

# APPLICATION FORM

## PERSONAL DETAILS

Please affix 2x  
Passport Photographs.

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Last Name : \_\_\_\_\_

Maiden Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male ☐ Female ☐

Nationality: \_\_\_\_\_

Marital Status: \_\_\_\_\_

How Did You  
Hear Of Us?: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: Home: \_\_\_\_\_

Tel: Mobile: \_\_\_\_\_

Work Status: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

Passport No: \_\_\_\_\_

Passport Expiry Date: \_\_\_\_\_

Driving License: Yes ☐ No ☐

Car Owner: Yes ☐ No ☐

Please specify times at which you are not to be  
contacted: \_\_\_\_\_

Is it ok to contact you at work: Yes ☐ No ☐

## CAREER HISTORY

Please confirm your career history details for the last 5 years. Please list using most recent first.

|                     |  |                    |  |
|---------------------|--|--------------------|--|
| Employer:           |  |                    |  |
| Address:            |  |                    |  |
| Phone number:       |  |                    |  |
| Date started:       |  | Date left:         |  |
| Job title:          |  | Full or part-time: |  |
| Grade:              |  | Dept/Ward:         |  |
| Reason for leaving: |  |                    |  |

|                     |  |                    |  |
|---------------------|--|--------------------|--|
| Employer:           |  |                    |  |
| Address:            |  |                    |  |
| Phone number:       |  |                    |  |
| Date started:       |  | Date left:         |  |
| Job title:          |  | Full or part-time: |  |
| Grade:              |  | Dept/Ward:         |  |
| Reason for leaving: |  |                    |  |

|                     |  |                    |  |
|---------------------|--|--------------------|--|
| Employer:           |  |                    |  |
| Address:            |  |                    |  |
| Phone number:       |  |                    |  |
| Date started:       |  | Date left:         |  |
| Job title:          |  | Full or part-time: |  |
| Grade:              |  | Dept/Ward:         |  |
| Reason for leaving: |  |                    |  |

## QUALIFICATIONS & TRAINING

### Secondary Education *(Please continue on an extra sheet of paper)*

| School Name, Address and Date attended | Qualification Achieved |
|----------------------------------------|------------------------|
|                                        |                        |
|                                        |                        |
|                                        |                        |

### Further Education and Training *(Please continue on an extra sheet of paper)*

| University/College and date attended | Type of course | Subjects | Qualification or class of degree |
|--------------------------------------|----------------|----------|----------------------------------|
|                                      |                |          |                                  |
|                                      |                |          |                                  |
|                                      |                |          |                                  |

### Occupational qualifications *(Please continue on an extra sheet of paper)*

| College/Institute, NVQ or other name and date attended | Qualification/Level |
|--------------------------------------------------------|---------------------|
|                                                        |                     |
|                                                        |                     |
|                                                        |                     |

You should supply any NVQ certificates -please note that we require manual handling/CPR certifications that have been updated in the last 12 months.

## MEDICAL HISTORY

Have you ever suffered from any of the following?

|                                        |                              |                             |
|----------------------------------------|------------------------------|-----------------------------|
| Diabetes                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Asthma/Hay fever                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Bronchitis/Pneumonia/Pleurisy          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Epilepsy                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Headaches/Migraine                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Back problems                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Recurrent infections                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you taking any prescription drugs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered yes to any of the above questions please give details on separate paper attached to the back of the application form.

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Have you ever been vaccinated, immunized or tested for/against any of the Following?

|                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Varicella                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tuberculosis including BCG | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Rubella (German Measles)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Poliomyelitis              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tetanus                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Typhoid                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Any Other Please State:    |                              |                             |

Name Of GP: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## REFERENCES

The Best Choice Care Options requires 2 professional references.

It is essential that you have had professional dealings with both of your references within the last 2 years.

Name Of Referee: \_\_\_\_\_ Place Of Work: \_\_\_\_\_  
Position \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name Of Referee: \_\_\_\_\_ Place Of Work: \_\_\_\_\_  
Position \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## OPT-OUT AGREEMENT

### DEFINITIONS

In this Agreement the following definitions apply:-

“Assignment” means the period during which the Temporary Worker is engaged in services to a Client.

“Client” means the person, firm or corporate body that has engaged the services of the Temporary Worker.

“Employment Business” means The Best Choice Care Options.

“Temporary Worker” means a Qualified Nurse, care assistant or other Temporary Worker.

“Working Week” means an average of 48 hours each week as calculated over any 17 week period.

### THE AGREEMENT

The Working Time Regulations of 1998 state that a Temporary Worker shall not work on an Assignment with a client in excess of the Working Week unless they agree in writing that this limit should not apply.

The Temporary worker, by signing the declaration below, agrees that the Working Week shall not apply to their Assignments.

The Temporary Worker can end this Agreement at any time by giving the Employment Business 14 days notice in writing. After the 14 day notice period has expired the Working Week shall apply immediately.

It should be noted, that any notice ending this Agreement does not mean that a Temporary Worker has ended an Assignment with a Client.

These laws are governed by English Law and are subject to the jurisdiction of the English Courts.

### THE DECLARATION

I have read and fully understand the above OPT OUT AGREEMENT.

I hereby consent that the Working Week limit shall not apply to my Assignments.

I understand that I can end this Agreement by giving the Employment Business 14 days notice in writing.

**SIGNED :** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## NEXT OF KIN

### NEXT OF KIN DETAILS

FULL NAME:

RELATIONSHIP TO TEMPORARY WORKER:

HOME TELEPHONE:

MOBILE NUMBER:

ADDRESS:

## DISCLOSURES Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitation of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions? YES ☐ NO ☐

Do you have a current DBS (Disclosure Barring Service) certificate? YES ☐ NO ☐

If "Yes", Please enter disclosure number: \_\_\_\_\_

Date of DBS was issue: \_\_\_\_\_

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES ☐ NO ☐

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Have you ever been involved in court proceedings?

YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application on a separate page.

**IF YOU HAVE A CONVICTION/CAUTION RELATING TO A VIOLENCE OR THEFT OFFENCE, WE WILL BE UNABLE TO PROGRESS WITH YOUR APPLICATION.**

## DECLARATION

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to The Best Choice Care Options checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Best Choice Care Options retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:-

**The Recruitment Manager  
The Best Choice Care Options Limited.  
50 Norfolk Place,  
Chafford Hundred  
United Kingdom  
RM16 6DE**

| BUILDING SOCIETY /BANK DETAILS |  |            |  |
|--------------------------------|--|------------|--|
| Bank Name                      |  |            |  |
| Bank Address                   |  |            |  |
| Building Society Bank Roll     |  |            |  |
| Account Holder's Name          |  |            |  |
| Sort Code                      |  | Account No |  |

I..... authorise The Best Choice Care Options to pay my weekly wages into the above Bank Account and I will notify The Best Choice Care Options if changes occur to my details.

Signed:..... Date:.....

We try to make our registration process as swift and painless as possible but we are sure that you understand that owing to the sensitive nature of your profession that our checks have to be thorough.

**PLEASE CONTACT US ON 079 4034 7761  
Thank you.**