



CROWN MEDICAL SERVICES LTD

HEALTH CARE ASSISTANT(HCA) EMPLOYMENT APPLICATION FORM

Position Applied for: _____

Personal Details	
Title:	Street Address:
First Name:	Address Line 2:
Middle Names:	Town:
Last Name:	Postcode:
Phone (Home)	National Insurance Number:
Phone (Mobile):	Passport Number:
Email Address:	Date of Birth:
Are you free to remain and take up employment in the UK?	
Visa Number:	Date of Expiry:
Next of kin/Emergency contact details	
Name (Miss/Ms/Mrs/Mr/Dr):	Surname:
Street Address:	
Phone (Home):	Phone (Mobile):

Convictions/Disqualifications

In view of the nature of the work for which you are applying, the post is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 as contained within the Exceptions Amendment Order 1986. Applicants are required to give details of all convictions for criminal offences, including pending convictions and those which would otherwise be considered "spent". Failure to provide details of convictions could result in dismissal or disciplinary action. If there are no convictions, please state "none".

Having a criminal record will not necessarily bar you from working with us. Crown Medical Services Ltd complies fully with the DBS Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosures and Disclosure information. We make every subject of a DBS Check aware of the existence of the DBS Code of Practice and make a copy available on request

Do you have any Spent or Unspent Convictions: Yes No

If yes please state:

I confirm that to the best of my knowledge, the details contained above are correct.

Signature: **Date:**

Disclosure and Barring Service (DBS) Check

Bank/Building Society Details

Account Holders Name:

Bank Name:

Account Number:

Sort Code:

I authorise **Crown Medical Services Ltd** to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify **Crown Medical Services Ltd** in writing of any changes of these details:

Signature: **Date:**

NMC Registration Checks (Nurses & Midwives only)

Do you authorise Crown Medical Services Ltd to carry out monthly NMC pin checks in order to ensure you remain fit to work? Yes/No

* The role of the NMC is to protect the public by ensuring that nurses, midwives and specialist community public health nurses provide high standards of care. The NMC sets and improves standards for the education, training and conduct of those on the register, and it provides advice and considers allegations of misconduct, lack of competence or unfitness to practise due to ill health. The Fitness to work monthly check purpose is to safeguard the health and wellbeing of the public by assessing if a nurse or midwife's fitness to work is impaired

Signature: **Date:**

Health & Disability

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought. Do you have any health issues or a disability relevant which may take it difficult for you to carry out functions which are essential for the role you seek? Yes/No.

If yes, please specify:

If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc.?

Please specify:

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Crown Medical Services Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Signature: **Date:**

Employment History

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 breaks in employment history. Continue on a separate page if necessary

Date from (MM/YY)	Date To (MM/YY)	Name & Address of Employer	Position Held (Duties)	Reason for leaving

Education/Qualifications (Training e.g. Manual. First Aid, etc. (please provide certificates)

Date from (MM/YY)	Date To (MM/YY)	Course	Name & Address of University/College /Institute	Qualifications/Level

Current membership of any professional body/Organisation

Please give details, commencing with the most recent

Name of Organisation:	Registration Number:	Date of Registration:	Expiry Date:

Currently Practicing?	YES/NO	Mentor's Name	Intention to practice form filled:
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Professional Referees

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. Please be aware that we are unable to offer you work until satisfactory references have been obtained. Please also note we are required to obtain references for you on an annual basis.

Verified by:

Verified by:

Name		Name	
Position held by referee		Position held by referee	
Company		Company	
Address		Address	
Work Telephone		Work Telephone	
Work Email		Work Email	

Verified by:

Name		Name	
Position held by referee		Position held by referee	
Company		Company	
Address		Address	
Work Telephone		Work Telephone	

I hereby give Crown Medical Services Ltd permission to approach my referees at this stage for employment references and understand that Crown Medical Services Ltd reserve the rights to withdraw my application if my references do not meet a satisfactory level for healthcare staffing.

