

SUPPORTING DOCUMENTS

THE FOLLOWING DOCUMENTATION SHOULD BE ATTACHED
WHEN
RETURNING YOUR APPLICATION FORMS

- PASSPORT/RIGHT OF WORK SHARE CODE/ RESIDENTS PERMIT/BIOMETRIC CARD/
- NI/HMRC LETTER/PAYSLIP SHOWING NI
- 2 PROOFS OF ADDRESS NOT OLDER THAN 3 MONTHS
- IMMUNISATION MAINLY HEPATITIS B
- DBS
- DRIVERS LICENCE -IF ANY
- ANY CARE CERTIFICATES

JOB APPLICATION FORM

Vacancy Title:

1 Personal Details

Last Name:

First Name:

Address:

Postcode:

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Time at Address:

Years

Months

If less than 5 years, please continue on separate sheet. (see last page)

E-mail Address:

Contact
Number:

National Insurance No.

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Do you hold a full, clean driving license valid in the UK?

Yes

No

2. Availability

Please tick

Full time

Part time

We like our

workers to be willing to work

flexibly across the week and need to know when other commitments mean you could

not be available to work Please tick when you are available:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
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Day							
night							

2. Education/Qualifications

College/University	Study Dates	Qualification and Grade	Date Obtained

Training and Development

Please use the space below to give details of any training or non-qualification based development, which is relevant to the post and supports your application.

Training Course	Course Details (including length/nature of training)

Current Membership of any Professional Body/Organisation
Please give details:

3. Employment History

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or most recent employer

Name of Employer:

Address:

 Postcode:

Position Held:

Date Started: **Leaving Date:**
Reason for Leaving:

Salary on leaving this post: **Contact Name of Line Manager for reference:**

Brief description of duties:

Previous employer

Name of Employer:

Address:

 Postcode:

Position Held:

Date Started:		Leaving Date:	
Reason for Leaving:			

Salary on leaving this post:		Contact Name of Line Manager for reference:	
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Brief description of duties:

Employment History

Please list all previous jobs, including voluntary or work undertaken at home

From-To	Job title	Name &Address of employment/Nature of business	Reason for leaving

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4. Convictions/Disqualifications To ensure the safety of our clients/members a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position at (TOS).

Rehabilitation of offenders Act 1974 (Exceptions)(Amendment) Order 1986 We would draw your attention to the following statements: -

“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986, Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be successful candidate based on your supporting statement, interview and tests).

Method of Payment – Bacs

At TRIPLE O'S SERVICES LTD our preferred method of payment is BACS. This will ensure prompt payment into your account.

5. Bank Account Details

NAME

of account holder

ADDRESS:

TEL/MOBILE: _____

EMAIL:

Account number:

		-			-		

Sort Code:

Bank Name:

6. Next of Kin

In the event of an emergency, please provide details of at least one contact

NAME: _____

ADDRESS:

TEL/MOBILE: _____

NAME: _____

ADDRESS: _____

TEL/MOBILE: _____

EMAIL: _____

7. References

Please give the detail of **two** professional references.

Name of Referee and Relationship

Address:

	Postcode:
Email:	Tel:

Name of Referee and Relationship

Address:

	Postcode:
Email:	Tel:

8. Declaration

Statement to be Signed by the applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that TOS can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998. I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:

GUIDANCE SHEET

Please read through the following guidelines that will help you complete the application form.
Complete all sections of the form.

- Make sure the form is tidy and try to avoid mistakes by writing out a version first to make sure you are happy with the information you are providing. Always read through your final version before you send it.

If you require an acknowledgement of your application:

- If emailing you must activate a read receipt from your email account.
- If sending by post you must enclose a stamped addressed envelope.
- Please note with limited resources, we cannot verify if we have received your application over the phone.

To complete your application:

- Please type or write clearly in black or blue ink.
- Ensure you clearly state the job title you are applying for.
- In the 'Employment History' section you must state why you have left a position.
- Always explain any gaps in work history.
- Proof of qualification and membership to professional bodies may be required.

