

Attach  
Photograph

## Support Workers

Please attach the completed registration form to your cv

### Section 1- Personal Details

Title: Mr / Ms /Mrs	Surname:
Previous names (if any)	
First name:	
Date of Birth: ____/____/____	
Address:	
Nationality	National Insurance Number:
Email:	Telephone Number:

#### Marrital status

- Single
  Married/Civil partnership
  Divorced
  Widowed  
 Separated
  Co-habiting
  Other

### Section 2- Passport and work permit details (for Workers from overseas)

Work permit	Yes	No	Expiry date:
Passport Nationality:	Place of Issue:		
Passport Number:	Date of Issue:	Expiry date:	
Known restrictions in use			

### Section 3 - Next of Kin Details

Title: Mr / Ms /Mrs	Surname:
First name:	
Address:	
Relation:	Telephone number:

### Section 4 - General information

Do you hold a current UK driving Licence?	Yes	No
Please state which language you speak, including an indication of fluency		
How did you first hear about this agency?		

<b>Personal hygiene</b>	<b>Mobility</b>	<b>Administrative abilities</b>
Bath / Shower / Strip wash Bed bath Use of bath aids General personal care	Moving & Handling courses Use of Hoists (man/ elec) Use of walking aids Moving and Handling Clients	Confidentiality Report writing Recording instructions from GP/District nurse Observing /recording changes in client's condition
<b>Toileting</b> Continence Care Bedpans /commodes etc Changing a catheter Bag Attaching a night Bag Applying a conveyer Emptying a catheter bag Stoma care	<b>Care Duties</b> Pressure area care Simple dressing procedures Assisting with medication Terminal Care	<b>Other Skills</b> Person Centred Approach Recovery Model POVA Procedures
	<b>Practical tasks</b> Bed making / changing a bed Recording of blood pressure Recording of temperature Recording of respiration	<b>Previous experience</b> Private hospital Nursing/ residential home Hospital

### Section 6 - Work Experience

*Please print details of all your employment history for a period of at least the last 2 years, in reverse date order, starting with your present or last position*

Name and address of employer	Position(s) held, duties, performed	Date From	Date to	Reasons for leaving
Present/last position				

### Vocational qualifications/ Courses Attended

Institution	Dates	Qualifications

### Section 7 - References

Please give the names of two people, including your present or most recent employer, whom we may approach for a reference (Not relatives or friends)

Name:	Position:	
Address:		
Post code:	Telephone Number:	Known me for ..... years

Name:	Position:	
Address:		
Post code:	Telephone Number:	Known me for ..... years

### Section 8 - Work Preferences

Please specify which type of work you would prefer. You should tick all appropriate boxes. The service we provide depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions	Part-time <input type="checkbox"/>	Full-time <input type="checkbox"/>		
Type of work	NHS <input type="checkbox"/>	Private hospitals <input type="checkbox"/>	Nursing home <input type="checkbox"/>	Residential <input type="checkbox"/>
Clients in their own home	Live-in <input type="checkbox"/>	Days <input type="checkbox"/>	Nights <input type="checkbox"/>	Homecare Visits <input type="checkbox"/>
Do you have any other work commitments?	Yes	No		
Others, please specify.....				
When will you be available to start work?				
Length of time available?				

### Section 9 - Health Declaration

Height:	Weight:		
Date of last medical examination			
Have you attended hospital as either an inpatient or outpatient during the last 5 years?		Yes	No
If yes, please give details			
Please tick the answer to the following questions			
Do you have any physical disability, which will affect your working ability?		Yes	No
Are you currently taking medication for any mental or physical reasons?		Yes	No
Have you been refused employment due to mental or physical reasons?		Yes	No
Have you been refused life insurance? (optional)			
Do you smoke? (optional)	Yes	No	No. of cigarettes per day (optional)
Do you drink alcohol? (optional)	Yes	No	No. of units per day (optional)

