.....

Are you related or do you know any member of staff at Ultimate Quality Care.

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REHABILITATION OF EX- OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act'. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

*You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information, which you may give, will be strictly confidential and will be **considered only** in relation to this or a similar position for which you may be considered with Ultimate Quality Care Ltd...*

*Have you ever been convicted of a criminal offence? **YES, I NO***

*If **yes**, please give details of all convictions and cautions, including spent convictions and cautions: (please use a separate sheet if necessary)*

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You are required to complete the Disclosure and Barring Service (DBS) Disclosure form. All health professionals registered with Disclosure and Barring Service are subject to this disclosure process in the interests of all parties concerned.

DECLARATION

I declare that:

All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and safety at work Act (ii) I have never been charged with, or convicted of an offence under any legislation dealing with Residential care or any offence involving dishonesty or violence. (iii) I have been issued with a staff handbook and informed of the importance of reading and understanding it.

Signature. **Date:**

Disclosure and Barring Service – ENHANCED DISCLOSURE

Forenames Surname

I understand that before I can commence work with **Ultimate Quality Care Ltd**, I will need to be in possession of a DBS Enhanced Disclosure.

Signature Date

DOCUMENTS NEEDED FOR REGISTRATION

- **VALID WORK PERMIT**

(Or if Student, College ID and Student Visa,)

- **BRITISH PASSPORT** (or other current Home Office Document authorizing you to work in UK)

- **NATIONAL INSURANCE (NI) CARD**

(Or P45 or P60 or letter confirming you have applied for Ni)

- **PROOF OF ADDRESS**

E.g. Driving License, Utility Bill, or any formal letter with your name and address

- **2 CURRENT PASSPORT SIZE PHOTOGRAPHS**

- **CRIMINAL RECORDS BUREAU CERTIFICATE (CRB)** you apply with us.

- **TRAINING CERTIFICATES**, e.g., Moving & Handling, Basic Aid etc. If you do not have the certificates, we can provide training.

RIGHT TO WORK ENQUIRY AGREEMENT

I agree and give permission for Ultimate Quality Care Ltd to take appropriate action and contact the appropriate authorities as a part of their effort to validate my right to work in the UK.

Print Name:

Signature:

Date:

CONFIDENTIALITY AGREEMENT

I agree that during the time I am engaged by Ultimate Quality Care Ltd to work in any capacity:

1. I will not disclose to any person, any information obtained whilst attending an assignment.
2. I will hold in trust and confidence for Ultimate Quality Care Ltd all such information, and never use it in other than for the benefit of Ultimate Quality Care Ltd.

Print name:

Signature

Date

Ultimate Quality Care Ltd DECLARATION

If you provide false or misleading information to support your application, it will disqualify you from being engaged as an employee Ultimate quality care Ltd. If it is found that you provided false or misleading information to support your application after or during employment, Ultimate quality care Ltd has the right to terminate your contract on this basis.

I hereby declare that I understand and complied with the requirements laid down in the application and I agree that the information given on this form maybe used to obtain DBS checks on me from the policy authorities.

Name print:

Signature

Date:

BANK DETAILS

Name.....

Account Name.....

Bank Name.....

Bank Address.....

Account Number.....

Sort Code.....

Signature.....**Date**