References

We will take up professional references once you have been interviewed and provisionally offered the post. Please make sure that you have given the full contact details of your referees so that this does

not delay processing reference requests. If you have no employer references, we will take up references with named individuals at colleges where you have studied, or people who know you in a professional capacity. Please do not put down family members or people you live with as referees. You will only be confirmed in the post once we are satisfied with the information received from your referees.

For the Purposes of the DBS application please complete below:

Country of Birth		Town of Birth	
Birth Nationality		Mothers Maiden Name	
Previous Address:			
	Time at Address:	From	To

NEW EMPLOYEE CLINICAL 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 be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

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?		

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)

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 year (Include Holidays/ Vacations)		
<p>If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</p>		
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		
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EVD (Ebola Virus Disease)		
Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)		
<p>If you answered YES to the above, please list all of the countries that you have lived in/visited in the last 21 days including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</p>		

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

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

Immunisation History			
Have you had any of the following immunisations	Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)			
Polio			
Tetanus			
Hepatitis B (If Yes is ticked please give dates below)			
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 <u>strongly advise</u> 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 <u>(Do not Self Declare)</u>
Rubella, Measles & Mumps	Certificate of <u>“two”</u> 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/1 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)

Night workers Questionnaire

The following medical conditions could possibly affect your health and ability to safely carry out night work, or could be made worse by night work.

Do you suffer from any of these conditions?	Yes	No
a) Diabetes?		
b) Heart or circulatory problems?		
c) Stomach or intestinal problems, such as ulcers?		
d) Any medical condition which causes difficulty sleeping?		
e) Chronic chest disorders where night time symptoms may be particularly troublesome?		
f) Any medical condition requiring medication on a strict timetable?		
g) Any medical condition where the timing of meals is particularly important?		
h) Any mental health problems which may be affected by night work?		
i) Any other medical condition which may affect your ability to work safely at night?		
j) Are you a new or expectant mother? (optional question)		
k) If you have worked at night before, did this cause any ill health?		

If 'yes' to any of the above, please give details i.e., when condition developed, is this new, how severe, its effect on you, how well controlled and treatment so far.(use additional paper if required)

.....

Do you believe that any of these are made worse by night work? Yes No If 'yes', please give details:

.....

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

Declaration		
<p>I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside Occupational Health, but an opinion about my fitness for night work will be issued to management.</p> <p>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.</p> <p>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.</p>		
Name	Signature	Date

Working time regulation OPT-OUT AGREEMENT

I,
 agree with TRIPLE O’S SERVICES LTD

The 48-hour average weekly working time limit under the Working Time Regulations 1998 will not apply to me

This agreement will remain in force until I terminate my temporary worker employment with TRIPLE O’S SERVICES LTD and

this agreement is terminable either by myself or by the employer giving not less than three months notice in writing to the other.

I have read and understood all of the above and freely give my agreement to it.

Signed:

Vaccinations acknowledgement /decline form

Name:

TRIPLE O’S SERVICES LTD has advised me that I should receive the following Vaccines and wish to: **Decline /Accept** (*I can confirm that I will be contacting my GP*)

Hepatitis B (Hep B)	
Measles, mumps, rubella (MMR)	
Varicella (Var)	

I have read the Centre for Disease Control and Prevention’s (CDC) Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. {see staff handbook}. TRIPLE O’S SERVICES LTD has explained to me (and I understand) the following:

- The purpose of the recommended vaccination
- Possible consequence(s) of not receiving the recommended vaccination may include contracting the illness
- the vaccine is intended to prevent and transmit the disease to others
- TRIPLE O’S SERVICES LTD strongly recommends that the vaccine(s) be given
- I know that I may change my mind and accept vaccination in the future.
- I accept sole responsibility for any consequences as a result of not being vaccinated.
- I acknowledge that I have read this document in its entirety and fully understand it.

Signature

General Data Protection Regulations – Consent Form

In May 2018 the law changes about how companies record, store and use individuals’ personal data. Currently the Data Protection act cover how this is managed, but this new GDPR law means we have to change some of our working practices.

