

PLEASE READ
Please Once completed, please email or post the form back to us.
NOTE: Form not compatible with iMac and MacBook.

Personal Details

Title:	Surname:
First name:	Middle name(s):
Date of birth:	Male Female
House name or no:	Date of residence:
Street:	Tel home:
Town:	Tel work:
County:	Tel mobile:
Postcode:	Country:
Email:	
What job/s are you applying for?	

Emergency Contact

Name:	Tel home:
Relationship to you:	Tel mobile:
Email:	

Professional Registration

Are you registered with any professional bodies? (Please tick)						
HCPC (formerly HPC)	NMC	GMC	GPhC	RCCP	Other	N/A
Registration number:			Expiry/Renewal date:			

Nationality and Eligibility to Work

Do you hold a British/EU passport?	Yes No
Nationality:	
Pas sport no:	Expiry date:
If you do not hold a British/EU passport, do you hold any of the following?	
Indefinite Leave to Remain in the UK	Ances try Visa
Work P ermit / Sponsorship (Tier 2)	Spousal/Partnership Visa
Student Visa (Tier 4)	Biometric Residence Permit
Working Holiday Visa/Youth Mobility (Tier 5)	Other (please specify):
Expiry date:	
Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in the NHS you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.	

Professional Qualifications

List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide scanned copies/photocopies of all certificates.

Qualification:	Place where obtained:	Date to/from:	Certificate attached?

Professional References

Please give the names and contact details of 3 professional referees from your current and most recent employment, which must cover the last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that DOM Care are unable to offer you work until satisfactory references have been obtained, and that DOM Care are required to obtain references for you on an annual basis. Please continue on a separate sheet if necessary.

Reference 1	
Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	Yes No

Reference 2	
Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	Yes No

Declaration of Criminal Record

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under this Act. Please tick.

1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?	Yes	No
2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?	Yes	No
3. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held.	Yes	No
4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation?	Yes	No
If Yes, please provide details:		
5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB)	Yes	No

Disclosure no:	Date:
Company that conducted the check:	
If you have signed up for the DBS Update Service, please provide the details of your DBS number:	
DOM Care will undertake an Enhanced DBS check on your behalf. You will not be placed without having completed a current DBS check. DOM Care utilises the DBS e-Bulk service. Please contact your recruitment team to check the process for completing the DBS application online. Please enclose all ORIGINAL documentation (e.g. passport) as requested, not just photocopies. These will be returned to you immediately. Please note that at any stage whilst working for DOM Care we receive a DBS enhanced disclosure that highlights information you have not declared then you will be removed from your assignment.	

Declarations

<p>Working Time Directive The Working Time Regulations 1998 require DOM Care to limit your average weekly working time to 48 hours unless you agree with DOM Care that the limit shall not apply to you:</p> <p style="text-align: center;"> <input type="checkbox"/> I agree to limit my working week to no more than 48 hours <input type="checkbox"/> I disagree to limit my working week to no more than 48 hours </p>	
<p>Candidate Handbook Please download, print and sign the Candidate Handbook from our website. You will need to return this with the application pack. The link to it is www.domcare.com/candidates/downloads</p> <p style="text-align: center;">I can confirm that I received, read and understood each section of the Candidate Handbook:</p> <p>I can confirm that I have read this document fully and that all the information provided to DOM Care is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform DOM Care should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998. Declarations</p> <ol style="list-style-type: none"> 1. I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform DOM Care. 2. I acknowledge that I have been given a copy of the terms and conditions of service issued by DOM Care, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them. 3. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Form. 4. I acknowledge and confirm that DOM Care is authorised to apply for and obtain a Disclosure and Barring Service (DBS) check and references from any previous employers and educational establishments. 5. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that DOM Care may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to DOM Care. 6. I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Working Time Regulations 1998 shall not apply to working with DOM Care unless specified above. 7. I acknowledge that my personal details will be stored and handled correctly by DOM Care in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - DBS, Occupational Health, References). 8. I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform DOM Care. 9. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform DOM Care. 10. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for DOM Care, I must inform DOM Care immediately. 11. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform DOM Care if I am under investigation or suspended by my professional regulatory body or employer at any point while working for DOM Care. 12. I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Regulations) I will provide accurate information. 13. I acknowledge that should I reach the 12 week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if DOM Care deem it necessary. 14. I confirm that whilst working for DOM Care I am willing to work through any of the brands/subsidiary companies that form part of DOM Care of companies. These include (but are not Limited to) DOM Care. I understand that I will be informed at the time of placement which company/ brand that I will be working for and will be provided with the relevant documentation to represent that company. 	
Signature:	
Print name:	Date: