



## UNITING CARE LIMITED

### Candidate Registration Form

Please complete this registration form in black ink and then return to UNITING CARE LIMITED or email [recruitment@unitingcare.co.uk](mailto:recruitment@unitingcare.co.uk)

Please complete the registration form to the best of your ability. If you have any queries, please do not hesitate to contact us on 07999873433 and we will support you with completing the application process.

Position applied for:		
Are you permitted to work in the United Kingdom?	YES	NO
I require a work permit	YES	NO

#### Personal Details

Title:	
First Name:	
Surname:	
Date of Birth:	
Country of Birth:	
Nationality:	
Status in the UK:	
Address Line 1:	
Address Line 2:	
Town:	
County:	
Postcode:	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	
National Insurance Number:	

Please insert  
photo here

#### Drivers Licence and Insurance Information

Do you have a full UK driving license?	Yes	No
Do you access to a car you use for work?	Yes	No



## EMPLOYMENT HISTORY

Current/Most Recent Employer:	
Company Name:	
Job Title:	
Brief description of duties:	
Salary:	Notice Required:
Employment dates (from):	Employment dates (to):
Reason for leaving:	

### Previous Jobs (Paid and Voluntary)

Please detail the most recent first. Where there are gaps between jobs please indicate why. For example: family, childcare, unemployment or travelling.

Company Name:	
Job Title:	
Brief description of duties:	
Employment dates (from):	Employment dates (to):
Reason for leaving:	

Company Name:	
Job Title:	
Brief description of duties:	
Employment dates (from):	Employment dates (to):
Reason for leaving:	

Company Name:	
Job Title:	
Brief description of duties:	
Employment dates (from):	Employment dates (to):
Reason for leaving:	



## REFERENCES

Please provide **two** employment references. One must be your current or most recent employer. The other may be a previous employer.

### Reference 1:

Contact Name:
Contact Job Title:
Company Name:
Company Address Line 1:
Company Address Line 2:
Town:
County:
Postcode:
Telephone Number:
Email address:

### Reference 2:

Contact Name:
Contact Job Title:
Company Name:
Company Address Line 1:
Company Address Line 2:
Town:
County:
Postcode:
Email address:

## NEXT OF KIN

Full Name:	
Address:	
Contact Number:	
Relationship to Applicant:	

## BANK DETAILS

Bank Name:	
Bank Address:	
Name of Account Holder:	
Sort Code:	
Account Number:	



## DECLARATIONS

### Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment who are concerned with the provision of care or partly on the premises where such provision takes place, are obliged to disclose any convictions which would otherwise be spent. The Care Homes Regulations provide that people in employment who are concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind-overs or cautions that they have been subject to previously.

Your answer to the following question should include any 'spent' convictions, conditional discharges, blind-overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in Equal Opportunities policy.

Have you ever been convicted of a criminal offence or received a police conditional discharge, blind-over, caution, warning or reprimand?	Yes	No
If yes, please give details:		
Have you ever been issued with a Penalty Notice for Disorder?	Yes	No
If yes, please give details:		

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

Please note that if at any stage whilst working for UNITING CARE LIMITED, we receive a DBS enhanced disclosure that highlights information you have not declared, you will be removed from your assignment.

Signature: ..... Print Name: .....

Date: .....



