



ROYALCARE HEALTH

Application for employment

All information will be treated as strictly confidential and no approach will be made to any person without your permission. Please print clearly.

Position applied for:

If you obtained this position, would you continue in any other employment? Yes/No

Do we need to make any disability-related adjustments to allow you to take part in the recruitment process?

If your application were successful when would you be able to commence work?

Personal details

Title: Forename(s): Surname:

Home address:

Postcode:

Home telephone: Mobile No:

Position Applied for:

For Nurses only: NMC PIN number: Expiry Date:

Qualification: Date obtained:

Place of Training:

Personal Details cont'd

Are you eligible to work in UK? Y/N

Visa Number:

National Insurance Number:

Passport Number:

Nationality:

Education and training

School, college & University

Dates

Qualifications

| School, college & University | Dates | Qualifications |
|------------------------------|-------|----------------|
| | | |

Previous employment

| Name & address of employer | Dates | Job title or duties | Reason for Leaving |
|----------------------------|-------|---------------------|--------------------|
| | | | |

Previous relevant experience

Interests

Driving licence, etc.

Current driving licence? Yes/no. If yes, type of licence

Any current endorsements? Yes/no. If yes, give details

Any motoring prosecutions pending? Yes/no. If yes, give details

List any criminal convictions other than “spent” convictions. If none, state “none”.

The information provided will be confidential and will be considered only in relation to this application.

References

Please supply the details of at least two referees of which, one must be your current or most recent employer. References will be sought upon receipt of this application.

Reference 1

Name
Address
Post Code
Telephone No.
Profession/Position
Relationship to applicant

Reference 2

Name
Address
Post Code
Telephone No.
Profession/Position

Relationship to applicant

Reference 3

Name

Address

Post Code

Telephone No.

Profession/Position

Relationship to applicant

Please detail any further information you wish to put forward in support of your application.

Declaration

The above information is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or my employment terminated.

Signed:

Date:

PRE – EMPLOYMENT MEDICAL QUESTIONNAIRE

Full Name:

Address:

Contact No:

We will not contact your doctor without your prior written consent.

| | |
|--|--------|
| 1. How many days' absence have you had from work in the last three years? | days |
| 2. Are you currently on medication (excluding contraceptives)? If YES, please give further details. | YES/NO |
| 3. Have you spent time in hospital in the last three years? If so, why? | YES/NO |
| 4. Do you suffer from any injury, illness, medical condition that might affect your ability to perform your duties? If YES, please give further details. | YES/NO |
| 5. Do you suffer from any allergies? If YES, please give further details. | YES/NO |
| 6. Do you consider yourself to have a disability? If YES, please give further details | YES/NO |

Title: DATA SUBJECTS CONSENT (FORM) EMPLOYEE

The General Data Protection Regulations (GDPR) defines consent as: “Freely given, specific, informed and unambiguous. Your privacy is therefore very important to us. Before asking you to give your consent about information we collect from you, we must inform you of the information we may hold about you. **(See attached letter Informing you how we process your information)**

The consent of the data subject (Employee) provides a lawful basis for the processing of the data subject's (Employee personal data).

Explicit Consent

This means we need to be specific about what we are asking you to consent to and not a blanket consent that covers everything. We must provide you with information about what we are asking you to consent to which is included in the following table:

We are seeking your consent to collection of the following information:

| |
|---|
| Name, DOB, Contact details, Qualifications and experience, Health condition, Convictions and Reprimands, Proof ID, Proof of address, Right to work in UK and References |
|---|

What will we do with the information?

We will use the information to:

| |
|--|
| The Company requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995. The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the GDPR |
|--|

Rights of the Employee-

We must ensure that when you are giving your consent that reflects your genuine and free choice, and there is no pressure put on you to give consent.

You have the right to withdraw your consent and if you wish to do so please contact:

Senior Person responsible for data protection under General Data Protection Regulations:

Name of staff: Designation:

I give my consent to the collection of information described in this Consent Form.

Name: **Signed:** **Date:**

Witness Name : **Signed:** **Date:**