![Logo, company name

Description automatically generated]()

**Application for Employment Form**

**We are committed to promoting the equality of opportunity and welcome applications from who feels that they are able to carry out the duties required.**

*Please ensure that you complete all parts of the form and that you sign and date all declarations. Please write clearly in block capitals and return to:*



Moriah Healthcare Services

Office A1

23 Muskett Way

Aylsham  
Norwich

NR11 6GF

*or email to wecare@moriah-healthcare.com*

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| **Personal Information** | | | |
| Surname (as it appears on your passport): | | Forenames (as they appear on your passport): | |
| Title (Mr. /Miss/Mrs. etc.): | | DOB: | |
| Current Address: | | | |
| Postcode: | | NI Number: | |
| Mobile Phone Number: | | Home Phone Number: | |
| Email Address: | | | |
| Next of Kin: | | | |
| Relationship: | | Contact Number: | |
| Emergency Contact Details:  Name: | | | |
| Telephone No: | | | |
| Relationship: | |  | |
| **Bank Details:**  Sort Code : / /  Account No. …………………………………………  Name & Address of Bank/Building Society………………………………………………………………………….  …………………………………………………………………………. | | | |
| Do you have a valid right to work in the UK? | | Yes | No |
| What is your right to work: | EU Citizen: Passport No. : | | |
| Indefinite Leave to Remain: Passport No. : | | |
| Limited Leave to Remain  Please state visa type and expiry date: | | |
| Other, please specify | | |

**Application Form**



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| Position Applied For: | |
| Professional Registration Body: | Professional Registration Number: |
| Are you or have you ever been subject to any investigation, hearings, warnings, complaints or investigations by any employer, agency or professional body? If yes, please provide details: | |

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| **Disclosure and Barring Service Checks** | | |
| Please note that you will be subject to an Enhanced DBS Check. Because you are a health care worker you are not exempt from the Rehabilitation of Offenders Act 2010. This means that all convictions, cautions, reprimands and final warnings on your criminal record **must** be disclosed. | | |
| Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police in the UK or in any other country? | Yes | No |
| Are you aware of any police enquiries undertaken following allegations made against you, which may affect your suitability for this role? | Yes | No |
| Are you aware of any pending investigations by the police in which you are involved? | Yes | No |
| If you have answered yes to any of the above questions please provide **full** details of the incident below: | | |

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| **Qualifications and Educational Information** |
| Basic Qualification: |
| Date Achieved: |
| Higher Qualification: |
| Date Achieved: |
| Please use the following space to list any other relevant qualifications: |

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| --- | --- | --- | --- | --- |
| Employment History | | | | |
| Please be particularly careful to provide details of all previous employment and gaps in employment if any. This record should include all your work history. Please use the continuation sheet provided. | | | | |
| Date from | Date to | Position and grade | Organization | Reason for leaving |
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| **References** | **References** |
| Please give the names of two professional referees (from your 2 most recent engagements). Referees must be your line | Please give the names of two professional referees (from your 2 most recent engagements). Referees must be your line managers. |
| Name: | Name: |
| Position: | Position: |
| Qualification: | Qualification: |
| Address: | Address: |
| Postcode: | Postcode: |
| Telephone No(Including STD code) | Telephone No(Including STD code) |
| Email: | Email: |
| May we contact your current employer | YES NO |

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| Declarations |
| Please read the following declaration carefully. Make sure that you sign and date all declarations. |
| Working Time Directive  Regulation 4 of the Working Time Directive requires that a worker’s average time spent at work does not exceed 48 hours within 1 rolling  Week unless the worker hereby agrees to exceed this limit. |
| Signed: Dated: |
| Please note should you choose to not opt out of the Working Time Directive that it is your responsibility to ensure that you do not work in excess of 48 hours per week. |
|  I declare that all the information provided by me to The Fundamental Healthcare Ltd and its subsidiaries is true and accurate and has not been presented in a way as to mislead or misinform.   I agree that if I have given false or misleading information, if I have omitted or subsequently omit, information which may affects my ability to work in my chosen profession that The Fundamental Healthcare Ltd may cease to offer me further placements with immediate effect.   I am not aware of any condition, medical or otherwise, which would affect or limit my performance or employment other than that already provided, including information provided in the Occupational Health Questionnaire.   I hereby give permission for The Fundamental Healthcare Ltd and its subsidiaries to apply for and Enhanced DBS Check and I declare that I have not withheld any information which may be later disclosed by the DBS.   I hereby give permission for The Fundamental Healthcare Ltd and its subsidiaries to obtain all my occupational health results and reports, qualifications and training information where necessary.   I hereby give permission for The Fundamental Healthcare Ltd and its subsidiaries to contact the UKBA to perform a check on my Biometric  Residence Permit.   I acknowledge that my personal details will be stored and used by The Fundamental Healthcare Ltd and its subsidiaries in strict accordance with the Data Protection Act 1998. I agree that all information provided to The Fundamental Healthcare Ltd can be made available for audit/review by relevant third parties.   I hereby agree to immediately notify The Fundamental Healthcare Ltd and its subsidiaries of any changes to my circumstances or personal information including but not restricted to changes in my health; charges or investigations at work; changes to my DBS record or suspensions by my regulatory body.   I hereby agree that I will act in a professional manner at all times when representing The Fundamental Healthcare Ltd and its subsidiaries and that  I will fully co-operate with the instructions and duties allocated to me during each and every placement.   I will immediately inform The Fundamental Healthcare Ltd and its subsidiaries if any complaint is made against me whilst on assignment for The Fundamental Healthcare Ltd.   I acknowledge that it is my responsibility to ensure that my skills and knowledge are continuously updated and that I will always endeavor to carry out my duties and responsibilities to the best of my ability.   I can confirm that I have been given a copy of the Terms and Conditions of Service issues by The Fundamental Healthcare Ltd, that I have read those Terms and agree to abide by them at all times.   I agree to abide by the Data Protection Act 1998 with regard to all information about The Fundamental Healthcare Ltd and its subsidiaries, clients, candidates, patients and any other third party who I interact with during my registration with The Fundamental Healthcare Ltd. I will not attempt to deliberately procure any information pertaining to The Fundamental Healthcare Ltd, clients, candidates, patients or any third parties that would be deemed to be outside of my job description. I will not discuss information either verbally or in writing and if I am unsure about how to treat any information I shall immediately contact The Fundamental Healthcare Ltd senior management for clarification.   I can confirm that I have received the Fundamental Healthcare Ltd handbook and that I will abide by the code of conduct thereby set out.  This code incorporates the code of conduct as set out by the regulatory bodies the NMC, GMC and HCPC.   I therefore agree that I will:  o Respect the patient of client as an individual  o Obtain consent before I give any treatment or care  o Protect confidential information  o Co-operate with others in my team  o Maintain my professional knowledge and competence  o Be trustworthy  o Act to identify and minimize risk to patients and clients  o Abide by the rules and regulations of the departments in which I work  SIGNED: DATE: |