



**ICARE HEALTHCARE**  
7 Faircourt, York Ave.  
New Milton, Hampshire  
BH25 6BT  
[www.icarehealthcare.co.uk](http://www.icarehealthcare.co.uk)  
01425 617851 07830507556

## APPLICATION PACK

|                    |  |
|--------------------|--|
| <b>NAME</b>        |  |
| <b>POSITION</b>    |  |
| <b>REVIEWED BY</b> |  |
| <b>SIGNED BY</b>   |  |
| <b>DATE</b>        |  |

I agree that the information I provide in this application pack can be used by ICARE Healthcare to provide me with more opportunities and diversification in the work I can potentially be offered.

|                  |  |
|------------------|--|
| <b>SIGNATURE</b> |  |
| <b>DATE</b>      |  |

Please fill in using CAPITAL LETTERS where possible.

## APPLICANT DETAILS

### PERSONAL DETAILS

|                       |                       |
|-----------------------|-----------------------|
| <b>TITLE</b>          | <b>SURNAME:</b>       |
| <b>FORENAME</b>       | <b>MAIDEN NAME</b>    |
| <b>DOB</b>            | <b>MARITAL STATUS</b> |
| <b>MALE</b>           | <b>FEMALE</b>         |
| <b>HOUSE NAME/NO.</b> |                       |
| <b>STREET</b>         | <b>TOWN</b>           |
| <b>COUNTY</b>         | <b>POSTCODE</b>       |
| <b>HOME PHONE</b>     | <b>MOBILE</b>         |
| <b>EMAIL</b>          |                       |

### EMERGENCY CONTACT

|                     |                   |
|---------------------|-------------------|
| <b>FULL NAME</b>    | <b>HOME PHONE</b> |
| <b>RELATIONSHIP</b> | <b>MOBILE NO.</b> |
| <b>EMAIL</b>        |                   |

### NATIONALITY AND ELIGIBILITY TO WORK

|                                      |   |
|--------------------------------------|---|
| <b>NATIONALITY</b>                   |   |
| <b>NATIVE LANGUAGE</b>               |   |
| <b>NATIONAL INSUR-<br/>ANCE NO.</b>  |   |
| <b>ELIGIBILITY TO<br/>WORK IN UK</b> | I am eligible to work in UK and do not require a work permit  |
| <b>(Tick as appropri-<br/>ate)</b>   | I am already in possession of a work permit to work in the UK |
|                                      | I need to obtain a work permit to work in UK                  |
|                                      | Other (Please specify)<br>_____<br>—                          |
| <b>WORK PERMIT<br/>EXPIRY DATE</b>   |   |

**TRANSPORTATION**

|                               |                         |
|-------------------------------|-------------------------|
| <b>Car</b>                    | <b>Public Transport</b> |
| <b>Other (Please specify)</b> |                         |

**PROFESSIONAL QUALIFICATIONS/APPRAISAL**

| <b>Qualification</b> | <b>Place obtained</b> | <b>Date Obtained</b> | <b>Certificate Attached</b> |
|----------------------|-----------------------|----------------------|-----------------------------|
|                      |                       |                      |                             |
|                      |                       |                      |                             |
|                      |                       |                      |                             |

**YOUR PROFESSIONAL CONDUCT**

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If 'YES', please supply details:

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be confidential and will be considered only in relation for the positions to which the order applies.

Have you at any time been convicted of an offence?    YES                      NO

If "YES", please supply details:

NAME:

SIGNATURE:

**YOUR EMPLOYMENT HISTORY**

| Date From<br>(MM/YY) | Date To<br>(MM/YY) | Employer's Name and<br>Address | Position Held | Duties | Reason for<br>Leaving |
|----------------------|--------------------|--------------------------------|---------------|--------|-----------------------|
|                      |                    |                                |               |        |                       |
|                      |                    |                                |               |        |                       |
|                      |                    |                                |               |        |                       |
|                      |                    |                                |               |        |                       |
|                      |                    |                                |               |        |                       |



**REFERENCE REQUEST FORM**

|   |                       |
|---|-----------------------|
| REFEREE NAME  |                       |
| COMPANY   |                       |
| POSITION  |                       |
| CANDIDATE NAME  |                       |
| Please provide actual dates the Candidate has worked with you.  | From: _____ To: _____ |
| Position Held:  |                       |
| What were his/her strengths?  |                       |
| Any Weakness?   |                       |
| Reason for Leaving  |                       |
| Would you say he/she is suitable for working with vulnerable adults?  |                       |
| Has he/she had any unauthorised leaves of absence in the past year?   |                       |
| If yes, how many?   |                       |
| In the past year, has there been any occasion(s) when it has been necessary to counsel the candidate under your disciplinary/ performance procedures? |                       |

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| Any Weakness?   |                       |
| Reason for Leaving  |                       |
| Would you say he/she is suitable for working with vulnerable adults?  |                       |
| Has he/she had any unauthorised leaves of absence in the past year?   |                       |
| If yes, how many?   |                       |
| In the past year, has there been any occasion(s) when it has been necessary to counsel the candidate under your disciplinary/ performance procedures? |                       |

**YOUR BANK ACCOUNT DETAILS**

We pay wages directly into a bank account.

|                     |  |
|---------------------|--|
| Account Holder Name |  |
| Name of Bank        |  |
| Address             |  |
| Town                |  |
| Sort Code           |  |
| Account No          |  |

|                      |  |
|----------------------|--|
| Date form completed: |  |
| Signature:           |  |



## YOUR DECLARATION

### Health

I declare that the answers given within this Declaration of Health on this form are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to removal from ICare Healthcare Ltd.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Working Time Directive

The Working Time Regulations 1998 require ICare Healthcare Ltd. to limit your average weekly working time to 48 hours unless you agree with ICare Healthcare Ltd. that the limit shall not apply to you.

I agree to limit my working week to no more than 48 hours  
 I disagree to limit my working week to no more than 48 hours

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Candidate Handbook

Please download, print and sign the Candidate Handbook from our website. You will need to return this with the application pack.

I can confirm that I received, read and understood each section of the Candidate Handbook.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Induction/Interview

I have received a copy of the member's handbook and can confirm that I am aware that more detailed information on the Policy and Procedure can be obtained directly from ICare Healthcare Ltd.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Data Protection

I agree that ICare Healthcare Ltd retains their right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms and Conditions

I confirm that the information given in this applications, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Disclosures and Barring Service.

I undertake to inform ICare Healthcare Ltd. should I be convicted of an offence in the future.

I undertake to inform ICare immediately if I am engaged through their induction, including the offer of permanent employment following temporary assignment.

I agree to respect the confidentiality of patient and any other information I may have access to, at all times.

I am clear that ICare Healthcare works on a temporary assignment and cannot guarantee any number of hours; they have no responsibility to pay for hours not worked, regardless of the situation.

I have read, understood and agree to the terms and conditions of work for temporary agency worker, of which I have been given a copy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_