



**Please complete this application form and call us for an appointment.  
You will need to bring the following with you:**

1. Passport or Birth Certificate for European Union Citizen
2. For Non-European Union Citizen, your passport must contain the following status:
  - a. Indefinite leave
  - b. Exceptional Leave to Remain
  - c. Covering letter from the Home Office confirming status
  - d. Work Dependent Stamp Holders
  - e. Students must bring in their passport, College enrolment letter and Student ID Card
3. Two (2) Proofs of your current address, within last 3 months.
4. Two (2) passport sized photographs (one to be retained on your file and one for your ID Badge)
5. Proof of National Insurance Number, (NI Card/Letter/Payslip/P45/P60).
6. Contact names and business addresses, including e-mail addresses of two referees at management level for current and previous employers.
7. Employment/Background History for the past Ten years, (Updated CV).
8. Enhanced Disclosure from the Disclosure and Barring Service (DBS), a fee will be charged for DBS checks.
9. Relevant Certificates of training, including all certificates of Specialist Training undertaken and mandatory 12 monthly training.
10. Driving Licence (if available).
11. Health Declaration

Please make sure you bring originals of all requested documentation when you come to register as we are required to verify all documents.

**It is our company requirement that you are able to read, write, speak and understand the English language.**

(Gims Care Solutions is an Equal Opportunities employer.)

## EMPLOYMENT APPLICATION FORM

<b>Please read this application form carefully before completing all sections of the form to ensure that you provide all of the information requested. Please complete this form in black ink and BLOCK CAPITALS.</b>			
<b>POSITION APPLIED FOR:</b>			
<b>SECTION 1 – PERSONAL DETAILS</b>			
Title:	Surname:	Previous Names (If any):	
Forename(s):			
Address:			
Post Code:			
If less than 5 years, please provide previous addresses			
Address:			
Post Code:			
Home Tel:	Mobile Tel:	NI Number:	
Date of Birth:	Place of Birth:	Nationality:	
Email Address:			
Religion (if any):		Languages Spoken:	
Passport No:	Expiry Date:	Gender:	
<b>Next of Kin:</b>	<b>Relationship:</b>	<b>Telephone:</b>	
<b>Are you free to remain and take up employment in the UK?</b>			<b>YES</b>
Please state the type of visa you have and details of endorsement/restrictions (if applicable)			<b>NO</b>
Do you have a Work Permit?	Work Permit No (if applicable):	Expiry Date:	

<b>SECTION 2 GENERAL INFORMATION</b>		
Are you a car driver with UK driving License?	<b>YES</b>	<b>NO</b>
Do you have a car?	<b>YES</b>	<b>NO</b>
If you intend to use your car for business, do you have the required insurance cover?	<b>YES</b>	<b>NO</b>
If yes, you will be required to produce both your driving licence and motor insurance certificates		
Are you willing to produce this?	<b>YES</b>	<b>NO</b>

**SECTION 3 – EDUCATION/QUALIFICATION AND TRAINING** (Including refresher courses) Please start with the most recent.

Name of College/Uni/Training body	Name of Course	Date From (MM/YY)	Date To (MM/YY)	Result/Qualification

Are you a member of Union or Professional Organisation? **YES/NO** (Please state):

**SECTION 4 – EMPLOYMENT HISTORY AND WORK EXPERIENCE**

Please give details of your employment over the last 10 years commencing with your most recent job and including any agencies worked for. Where applicable please explain any gaps in your employment and provide evidence e.g. maternity, looking for work, studying, unemployed etc.

Name & Address of Employer	Positions Held Including Duties	Date From (MM/YY)	Date To (MM/YY)	Reason for leaving
Post Code:				
Post Code:				
Post Code:				
Post Code:				

You are required by law under the Care Standards Act to state, if you have worked with children in the past 10 years. Please state where you worked, in what capacity and reason for leaving (if applicable):

Please state your Current Salary:	Monthly Rate:	Hourly Rate:
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**OTHER SKILLS:** Please give details of your skills, knowledge and experience gained in employment, voluntary or somewhere else that may be relevant for your application. If you need more space, please use additional sheets.

## SECTION 5 – REFERENCES

Please provide at least two referees who would give reference on your character, work experience, and suitability for the post applied for. Referees must be in a senior position to you. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent employer	Character Reference
Name:	Name:
Position:	Relationship to you:
Company:	Address:
Address:	
Post Code:	Post Code:
Telephone No:	Telephone No:
Email address:	Email address:
Length of time known (MM/YY)	Length of time known (MM/YY)
May we contact your referees before your interview?	YES NO

**PLEASE NOTE: If applying to work with children; two professional references are required**



## SECTION 7 - CONFIDENTIALITY

During the course of your employment you may see, hear or have access to information on matters of a confidential nature relating to the work of the organisation, or to the health and personal affairs of clients. Under no circumstances should this information be divulged or passed on to any unauthorised person or organisation, either during the course of your employment or any time after. You have got a statutory obligation regarding this.

I have read and understand the above and agree that breach of such confidentiality will be regarded as gross misconduct, which could result in disciplinary action or dismissal.

Signature:

Date:

## SECTION 8 – WORKING TIME DIRECTIVE

The Working Times regulations 1998 (“The Regulations”) require Gims Care Solutions (“The Company”) to limit your average weekly working time to 48 hours unless you agree with The Company that the limit shall not apply to you. The Company wished to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

- a. The 48-hour limit on average weekly time will not apply to you.
- b. You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at The Company to whom you usually report 4 weeks’ written notice. Under the Regulations, The Company must keep records relating to your working time. This is the case whether or not you reach an agreement with The Company about waiving working time limits.

