

Application Form

www.Smartheartpro.co.uk

recruitment@Smartheartpro.co.uk

0800 193 0828

Position applied for: <input type="checkbox"/> RGN <input type="checkbox"/> Kitchen <input type="checkbox"/> Cleaner <input type="checkbox"/> HCA/Carer <input type="checkbox"/> Assistant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Chef	Date of application: NURSES ONLY: NMC Pin No: _____ Expiry: _____
How did you hear about us? <input type="checkbox"/> Friend/Colleague (Name): <input type="checkbox"/> Internet/ Online Ad/ Facebook <input type="checkbox"/> Newspaper Ad	Preferred employment type <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Job share <input type="checkbox"/> Secondment <input type="checkbox"/> Flexible hours/Agency
<i>(For official use only)</i> Date processed: _____ Processed By: _____	

PERSONAL DETAILS			
Title: Mr/Mrs/Miss/Ms	First Name(s):	Middle Name(s):	Last Name:
Date of Birth: (dd/mm/yyyy)		UK National Insurance number:	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Other			
Full Address:			
Postcode:		Country:	
Home Telephone Number:		E-mail Address:	
Mobile Number:			
Next of Kin/Emergency Contact Details:		Relationship: _____	
Name: _____		Address (optional – only to be used in case of emergency): _____	
Contact No: _____		_____	

BANK DETAILS			
Bank Name:	Name on Account:	Sort Code:	Account No:
<i>These details will only be used for making payments to you. Please ensure your details are accurate as incorrect details will delay payment to you.</i>			

ELIGIBILITY TO WORK	
Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? <input type="checkbox"/> YES <input type="checkbox"/> NO	Passport No: Passport Expiry:
If you have answered 'No' above, you must answer these questions: (Please select the category that relates to your current immigration status. This status will be subject to checking before interview)	Visa No: Visa Start Date: (DD/MM/YYYY) Visa Expiry: (DD/MM/YYYY)
<input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1 <input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependent / Spouse visa <input type="checkbox"/> Working Holiday Visa/Tier 5 Youth Mobility <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Refugee <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor <input type="checkbox"/> Other, please specify below	Does your visa have a condition restricting employment or occupation in the UK? <input type="checkbox"/> YES <input type="checkbox"/> NO Details of any restriction:
Professional Indemnity/Trade Union: Expiry Date: (DD/MM/YY)	Insurance provider:

EDUCATION AND QUALIFICATIONS			
All relevant qualifications. Please indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.			
Subject/Qualification:	University/College/Institution:	Grade/Result:	Date obtained: (dd/mm/yyyy)
Other relevant trainings/qualifications/courses: (e.g. NVQ's):			

EMPLOYMENT HISTORY

Please record below the details of your full employment history beginning with your current or most recent first. You should include all employment history back to your full-time education. Explain any gaps in employment of 3 months or more. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Present or Previous Employer:

Address of Employer:

Telephone number

Employer Email Address

Dates of Employment:

From: (MM/YYYY)

To: (MM/YYYY)

Job Title: (e.g. Nurse)

Grade:

Duties/Roles:

(e.g. Looking after elderly)

Reason for leaving (if applicable):

EMPLOYMENT HISTORY BACK TO FULL TIME EDUCATION

Start Date
(MM/YYYY)

End Date
(MM/YYYY)

Name of Employer

Job Title and man responsibilities

Start Date (MM/YYYY)	End Date (MM/YYYY)	Name of Employer	Job Title and man responsibilities

EMPLOYMENT GAPS

If you have any gaps of 3 months or more within your employment history, please state the reasons for the gaps below.

REFERENCES

Fields marked with an asterisk (*) are mandatory

Please provide the names and full contact details of your referees.

- References must cover a 3 year period of continuous employment, training or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
- Your referee could be an HR department, line manager or someone in a position of responsibility.
- You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
- If you are a student or trainee this should include a teacher/tutor at your school/college or university.
- If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
- Emails for employers must be a valid work email address and not the referee's personal email address unless the email being provided is covering a gap in work history or the employer no longer exists and the referee being used is a personal/character referee.
- All reference requests will be verified by the recruiting employer.

Referees may be approached before interview, unless you state otherwise below.

*REFEREE 1: <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/Character	
*Full Name of Referee:	Position:
*Relationship:	
Employer Name:	
*Address:	*Post Code:
	*Country:
Telephone No:	*Email:

Reference Period: From: (MM/YYYY)	To: (MM/YYYY)
*Can the referee be contacted prior to interview?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*REFEREE 2: <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer	
<input type="checkbox"/> School/College/University/Higher Education	<input type="checkbox"/> Personal/Character
*Full Name of Referee:	Position:
*Relationship:	
Employer Name:	
*Address:	*Post Code:
	*Country:
Telephone No:	*Email:
Reference Period: From: (MM/YYYY)	To: (MM/YYYY)
*Can the referee be contacted prior to interview?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*REFEREE 3: <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer	
<input type="checkbox"/> School/College/University/Higher Education	<input type="checkbox"/> Personal/Character
*Full Name of Referee:	Position:
*Relationship:	
Employer Name:	
*Address:	*Post Code:
	*Country:
Telephone No:	*Email:
Reference Period: From: (MM/YYYY)	To: (MM/YYYY)
*Can the referee be contacted prior to interview?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISCLOSURE AND BARRING SERVICE(DBS)
<p>Information will be taken into account where the offence is relevant to the post for which you are applying. Therefore, disclosure need not result in you being excluded from obtaining a position. The nature of work you are applying for is exempt from the provision of section 42 of the Rehabilitation of Offenders Act 1974 Exceptions Order 1975.</p> <p>Applicants are therefore, not entitled to withhold any information about their convictions, even if they are regarded as "spent" convictions under the provisions of this Act. Failure to declare a conviction may require us to exclude you from SmartHeart Pro register or terminate an assignment if the offence is not declared but later comes to light. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of SmartHeart Pro, the offence is relevant to the post which you are applying.</p> <p>Have you ever been convicted of any offence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Do you have valid DBS?

