SOCIAL & CARE RECRUITMENT

Application Pack

About Social & Care Recruitment

Social & Care Recruitment is a specialist recruitment agency covering the UK for health and social care services.

As a leading provider of life enhancing care, we support public and private sector organisations, helping to place our highly skilled staff within homes and businesses, including general residential and nursing care.

Along with competitive rates of pay and guaranteed hours we offer training and development to help accelerate your career.

The Application Process

Once you have completed the attached application pack, please return it to us either via email to recruitment@social-recruit.co.uk

Once your application has been submitted and processed you will be asked to attend an online interview and to complete further paperwork via DocuSign. Before the meeting we request that you email copies of the following documents below as possible.

- Passport
- Driving License
- Proof of National Insurance Number
- Proof of Address – e.g., a utility bill, council tax bill, phone bill etc. not more than three months old
- Work Permit – if applicable
- Residence Permit – if applicable
- Birth Certificate
- DBS Certificate – if valid
- Proof of name change – e.g., marriage certificate or deed poll certificate
- Training Certificates

Please attach Photograph

Application Form

Private and Confidential

Office 43, South Tees Business Centre

Puddlers Road, South Bank

Middlesbrough

TS6 6TL

Please type or use black ink

Position Applied for:

Section 1 – Personal Details			
Title	**Surname**	**Forenames**	
Address: **Postcode:**		**Previous Surname:**	
		Date of Birth:	
		Nationality:	
Telephone Number:		**Passport No:**	
Mobile Number:		**Issuing Country:**	

Email:		**National Insurance Number:**	
NMC PIN Number:		**Where Obtained:** **Date:**	
NMC Part of Register:		**Qualification:**	
Next of Kin (to be notified in case of emergency)			
Name:			
Address: **Postcode:**			
Telephone Number:		**Relationship:**	

Section 2 – Education and Training					
Secondary Education			**Further education and Professional Qualifications** **Please give Registration/enrolment number:**		
Name of School/College	**Qualification**	**Date From-To**	**Name of University**	**Qualification**	**Date From - To**
Training					

Please give details and dates of courses attended not included overleaf.		
Mandatory Training	**Date of last training**	**Date Update Required**
Other Training	**Date of training**	**Date Update Required**

Qualifications currently being studied for:	Examination Date:

Section 3 - Employment

Employment History
Please give details of all your employment for the past 10 years. Starting with your present position.
(Please use continuation sheet if necessary)

Name and address of employer	Position Held	Date from	Date To	Grade	Reason for leaving

Please List any other Agencies you work for or are registered with:					

Section 4 – Working Preferences					
Please Tick Preference					
Working Time:	**Full Time**	**Part Time**	**Flexible**		
When are you able to work?	**Mornings**	**Afternoons**	**Evenings**	**Nights**	**Weekends**
Date Available to commence work:					
Are you willing to work at short notice?	**Yes**		**No**		
Do you have any commitments that reduce your flexibility to work?	**Yes**		**No**		**If Yes Please Give Details:**
Do you have a car?	**Yes**		**No**		
If yes, do you hold a full UK Driving Licence?	**Yes**		**No**		**Please give details of any endorsements:**
If no, how will you travel to work?					

Please state the specialised areas in which you feel competent and confident to work	
First Choice	

Second Choice	
Third Choice	

How did you hear about S & C Recruitment? Please tick.	**Advertisement** **State where you saw this:**	**S&C Recruitment Website**	**Universal Job Match**	**Recommendation** **Please state who recommended us**

Section 5 – Rehabilitation of Offenders and Criminal Records

Rehabilitation of Offenders Act 1974 and Criminal Records

By Virtue of the Rehabilitation of offenders Act 1974 (Exemptions) (amendments) 0rder 1986 the provision of section 4.2 of the Rehabilitation of offenders' act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such Services in the course of his/her normal duties. You should therefore list all offences on separate sheet even if you believe them to be "SPENT" or "OUT of DATE" for some other reason.

Have you been convicted of a criminal offence **YES / NO**

Have you ever been cautioned or issued with a formal warning for any Criminal offence **YES / NO**

If you have answered 'YES', please attach details including dates on a separate sheet.

CRB - Criminal Records Bureau Checks

The Criminal Records Bureau is the executive agency of the home office responsible for conducting checks on criminal records. We are a registered body for receipt of CRB disclosure information. NHS Trust and Private Sector hospitals and nursing homes insist on agencies making information recruitment decisions which require criminal record checks to be made on all staff. It is a condition of proceeding with your application that you apply for CRB disclosure. The disclosure will be compared with the Information given

above in Section 7 and any inconsistencies could invalidate your application or lead to the cancellation of your Registration with us.

Signed: _____

Date: _____ / _____ / _____

Section 6 - References

Section 7 – Passport and Work Permits

It is a legal Requirement that before any offer of work can be made all candidates provide the company with confirmation of their eligibility to work in the UK by providing one of the original documents detail below.