## DECLARATION

1. I understand that if I am charged or cautioned after signing this declaration, I must inform UNITING CARE LIMITED
2. Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct? \_\_\_\_\_
3. I acknowledge that I have been given a copy of the Staff Terms and Conditions issued by UNITING CARE LIMITED and furthermore that I have read and understood the terms and conditions and agree to abide by them
4. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared on the application form
5. I declare that the information given is true and complete and is not presented in a way intended to mislead. I agree that if I have provided false or misleading information or omit to give relevant information now or in the future that UNITING CARE LIMITED may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received together with a claim for a loss of profit to UNITING CARE LIMITED
6. I acknowledge and confirm that UNITING CARE LIMITED is authorised to apply for and obtain a Criminal Records Check and references from any previous employers and educational establishments
7. I acknowledge that my personal details will be stored and handled correctly by UNITING CARE LIMITED in accordance with the Data Protection Act 1998. I agree they may be required for audit/reviewed by relevant third parties
8. I understand that if I am on a Tier 2 sponsorship visa, I can only work for a maximum of 20 hours per week at the same professional level as stated in my sponsorship. I understand that I have a responsibility to monitor this. If my position with my sponsored company changes, I must inform UNITING CARE LIMITED immediately
9. I understand that if I am a student, I must not exceed more than 20 hours of work per week during term time. I take full responsibility to monitor this and if my position as a student changes, I must inform UNITING CARE LIMITED immediately
10. I acknowledge that UNITING CARE LIMITED will be required to release or provide information contained within my file to third parties for the purpose of occupational health, audit and placements
11. I acknowledge that if any of the details stated on this application form change or if my circumstances change, which may affect my ability to work in this profession, I must inform UNITING CARE LIMITED immediately
12. I confirm that I am not currently under investigation, or currently suspended, by a professional regulatory body (e.g. NMC/HPC) or being investigated by my current or previous employer. I will inform UNITING CARE LIMITED if I am under investigation or suspended by a regulatory body or employer at any point whilst working for UNITING CARE LIMITED
13. I confirm that when asked about my working history (primarily) but not exclusively, for the purposes of the Agency Workers Regulations I will provide accurate information
14. I give permission for UNITING CARE LIMITED to run a Rights to Work check with the Home Office

Signature: ..... Print Name: ..... Date: .....



## DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working in the public or private facilities.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, for auditing purposes.

Signature: ..... Print Name: .....

Date: .....

## DECLARATION

This information given by me in this form is to the best of my knowledge and belief and it is true and correct. I also understand that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation of liability on the part of the employer other than for services rendered.

I also confirm that if I become subject to an investigation by my professional body or a matter in which could lead to a conviction, I will let the agency know straight away.

Signature: ..... Print Name: .....

Date: .....

I confirm that I am eligible to work in the UK. I fully accept that I am applying for Employment with UNITING CARE LIMITED in the full knowledge and understanding. I accept that UNITING CARE LIMITED's duty is that of an agent, not employer, and in signing this disclaimer. I acknowledge that neither UNITING CARE LIMITED nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to client's property etc.

I declare that all the information given is true and understand that any false or misleading information may result in my removal from my role with immediate effect.

Signature: ..... Print Name: .....

Date: .....



## UNITING CARE LIMITED TERMS AND CONDITIONS

### DISABILITIES

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities?

Yes	No
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### ENHANCED DBS (CRIMINAL RECORD CHECK)

Please note that it is a legal requirement to have a valid enhanced DBS (Criminal Record Check).

UNITING CARE LIMITED will not place you into employment without this check. We can conduct this on your behalf; however, there is a cost which will be required to be paid by yourself upon registration. However, if you have already carried out a DBS check with another organisation and are subscribed to DBS checking service you must provide a DBS registration number or an original up to date enhanced DBS certificate.

The following information is required to complete an application for enhanced DBS:

Full Name:	
Date of Birth:	
Country of Birth:	
Town of Birth:	
Current Nationality:	
Mother's Full Name:	
National Insurance Number:	
Passport Number:	
County Passport Issued:	
Date of Issue:	
Expiry Date:	
Driving Licence Number:	
Driving Licence Issued (country):	
Driving License Issued (date):	



## Please provide address history for the past 5 years

### Address 1:

Full Address:	
Post Code:	
From Month:	
From Year:	

### Address 2:

Full Address:	
Post Code:	
From Month:	
From Year:	

### Address 3:

Full Address:	
Post Code:	
From Month:	
From Year:	

### Address 4:

Full Address:	
Post Code:	
From Month:	
From Year:	

### Address 5:

Full Address:	
Post Code:	
From Month:	
From Year:	





## UNITING CARE LIMITED TERMS AND CONDITIONS

421 Chorley Old Road, Bolton BL1 6AH

[www.unitingcare.co.uk](http://www.unitingcare.co.uk), Tel: 07999873433 Company Registration: 14526232

### TERMS BETWEEN UNITING CARE LIMITED AGENCY AND WORKER

**This agreement is made on the understanding that UNITING CARE LIMITED will act as the Agent (the "Agency") for and on behalf of the worker**