As a company we need to collect and hold data about you to enable us to administer day to day tasks related to your ongoing employment/engagement (e.g. we need to know your bank detail in order that we can pay you).

The GDPR laws places a further (and new) obligation for employers to tell their employees/workers in more detail why we collect your data, what we do with it, and how long we expect to retain it.

We are permitted (under the new GDPR) to hold and process data about you because you are an employee/worker and there is a contract between us (our main legal basis for processing your information) but in addition, we wish to obtain your informed consent about the data that we may hold about you as it provides you with a better understanding of how we will use your data.

We are not planning to transfer your data outside the EEA.

Your consent is requested

We would like your consent to hold personal and special data about you in order that we can process your employment/worker requirements.

The data we wish to obtain and hold (a range of examples provided, but not limited to)

	Type of data	Why we wish to hold it	How long it will be kept for
1	<p>Recruitment data</p> <p>Previous employers</p> <p>Types of job held at other companies</p> <p>Previous salaries</p> <p>Skills and qualifications obtained</p>	<p>This will allow us to make a decision on your suitability for employment/engagement</p> <p>It will help us to decide which dept. you may be most suitable in</p>	<p>Data obtained during recruitment will only be kept until either your application has been declined, or if an offer is made, until you have successfully completed your probation period</p>
2	<p>Induction data</p> <p>Key personal data about you: e.g. name address, date of birth, next of kin, bank details, etc</p>	<p>This will allow us to send you correspondence, contact next of kin in an emergency, pay your wages into your bank, enrol you into the company benefits etc</p>	<p>This data will be kept for the duration of your employment and for 9 months afterwards.</p> <p>We will often ask you to check and update this data</p>
3	<p>Payroll data</p> <p>Salary, Tax, NI, pension contributions, other</p>	<p>To allow us to pay you accurately and to fulfil out tax and reporting obligations with the HMRC</p>	<p>The HMRC requires us to hold this information for 6 years after we have used it</p>
	<p>deductions, student loans, county court judgments etc</p>		
4	<p>Time and attendance data</p> <p>Clock cards, swipe data, shift rotas, holiday forms etc</p>	<p>To allow us to ensure you are working the correct hours and to ensure that our obligations under the Working time directive regulations are met</p>	<p>We would only seek this information This data will be kept for the duration of your employment and for 9 months afterwards.</p>
5	<p>Health and medical data</p> <p>Data about your health, medical conditions, selfcertificates, GP sick notes</p> <p>This might be sought by a health questionnaire (e.g. if you undertake nightshift work) or (after gaining your further consent) by a report from your GP or a consultant specialising in your condition</p>	<p>We might need to understand details about your health / medical conditions and how they relate to our work and they might impinge on your ability to undertake your role, or alternative roles in our company</p> <p>We would only seek this information from you under specific circumstances and you would be asked again give consent</p>	<p>This data will be kept for the duration of your employment and for 9 months afterwards.</p> <p>We will often ask you to check and update this data</p> <p>If it relates to an accident at work, we would keep the data for 4 years after your employment has ended</p>

6	Ethnic monitoring data Data relating to your racial origin, religion, gender, sexual orientation, etc that are classed as protected characteristics under the Equality Act 2010	We use this data to understand the ethnic make- up of our workforce and it allows us to rebalance our workforce if we believe we do not have the correct diversity	This data will be kept for the duration of your employment and for 9 months afterwards.
7	Disciplinary and grievance records	These will be kept on file as a reference for comparison purposes to ensure any requirements to improve your conduct or capability can be referenced	These will be kept on your file whilst the disciplinary warning is still “live” after which it shall be removed and destroyed.
8	3rd parties who deal with our company benefits Pensions, childcare voucher providers, Employee assistance programme, medical insurance providers,	If you enrol in a company benefit, we will need to share certain data with these companies to allow them to process your benefits	This data will be kept for the duration of your employment and for 9 months afterwards. The 3 rd party may keep this data longer (e.g. pension provider holding your information)
9	Future reference data (after you have left the company) Key data items: name, address, start and leave dates job history, last job title and summary of duties, salary details, training course attended etc	If a prospective future employer asked us for a reference - we would keep a small amount of basic data about you (after you had left) that would allow us to give a prospective employer a reference	This data will be kept for the duration of your employment/engagement and for up to 5 years afterwards.