A passport which describes the holder as a British Citizen or as having a right of abode in the United Kingdom or a passport or other travel document to show that the holder has **INDEFINITE LEAVE TO REMAIN** in the United Kingdom or has current leave to enter or remain in the United Kingdom and is no precluded from taking the work in question.

A passport or identity card issued by a State which is a party to the European Union and EEA agreement and which describes the holder as a national of a state which is a Party to that agreement.

A letter issued by the Home Office or the Department of Education and employment indicating that the person named in the letter has permission to take the agency work in question

Section 8 - Declaration

I declare that all Information given in this registration form is to the best of my knowledge complete and accurate in all respects and that I am eligible to work in the UK.
I understand that any false or misleading Information may result in my removal from Social & Care Recruitment recruitment`s register of members.

Signed: _____

Date: _____ / _____ / _____
PRINT FULL NAME AND QUALIFICATION:
_____
Please send completed forms to:
recruitment@social-recruit.co.uk
Please let us know if you have any special requirements should you be asked to come for an interview:
_____

Please give the names and addresses of 2 clinical professional people of a Senior/grade position to you from whom references may be obtained. One of these must be your present and most recent employer or agency whom we may approach for a nursing reference excluding relatives, if you cannot provide two work references which cover the last 5 years please provide a character reference. Referees will be contacted PRIOR TO INTERVIEW unless you indicate otherwise.

Reference 1 – Present or Current Employer	
Name:	**Position:**

Address: **Postcode:**	
Telephone Number:	**Can we call for a telephone reference? YES / NO**
Email Address:	
How long has this person known you?	
Was this person senior to you? YES / NO	
Can we contact prior to interview? YES / NO	
Reference 2 – Previous Employer	
Name:	**Position:**
Address: **Postcode:**	
Telephone Number:	**Can we call for a telephone reference? YES / NO**
Email Address:	
How long has this person known you?	
Was this person senior to you? YES / NO	
Can we contact prior to interview? YES / NO	
Reference 3 – Character Reference	
Name:	**Position:**
Address: **Postcode:**	
Telephone Number:	**Can we call for a telephone reference?YES / NO**
Email Address:	
How long has this person known you?	
Was this person senior to you? YES / NO	
Can we contact prior to interview? YES / NO	

Appendix – Nursing Specialities
This section is for qualified nurses only

Please list all the nursing specialities of which you have significant experience

Appendix – Skills Check List for Nurses			
Qualified Nurses Only			
Name:			
Grade:			
NMC PIN Number:			
Please indicate your level of proficiency according to the scale below: **A – No previous experience** **B – Previously performed but not proficient** **C – Competent to perform independently**			
Respiratory Skill	**A**	**B**	**C**
Administering Oxygen Therapy			
Care of Ventilated Patient			
Pulse Oximetry			
Respiratory status assessment skills			
Suctioning – Orpharangeal			
Suctioning – Nasopharangeal			
Suctioning – Tracheotomy			
Tracheotomy Care			
I declare that all the information I have given in the check list is true and correct to the best of my knowledge			
Signature:	**Date:**		

Equal Opportunities Monitoring

Social & Care Recruitment are committed to promoting equal opportunities for all its employees and prospective employees. To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a tick in the appropriate box. This will allow the organisation to monitor its recruitment policies and procedures.

PLEASE NOTE: You **do not have to** complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

1	Gender:	Male € Female €
2	Registered Disabled:	Yes € No €
3	Marital Status:	Married € Single € Cohabiting € Divorced €
4	Children:	Yes € No €
5	Please indicate your ethnic background:	African € Asian € Afro-Caribbean € UK European € European € Other (Please Specify) _____
6	Age:	

New Employee Medical Questionnaire

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment, you may need to be seen by an occupational health advisor or physician.

Personal Information			
Title	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:	GP Address:		

Medical History		
<u>All staff groups complete this section</u>	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates		
Do you think you may need any adjustments or assistance to help you to do the job?		

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last 5 years?		
If you answered no above, please list all of the countries that you have lived in over the last 5 years		

Have you had a BCG vaccination in relation to Tuberculosis?		
If you answered yes, please state when	Date	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks		
Unexplained weight loss		
Unexplained fever		
Have you had tuberculosis (TB) or been in recent contact with open TB		

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	**No**	**Date**

Immunisation History								
Have you have any of the following immunisations						**Yes**	**No**	**Date**
Triple vaccination as a child (Diptheria / Tetanus / Whooping cough)								
Polio								
Tetanus								
Hepatitis B (If Yes is ticked please give dates below)								
Course:	1		2		3			
Boosters:	1		2		3			

Additional Information (If you have answered yes to any question above please provide additional information below)

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we **strongly advise** that you provide serology test result showing varicella immunity
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result **(Do not Self Declare)**
Rubella, Measles & Mumps	Certificate of **"two"** MMR vaccinations or proof of a positive antibody for Rubella Measles & Mumps
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes	No

Declaration
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Healthier Business UK Ltd to make recommendations to my employer. Signature: _____ Name: _____ Date: _____