- The Agency recommends Nurses to obtain Professional Indemnity Insurance (Union membership etc)
- P.A.Y.E, NI and Pension Contributions **will** be deducted at source
- Workers are always required to dress appropriately as per care home requirements and carry their identification badges whilst on duty. A professional appearance must always be maintained (Please note flip flops are not to be worn at any time)
- Workers are asked not to undertake any private work personally with a client, or any other Agency, without first notifying UNITING CARE LIMITED. Failure to notify the Agency could result in the termination of contract
- Workers must not exchange shifts with any other persons. If required, this must be organised by the Agency
- Workers must under no circumstances accept remunerations of any kind whatsoever for e.g. cash, gifts etc from clients. The management of the Agency must be informed **prior** to any acceptance of such items
- Workers must comply with the terms between the Agency and Worker under the "Confidentiality Between Agency and Worker" form
- Time sheets must be completed correctly and signed by the client as appropriate at the end of each shift. They should then be submitted to the head office for processing at the end of each week without delay by Monday 10am. Failure to submit time sheets promptly may result in a delay in payment to the worker. All workers must provide the Agency with their bank details in order to facilitate a payment directly into the workers bank account



- Should a worker through unforeseen circumstances require to leave a client, the Agency must be contacted immediately so that a suitable replacement can be arranged. The worker should not leave the client until replacement arrives
- Workers must follow the appropriate policies and procedures whilst undertaking any duties
- Workers are advised to keep their training and accreditations including professional membership status up to date and inform the Agency if further training is required and or if any membership or accreditation status has changed
- Qualified nurses must always carry out duties in accordance with the NMC code of conduct and are responsible for ensuring that their PIN number **remains valid**. The Agency reserves the right to make all necessary checks as appropriate and in relation NMC registration
- The Agency shall be entitled to report any Nurse worker without notice to NMC or appropriate Authority, in the event of dishonesty, negligence, incompetence, or conduct calculated to or likely to injure in any way a client or the business of UNITING CARE LIMITED
- All treatments and medications administered must be prescribed by the client's own doctor. If a client's condition changes or gives cause for concern the Agency must be notified immediately
- Care staff are not allowed to administer medications unless trained and authorised in writing by client or Agency
- The Agency reserves the right to vary or change any or all the above without prior notice, at any time
- You must return your ID card on termination with the Agency otherwise this may incur a charge and delay in processing any outstanding payment

**I agree to the terms and conditions**

Signature: .....

Print Name: .....

Date: .....



## **\*\*PAYMENT RATES TERMS & CONDITIONS AGREEMENT\*\***

I ..... agree to a fix rate of £..... per hour

Agreed by UNITING CARE LIMITED Recruitment Manager

NAME: ..... DATE: .....

The Emergency Rate and Bank Holiday Rate remain as the fixed rate above.

Any changes in hourly rate can be negotiated with the Finance department.

- UNITING CARE LIMITED do not pay any costs towards travel including public transportor fuel, all staff are responsible to reach their shift independently
- If you earn over a certain amount and you're under State Pension age, you must pay Income Tax and National Insurance. UNITING CARE LIMITED will deduct both from your pay through the Pay as You Earn (PAYE) system. PAYE is how tax is collected from your earnings during the tax year. UNITING CARE LIMITED will also provide pay slips showing how the money you receive has been calculated. We can delay paying you whilst we get proof of the hours you worked for a reasonable period
- You must arrive at your shift 15 minutes prior to the confirmed start time. If you cannot attend a shift and have a valid reason for cancellation you must inform the Shift Co-ordinator that has assigned the shift to you 24 hours in advance
- Sleeping on shifts is strictly prohibited unless you have been assigned a sleepover shift
- Usage of mobile phones whilst on duty is strictly prohibited
- Time sheets must be submitted every week on Monday before the cut-off date. Any time sheets submitted after the cut-off date will be calculated and paid into the next confirmed pay cycle

**I agree to the payment terms and conditions**

Name: .....

Signed by employee: .....

Date: .....

Signed by UNITING CARE LIMITED Recruitment Manager: .....