

## Application Form

**\*\*Please complete carefully in black ink\*\***

<b>Job Applied for:</b>	<b>Full/Part-time (Please circle below):</b>
<b>Preferred Location for Work:</b>	<b>Days/Nights/Mornings/Afternoons/Evenings/Weekends only</b>
<b>Personal Details</b>	
<b>Title :</b>	<b>Date of Birth:</b>
<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>	<b>Mobile Number:</b>
<b>Postcode:</b>	<b>House Number:</b>
<b>Email address:</b>	<b>National Insurance Number:</b>
<b>Nationality:</b>	<b>Proof of Employment (Visa) or N/A</b>
<b>Verified by EXCELLENCE STAR STAFF – Date: ___/___/___</b>	
<b>Passport Number:</b>	<b>Passport Issued:</b>
<b>Passport Nationality:</b>	<b>Passport Expiry:</b>
<b>Next of kin details:</b>	
<b>Name:</b>	<b>Relation:</b>
<b>Address:</b>	<b>Email address:</b>
<b>House Number:</b>	<b>Mobile Number:</b>
<b>Do you hold a valid driving licence:</b>	<b>Yes/No</b>
<b>What transport do you have access to?</b>	<b>(Please circle) Car Bicycle Public transport</b>
<b>Driving Licence Number:</b>	
<b>Bank Details</b>	
<b>Bank Name:</b>	<b>Your name as it appears on your account:</b>
<b>Sort Code:</b>	<b>Account Number:</b>
<b>Bank Address:</b>	

**ONCE COMPLETED PLEASE EMAIL THIS FORM ALONG WITH YOUR CV TO:  
admin@excellencestarltd.co.uk**

Relevant Courses attended		
Training	Date	Verified by:

\*Verification is done and copies of certificates have been taken for file

Education and Training		
University/Colleges Attended	Qualifications Gained & Dates	Verified by:

Please give full details, with dates, of any professional/clinical/vocational training or qualifications which you feel are relevant to the job for which you are applying:

Professional Registration Details including NMC Pin Number (if applicable):

NMC PIN:

Education Qualification:

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**Employment History**

Name of Employer & Address	Job Role & Duties	Dates	Reason for leaving

**Employment Continuity Check**

It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases. Use the “timeline” below to place in order all stated instances of employment and other activities (such as training), and identify and gaps for discussion during interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory. The period considered must be the whole working life of the applicant, to date.

Date of Gap	Reason

**Criminal Record**

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a Care setting if you are on the DBS Register(s).

**Rehabilitation of Offenders Act 1994:**

Have you ever been convicted of a criminal offence and/or served a sentence or received preventative detention?

YES / NO

Please declare all criminal convictions, whether spent or not, charges, whether processed with or not, and warnings and cautions in the space provided below:

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<b>References</b>	
<i>Please give the names, addresses and contact telephone numbers of <u>TWO</u> people from whom a reference may be obtained, one of whom must be your present or most recent employer.</i>	
<b>Reference 1 – Current Employer</b>	
<b>Name:</b>	<b>Role:</b>
<b>Full work address:</b>	<b>Post Code:</b>
<b>Telephone number:</b>	<b>Full work email address:</b>
<b>Can be contacted before interview:</b>	<b>YES/NO</b>
<b>Reference 2</b>	
<b>Name:</b>	<b>Role:</b>
<b>Full work address:</b>	<b>Post Code:</b>
<b>Telephone Number:</b>	<b>Full work email address:</b>
<b>Can be contacted before interview:</b>	<b>YES/NO</b>
<b>Supervision Agreement</b>	
I understand that I will attend a supervision session every three months. This is to assess my ability to effectively work with our clients and to help improve the services that EXCELLENCE STAR provide. This information will be kept on my record and used during my annual appraisal.	
<b>Signature (Applicant):</b>	<b>Date:</b>
<b>Data Protection Act 1998</b>	
I am aware that EXCELLENCE STAR will create and maintain computer and paper records on me, both during my employment and after I leave the company; these records will be processed in order to maintain employee records and will be held in compliance with the principles of the Data Protection Act 1998.	
I Consent that the information in the records may be used for reports both internally within EXCELLENCE STAR and to external bodies working with us in employment administration	
<b>Signature (Applicant):</b>	<b>Date:</b>
<b>Working Time Disclaimer</b>	

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You have the option to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulation 1998.	
Do you wish to OPT out:	(Please Circle) YES / NO
Signature (Applicant):	Date:

<b>Declaration</b>	
At the time of signing this form is there any prosecution pending or has anything occurred which may result in a future prosecution against you?	(Please Circle) YES / NO
I the undersigned undertake to inform you of anything which occurs in the future which may result in a prosecution:	Signature (Applicant):
<p>I, to the best of my knowledge, have completed this application and believe that the information I have provided herein is accurate and true. By knowingly falsifying this document I understand that this could lead to dismissal. I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and Registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than monitoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.</p>	
I acknowledge that I have read the terms of engagement between myself and EXCELLENCE STAR and accept the conditions therein.	
I confirm that I wish to have payments sent direct to the account detailed on page one of this application. I have checked these details and confirm that they are correct. During the course of my employment, should I be overpaid in error, I accept that any monies owed will be deducted out of my wages the following week.	
Signature (Applicant):	Date this form was signed:

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