Yes No

If NO, are you willing to undergo a full enhanced DBS Disclosure with this application for work?

Yes No

Are you willing to pay the required fee for a Basic DBS/Enhanced Disclosure and ISA check?

Yes No

WORKING TIME DIRECTIVE OPT OUT

I agree that the statutory maximum average working time of 48 hours a week shall not apply to my engagement by SmartHeart Pro Ltd and that my average working time may therefore exceed 48 hours a week.

Withdrawal of Consent

The Temporary Worker may end this agreement by giving the Employment Business 3 months' notice in writing. For the avoidance of doubt any notice bringing this Agreement to an end shall not be construed as termination by the Temporary Worker of an Assignment with a Client.

EQUAL OPPORTUNITIES STATEMENT

SmartHeart Pro Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an ongoing basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy. SmartHeart Pro shall not discriminate unlawfully when deciding which candidate or temporary workers. SmartHeart Pro will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

DATA PROTECTION STATEMENT

The information that you provide on this form and on any CV given will be used by SmartHeart Pro to provide work findings services. In providing this service to you, you consent to your personal data being included on a computerized database and consent to us transferring your personal details to our clients and or third party for the purpose of confirmation of booking or payment. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties' information to present for audit or detect crime, to protect public funds, or in other ways permitted or required by law.

CONFIDENTIALITY

Any information obtained during the course of a placement is confidential and must not be disclosed to any unauthorised persons. You should take particular care with patients records to ensure that they are not in danger of being accessed by unauthorised individuals. You are reminded that any breach of confidentiality will result in the termination of your placement. Further information relating to Confidentiality/Data Protection can be found in your handbook.

CANDIDATES DECLARATION-ACCEPTANCE OF TERMS OF ENGAGEMENT/HANDBOOK

I certify and declare that the information given in this form and in any accompanying documentation is true and complete to the best of my knowledge and belief and I give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, convictions, right to work in the UK and for the release by other people or organizations of necessary information to verify the content. I understand my application may be rejected and/ or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details. I understand that the information contained in this document may be subject of requests for references and CRB/DBS disclosure.

Print Name:

Signature:

Date:

ADDITIONAL CONSENT FORM (Occupational Health)

By signing the below, I agree to give SmartHeart Pro Ltd permission to access any Occupational Health reports or Training records that are required under the NHS Employers and Framework regulations to ensure my file is compliant

PRINT FULL NAME:

Signature:

Date:

OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE (NEW STARTER CLINICAL FORM)
CONFIDENTIAL

Due to the nature of the role you have applied for we need to carry out a complete new starter health questionnaire – even if you have been employed in UK health services before. The health of each candidate is considered individually and a decision regarding fitness for work in the prospective job role will be based on the functional effects of any underlying health condition/disability/impairment as well as health service requirements for fitness and immune status.

Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician with gained consent. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties.

Personal Information

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

Medical History

All staff groups complete this section		Please Tick	
I am not aware that I have a health condition or disability that might impair my ability to undertake effectively the duties of the position that I am applying for.		<input type="checkbox"/> or	
I do have a health condition of disability that might affect my work and may require special adjustments to support my work or place of work.		<input type="checkbox"/>	
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you having, or waiting for treatment (including medication) or investigations at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you think you may need any adjustments or assistance to help you to do the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Medical History (continued)

Have you suffered from any of the following?	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	

clostridium difficile (C-Diff)	<input type="checkbox"/>	<input type="checkbox"/>	
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If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information
(If you have answered yes to any questions above please provide additional information below, including dates, treatment and details of condition)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date

BBV (Blood Borne Virus)		
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)		
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.		
Have you had a BCG vaccination in relation to Tuberculosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Immunisation History

Have you had any of the following immunisations				Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)				<input type="checkbox"/>	<input type="checkbox"/>	
Polio				<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus				<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (If Yes is ticked please give dates below)				<input type="checkbox"/>	<input type="checkbox"/>	
Course:	1	2	3			
Boosters:	1	2	3			

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 and Measles
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 Hepatitis B Surface Antigen Test (Inc. ‘e’ antigen and DNA viral loads if applicable) Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable) Reports must be an identified validated sample. (IVS)
HIV	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

Exposure Prone Procedures

Will your role involve Exposure Prone Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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The General Data Protection Regulation (GDPR) (EU) 2016/679

All information supplied by you will be held in confidence by Healthier Business UK Ltd. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Healthier Business UK Ltd. Your personal data may be required to be seen by an occupational health advisor or physician; however, it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP, Specialist's or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), withdrawal of consent and refusal of consent without detriment. The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation.

Recommendations

I understand that following this assessment, recommendations may be provided to assist my health at work;

I give consent for the Healthier Business UK Ltd to make recommendations and for my employer/agency to provide these recommendations to my placement

I would like to see a written copy of any recommendations Healthier Business UK Ltd may make before my employer/agency provide them to my placement

Declaration

I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Name	Signature	Date