Yes No

Clinical Details (Healthcare Assistants/Support Workers)				
Clinical Area	Length of Experience	Clinical Area	Length of Experience	
Adolescent		Learning Disabilities		
Adult		Medication Certificate		
Aggression Awareness		Mental Health		
Break Away		Nursing Homes		
Child Protection		NVQ1,2, 3,4		
Children		Paediatrics		
Drug		Physical Disabled		
Education		Probation Service		
Elderly		Residential Homes		
Family		Sensory Impairment		
Family Centre		Senior Manager		
HIV		Unqualified Social Worker		
Homeless		Social Worker Trainer		
Hospital Worker		OTHER		
House Keeping				
Further Training/Updates (Healthcare Assistants/Support Workers)				
Course	Yes / No	Date Attended		
Manual Handling				
Basic Life Support				
CPR				
Infection Control				
Food & Hygiene				
Control & Restraint Training				
Health & Safety				
Mental Capacity Act				
POVA				
POCA				
Manual Handling				
Basic Life Support				
CPR				
Infection Control				
Food & Hygiene				
Control & Restraint Training				
Health & Safety				
Mental Capacity Act				
POVA				
POCA				
Skills Assessment (Health Assistant/Support Workers)				
Urinalysis			Simple Dressings	
Catheter Care			Blood Sugar Testing	
Continence Care			Stoma Care	
TPR Recording			Pressure Area Care	
B / P Recording			Mouth Care	
Use of Hoists			Eye Care	
Report Writing			Feeding Patients	

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.							
	MON	TUE	WED	THU	FRI	SAT	SUN
Early Shift							
Late Shift							
Long – day							
Night Shift							
Are you a car driver?	Yes			No			
If you intend to use your car For Business, do you have the Required insurance cover?	Yes			No			
If yes, you will be required to produce both your driving licence and motor insurance certificates.							
Do you have any other work? Commitments which may impair your ability to carry out your duties for Crown Medical Services Limited?	Yes (Please give details)			No			

EQUAL OPPORTUNITIES MONITORING							
Nationality							
Languages Spoken							
Age group (please indicate)	16-20		21 - 35		31 - 50		50+
Disabilities (please indicate)	Registered disability			Unregistered disability		No disability	
Ethnicity (please indicate which Best describes your ethnic origin)	White European			Black African		White British	
	Black Caribbean			Black European		Bangladeshi	
	Pakistani			Indian		others	
How did you hear about this? Post?							
Are you related to or do you know any Crown Medical Services Limited?							

Declaration

I, the undersigned applicant, hereby declare that the information I have given in this application form is true to the best of my knowledge and belief. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

I agree that if I have given any false or misleading information, or do not give relevant information now or in the future, this may result in termination of an assignment without notice.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Crown Medical Services Ltd 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).

Yes No if no please state:

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 Crown Medical Services Ltd if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Crown Medical Services Ltd.

Yes No if no please state:

Confidentiality Agreement

During the course of your employment you may have access to see or hear information of a confidential nature. You are required not to disclose any information, particularly relating to client/patient details, medical notes etc., to any unauthorised persons. You are reminded that any breach of confidentiality may result in disciplinary action or dismissal.

Yes **No**

Third Party Declaration

I hereby allow any information relating to my registration with Crown Medical Services LTD to be shared with relevant third parties. This will be overseen by the governance lead for Crown Medical Services Ltd

Yes No if no please state:

Working Times Regulations

The Working Times regulations 1998 ("The Regulations") require Crown Medical Services LTD ("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:

1. The 48-hour limit on average weekly time will not apply to you.
2. 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

Yes **No** **if no please state:**

Indemnity Insurance

I declare that I must hold a valid medical indemnity insurance arrangement and can confirm that whilst I am an employee of Crown Medical Services Ltd, I will maintain and ensure that my professional indemnity insurance valid.

Yes No if no please state:

Agreement to opt out working times Regulations 1998

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the Worker agree that this limit shall not apply to the Worker. This Agreement will remain in force indefinitely. The Worker, or the I Company, may terminate this Agreement at any time by giving not less than three months' written notice to the other.

Yes No if no please state:

Declarations

I agree to inform Crown Medical Services Ltd 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.

Yes No if no please state:

I give Crown Medical Services Ltd Permission to carry out all relevant Employment checks necessary for my registration including any external bodies.

Yes No if no please state:

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.

Yes No if no please state:

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

This document will then be a record of agreement.

Please sign below.

Signature:.....

Date:

167 Wood Street, Walthamstow, London E17 3LX | Tel. 020 8521 4968 |
www.crownmedicalsurgery.co.uk
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