### Have you ever had, or currently have, problems associated with the following areas/ Conditions?

Allergies	Yes Date ___/___/___ No	Gall Bladder/ Jaundice	Yes Date ___/___/___ No
Anemia	Yes Date ___/___/___ No	Headaches/ Migranes	Yes Date ___/___/___ No
Anxiety/Nervous tension	Yes Date ___/___/___ No	Heart	Yes Date ___/___/___ No
Arthritis	Yes Date ___/___/___ No	Hepatitis A B C	Yes Date ___/___/___ No
Asthma/ bronchitis	Yes Date ___/___/___ No	Hernia/ Rapture	Yes Date ___/___/___ No
Back pain/Operation	Yes Date ___/___/___ No	Insomnia/ Sleeping	Yes Date ___/___/___ No
Blood pressure	Yes Date ___/___/___ No	Kidney/ Urine	Yes Date ___/___/___ No
Cancer/Tumour	Yes Date ___/___/___ No	Neck pain	Yes Date ___/___/___ No
Chest Complaints	Yes Date ___/___/___ No	Polio	Yes Date ___/___/___ No
Convulsions/ Epilepsy	Yes Date ___/___/___ No	Pregnancy	Yes Date ___/___/___ No
Diabetes	Yes Date ___/___/___ No	Psychiatric Treatment	Yes Date ___/___/___ No
Dental	Yes Date ___/___/___ No	Rheumatic fever	Yes Date ___/___/___ No
Dermatitis /Skin problems	Yes Date ___/___/___ No	Rheumatism	Yes Date ___/___/___ No
Ears	Yes Date ___/___/___ No	Salmonella/ Food poisoning	Yes Date ___/___/___ No
Eyes	Yes Date ___/___/___ No	Stomach/ Intestines	Yes Date ___/___/___ No
Fainting spells	Yes Date ___/___/___ No	Tuberculosis (TB)	Yes Date ___/___/___ No
Glands	Yes Date ___/___/___ No	Weight loss/ gain	Yes Date ___/___/___ No

### Inoculations-have you been inoculated against the following?

German measles (Rubella)	Yes Date ___/___/___ No	Tuberculosis (BCG)	Yes Date ___/___/___ No
Hepatitis B	Yes Date ___/___/___ No	Tetanus	Yes Date ___/___/___ No
Polio	Yes Date ___/___/___ No	Other	
Have you ever undergone a test for HIV?	Yes	No	Result

**Section 10- Pay**

We pay agency staff by BACS (automatic transfer), Directly into their bank account. You will receive a full detailed pay advice, and by using BACS, your money will be available in your bank account sooner.

Bank/ Building Society sort code

Account holders name  Account number

Bank/Building Society name

Bank/Building Society address

Building Society Account, Please state its Reference Number for Automated (BACS) payment:

**Equal Opportunities**

We are an equal opportunities employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic and national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, age, or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable. Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted, and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunities and are encouraged to progress within the organisation. We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reasons, would you provide the following information.

Please tick the appropriate category

**White**

English  Scottish  Welsh  Irish

Any other White background - Please Specify:.....

**Mixed**

White and Black Caribbean  White and Black African  
 White and Asian

Any other Mixed background - Please Specify:.....

**Asian**

Indian  Pakistani  Bangladeshi

Any other Asian background - Please Specify:.....

**Black**

Caribbean  African

Any other Black background - Please Specify:.....

Section 11 - Confidentiality Declaration

Registration implies acceptance of our codes of confidentiality. in the course of your duties, you may have access to confidential information about your client. On No account must information relating to identifiable clients be divulged to anyone other than your branch manager or his/her assistant. You should Not disclose any information to your family, friends, neighbours. etc. 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 superior/supervisor/manager. Failure to observe these rules will be regarded as serious misconduct which will result in the removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed:

Date:

ENHANCED CRIMINAL RECORDS DISCLOSURE INFORMATION SHEET

Under the rehabilitation of Offenders Act 1974 you are required to reveal ALL convictions. This has to include ALL spent convictions as defined under the act. We actively promote equality of opportunity for all, as stated in our Equal Opportunities policy, which can be found in your handbook or at your local office. if you are in any doubt whatsoever about a declaration, you must discuss this with your local office manager. A conviction does not automatically prevent you from registering, however failure to declare, will lead to immediate action. You are required to inform us if you are convicted of a criminal offence, cautioned, or have a hearing pending in the future.

What is an enhanced disclosure?

An enhanced disclosure is for positions involving greater contact with Children or vulnerable adults. In addition to the information provided on a standard disclosure, the enhanced disclosure involves an additional check with the police, who check if any information is held on file that may be relevant. The police decide what (if any) additional information will be added to the disclosure. In rare circumstances the police may write to the employer separately giving confidential information about an ongoing criminal investigation into the applicant. This information may NOT be released to the applicant.

Examples of information that may not be released:

- All spent convictions (from childhood up until present day)
-Investigations that have not led to a criminal conviction
-Any action taken against you by a local authority
-Driving offences received through a court of law
-Details of ongoing criminal investigations

If an offence is highlighted (when we receive your enhanced disclosure) that you have not declared your application may be withdrawn from the recruitment process.

For more information on CRB enhanced disclosures please call 0870 9090811 or visit their web site www.crb.gov.uk

DECLARATION

The information supplied on this form will be processed and stored in manual and computerised records for recruitment employment and management processes. You have the right to access this data. All information will be treated in the strictest confidence. Unsuccessful applicants will be retained for 3 months.

I declare that the information contained on this form is true and complete. I understand that if it is later discovered that any statement is false or misleading, it may be sufficient for cancelling any agreements made or I may be dismissed from employment by the company.

I consent to City Supports Ltd processing this information and give permission for reference checking in connection with my application. I understand too that an Enhanced Criminal Record Bureau Disclosure will be sought.

Signed:.....

Date: .....

Official use only: Date received .....

Checked by .....