If, however, you do wish to agree to this opt-out, then please sign where indicated on the statement below. You may withdraw your agreement by a 4 weeks’ notice in writing, and you will not be subjected to any detriment if you do not give your agreement.

Signature:

Date:

## SECTION 9 – BANK DETAILS (Complete all sections accurately – your money will be paid directly into your bank account)

Account Holders Name:

Bank Name:

Account Number:

Sort Code:

Signature:

Date:

SECTION 10 - AREAS OF EXPERIENCE			
Clinical Area	Length of Experience	Clinical Area	Length of Experience
Hospitals		Care of the Elderly	
Dementia		Nursing Homes	
Mental Health		Palliative Care	
Residential Homes		Domiciliary Care	
Learning Disability			

SECTION 11 – SKILLS EVALUATION				
<b>Please tick the box to indicate your level of competence:</b>				
a. I am experienced and competent in this.				
b. I am familiar with this procedure but do not have experience.				
c. No Knowledge of this procedure				
<b>Personal Hygiene:</b>	A	B	C	Comments
Assisting with washing, Shaving				
Eye Care				
Mouth Care				
Stoma Care				
<b>Toileting:</b>	A	B	C	Comments
Continence Care				
Catheter Care				
Use of Commode, Bed pan				
Recording fluid balance sheets				
<b>Observations:</b>	A	B	C	Comments
Blood Sugar Testing				
B/P Recording				
TPR Recording				
Urinalysis				
<b>Nutrition:</b>	A	B	C	Comments
Feeding Patient				
Meal preparation				
<b>Mobility:</b>	A	B	C	Comments
Use of Hoist				
Transferring, Mobilising a Patient				
<b>Other:</b>	A	B	C	Comments
Report Writing				
Pressure Area Care				

**SECTION 12 –MANDATORY TRAINING UPDATES**

<b>COURSE</b>	<b>Date Attended</b>	<b>Expiry Date</b>
Moving and Handling		
First Aid/Basic Life Support		
Mental Capacity Acts & Deprivation of Liberty (DoLS)		
Fire Safety		
Health & Safety (COSHH and RIDDIR)		
Infection Control Level		
Conflict Management & Complaints Handling		
POVA Level		
Food Hygiene		
Equality, Diversity and Human Rights		
Other:		

**SECTION 13 - YOUR AVAILABILITY FOR WORK**

How many hours would you like to work each week	Hours:
Which areas would you be able to work in?	Please List

Please indicate the times and days you would be available for work

	<b>MON</b>	<b>TUE</b>	<b>WEDS</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>Morning Calls</b>							
<b>Lunch Calls</b>							
<b>Tea Calls</b>							
<b>Bed Calls</b>							
<b>Nights (Waking/Sleeping)</b>							

Do you have any other work commitments which may impair your ability to carry out your duties for Gims Care Solutions?  
**YES** **NO**

If Yes (please give details)

**Please tick the area you would be able to work in:**

<b>Barking and Dagenham</b>	<b>Redbridge</b>	<b>Havering</b>	<b>Newham</b>	<b>Tower Hamlets</b>	<b>Thurrock</b>	<b>Essex</b>



SECTION 14 - EQUAL OPPORTUNITIES MONITORING				
Nationality				
Language Spoken				
Age group (please indicate)	16 – 20	21 – 35	36 – 50	50+
Disabilities (please indicate)	Registered disability	Unregistered disability	No disability	
Ethnicity (please indicate which best describes your ethnic origin)	White European	White Other	Black African	
	Black Caribbean	Black Other	Indian	
	Pakistani	Chinese	Other (Please Specify)	
How did you hear about this post?				
Are you related to or do you know any member of staff at Gims Care Solutions?	<b>YES/NO</b>			
If yes (please give details)				

THIRD PARTY DECLARATION
<p>I hereby allow any information relating to my registration with Gims Care Solutions to be shared with relevant third parties, including external audits and frameworks. This will be overseen by the governance lead for Gims Care Solutions.</p>
<p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p>

## SECTION 15 – DECLARATION (ALL CANDIDATES)

I declare that the information on this application form is to the best of my knowledge accurate and correct. I certify that I am at present in good physical and mental health and will, if engaged, be liable to disciplinary action or immediate dismissal from Gims Care Solutions Ltd for any incorrect or misleading information given in this form.

I hereby give permission for Gims Care Solutions Ltd to allow access to my file information only as part of an official audit or client compliance purposes, carried out by but not limited to CQC, NHS, GPS or other official regulatory bodies. Access will only be granted in terms of the Data Protection Act.

If, during a temporary assignment, the Client wishes to employ me direct, I acknowledge that Gims Care Solutions will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. NMC/HPC) or being investigated by my current or previous employer. I will inform Gims Care Solutions if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Gims Care Solutions.

I agree to inform Gims Care Solutions immediately if I am the subject of any pending prosecution, work related investigation, Disciplinary action/professional misconduct. Also, any changes to my personal circumstances that could affect my fitness to practise as a healthcare professional.

I give Gims Care Solutions permission to carry out all relevant Employment checks necessary for my registration including any external bodies.

I confirm that I am aware that the trust/organisation where I attend assignments have the right to carry out any physical searches of me, my possessions and my vehicle while on the premises. All security checks must comply with the Human Rights Act 1998.

I confirm I have received, read and understood the Gims Care Solutions handbook and agreed to abide by its terms at all times.

I confirm Gims Care Solutions can complete annual updates in relation to my compliance documentation in line with the framework/ contract.

By signing this document, you are confirming all the above agreements and all the company's proposals.

This document will then be a record of agreement.

**PRINT NAME:**

**SIGNATURE:**

**DATE:**