



All applications forms must be sent to:
 Medcom Personnel Limited, 2nd Floor, Titan Court, 3 Bishops
 Square, Hatfield, AL10 9NA, United Kingdom
 Tel: 01707 226 545
 Mob: 0746 541 4010 On-call: 0781 549 2541 Fax: 0845 299 1521
 Email: carelon@medcompersonnel.co.uk

HCA APPLICATION FORM

Please complete this form in black ink and complete all sections

Position Applied for	
Your Surname and Initials	
Which part of NI do you live	
Do you drive	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Which of the following applies to you?	
STUDENT <input type="checkbox"/> HCA <input type="checkbox"/> Please ✓ as appropriate	

1. Personal Details

Title		Surname		Maiden Name	
Previous surnames (if any)					
Forenames (in full)					
Address					Post Code
			Home	Work	Mobile
Telephone					
Email address				Nationality	
May we contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please ✓ as appropriate		
Date of Birth			National Insurance Number		
Next of Kin to be notified in case of emergency: Name					
Address					Post Code
			Home	Work	Mobile
Telephone					
Relationship to you					

2. Formal Education and Qualifications

Name of School/College/University and Location	Dates of attendance		Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

3. Employment History

Please print details of all your employment for a period of at least the last 3 years, to current, continue on a separate piece of paper if not fitting.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

4. Training – eg. Manual handling, CPR, infection control, first aid

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment

9. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

9. References			
Name, Address and Post Code		Name, Address and Post Code	
Telephone Number		Telephone Number	
Position		Position	
Relationship to you		Relationship to you	
<p style="text-align: center;">May we contact the above person now?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate</p>		<p style="text-align: center;">May we contact the above person now?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate</p>	

10. Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.
 In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.
 If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.
 Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.
 I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

11. Rehabilitation of Offenders Act

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As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions

I have convictions (see Note below)

Please as appropriate

Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

Criminal Records – Disclosure Certificate

Disclosure Barring Service (DBS) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from **DBS** which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes No Please as appropriate

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed _____

Date _____