Agreement to use my data

I hereby freely give my employer TRIPLE O’S SERVICES LTD consent to request, use, process, transfer my personal data relating to my employment/engagement (examples of which are listed above).

In giving my consent:

I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR).

I understand that I can ask for a copy of my personal data held about me at any time, and tis request is free of charge.

I understand that I can request that data that is no longer required to be held, can be removed from my file and destroyed.

I understand that this consent for is not part of my contract of employment/engagement and is a separate and standalone document.

I understand that this consent can be withdrawn by me at any time and my employer will explain to me the consequences of them not having this data before I make any final decision.

I understand the Data Controller for our Company is Lucky Ekenonmaghele and I can contact them directly if I have any questions or concerns. Their e-mail address is info@tripleoservices.com

I understand that if I am dissatisfied with how my company uses my data I can make a complaint to the government body in charge (Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at www.ICO.org.uk)

Signature:

Key Information Document

This document sets out key information about your relationship with us and the intermediary or umbrella company used in your engagement, including details about pay, holiday entitlement and other benefits.

The Employment Agency Standards (EAS) Inspectorate is the government authority responsible for the enforcement of certain agency worker rights. You can raise a concern with them directly on 020 7215 5000 or through the Acas helpline on 0300 123 1100, Monday to Friday, 8am to 6pm.

GENERAL INFORMATION

Name of employment business:	TRIPLE O'S SERVICES LTD
Your employer:	TRIPLE O'S SERVICES LTD
Expected or minimum gross rate of pay	£10ph days/ £11ph nights
Type of contract you will be engaged under:	Temporary as required by client
Who will be responsible for paying you:	TRIPLE O'S SERVICES LTD

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Deductions from your wage required by law:	Income Tax. Employee National Insurance. Employee Pension. Student Loan if applicable. Attachment of Earnings if applicable. (Please note the first 12 weeks you are deferred from the Pension Scheme)
Additional benefits:	Pay notifications, Emailed Payslips Pay alert text msm

CANDIDATE NAME:

SIGNATURE:

DATE: _____

Declaration

I declare that all the foregoing statements are true and complete to the best of my knowledge. I know of no medical reason or immigration restriction why I should not work. The supporting documents that I have supplied are true and authentic with no act of forgery or alteration committed. Should the situation change whilst I am engaged on an assignment with TRIPLE O'S SERVICES LTD (TOS) or in between assignments, I will immediately notify (TOS). I consent to a medical interview assessment and immigration checks if considered necessary

DBS Disclosure

I understand that TRIPLE O'S SERVICES LTD may be required to share information disclosed on my DBS certificate either verbally or by way of providing a copy to be viewed

by those involved in making the recruitment decision relating to my placement in appropriate assignments. TRIPLE O'S SERVICES LTD will only disclose such information:

- on specific request
- where the role meets the criteria for a DBS to be requested (as outlined by DBS)
- only to those involved in making the recruitment decision within TRIPLE O'S SERVICES LTD or its client/s

Confidentiality Clause

You are required to preserve the confidentiality of any information regarding patients and staff. Any disclosures of confidential information (including personal information kept on computer or other media) made unlawfully outside the proper course of duty will be treated as a serious disciplinary offense.

I have been provided with Key Information Document, which sets out key information about my relationship with TOS and the intermediary or umbrella company used in my engagement, including details about pay, holiday entitlement, and other benefits.

I am happy for my information pertaining to my contract with TRIPLE O'S SERVICES LTD to be passed on to a third party and for my information to be held by TRIPLE O'S SERVICES LTD. I hereby confirm that I have been provided with employee handbook, and terms of engagement/contract for trained nurse, support workers, care assistants and other temporary worker/contractors. These terms of engagement/contract handbook, medical, immigration GDPR, KID and DBS disclosure are acknowledged and accepted.

Signed by temporary contractor/worker.....

Print Name.....

Date.....