|  |
| --- |
| Name: Contact Number:  |
| Date and time of appointment:  |
| ADDITIONAL COMMENTS/SUMMARY: |
| ADDRESS: PRESENT:  PAST: PAST: |
| NI:DOB:MARITAL STATUS:ETHNICITY/NATIONALITY:DBS ONLINE NUMBER/DATE: |

Where did you learn of the post that you are applying for?

Comensura

 Matrix

 List

 Documents (SCANNED)

 DBS (APPLIED)

 References (APPLIED)

 Passport

 2x proof of address

 Photo ID

 Drivers Licence

 Proof of NI

**Cover Sheet**

|  |  |
| --- | --- |
| **Name** |  |
| **D.O.B** |  |
| **Category**  |  |
| **NI NUMBER** |  |
| **Marital Status** |  |
| **CRB**  | **YES / NO – if YES is it enhanced YES / NO** |
| **PLEASE DECLARE ANY CONVICTIONS/INFORMATION THAT WE SHOULD BE MADE AWARE OF PRIOR TO PLACING YOU OR APPLYING FOR A CRB FOR YOU.** |
| **Ethnicity** |  |
| **Nationality**  |  |
| **British passport holder?** |  **YES / NO** |
| **European Passport?** |  **YES / NO** |

*IF NON BRITISH EU NATIONAL PLEASE STATE/EXPLAIN STATUS:*

|  |  |
| --- | --- |
| **Car Driver?** | **YES / NO - Do you own a vehicle? YES / NO** |

|  |  |
| --- | --- |
| **Post Code** |  |
| **Address:** |  |
|  |  |
| **Telephone:** |  |
| **Emergency Contact/Number:** |  |

|  |  |
| --- | --- |
| **Hourly Rate (Minimum)**  |  |
| **Full Time or Part Time**  |  |
| **Any Additional INFORMATION:**  |

**Equality/ Diversity or Equal Opportunity**

**Recruitment Monitoring Form**

In compliance with our Equality and Diversity or Equal Opportunities Policy, we are monitoring job applications to make sure discrimination on the grounds of **SEX, SEXUAL ORIENTATON, GENDER REASSIGNMENT, RACE, ETHNIC ORIGIN, RELIGION, MARITAL STATUS, AGE** and **DISABILITY** does not occur. We would be grateful if you would complete and return this form with your other Principle Recruitment Job Application Forms. The information you provide here will be sorted on paper records and a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of Principle Recruitment Ltd, regarding Equal Opportunity Issues. Thank you.

|  |  |
| --- | --- |
| **Full Name :**  |  |
| **Gender:** | **Male****Female**  |
| **Preferred Title :** | **Miss****Mrs** | **Mr****Dr**  | **Ms****Other ...** |
| **Marital Status:** | **Married****Divorced** | **Single** **Widowed** | **Separated****Other ...**  |
| **Have you got Children? If so How old are they?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Origin:** | **White British** **Black/Black British** **Chinese**  | **White Irish** **Asian****Asian British**  | **White Other...****Black other...** **Other ...**  |
| **Can you Speak any other languages? If so, what are they?** |  |

|  |  |
| --- | --- |
| **Disability:**(The Disability Discrimination Act 1995 defines a disability as *“a physical or mental impairment which has substantial and adverse effect on a person’s ability to carry out day to day activities”*.) | **Do you consider yourself to be disabled under the Disability Discrimination Act?****Yes No** |
| **If Yes, What is the Nature of your Disability?** *(optional)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Range**  | **16- 24****45- 54** | **25-34****55-64** | **35-44****65+** |

**JOB APPLICATION FORMS**

**14a High Street Hayley Martin /Charlotte Coulson**

**Wanstead**

**London**

**E11 2AJ**

|  |  |
| --- | --- |
| Title of post applied for : |  |

Please write clearly in black ink.

**CONFIDENTIAL**

**Part ONE, Personal Details & DBS Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename:** |  |

|  |  |  |
| --- | --- | --- |
| Please confirm any name changes along with dates in the box provided: *(Please include dates for other surnames, including maiden name if relevant. Also include any forenames along with dates)*Nationality: |  | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. Do you need a work permit? **YES / NO**  |
| What Country/State/ City/ Town were you born in? .................................................................. |  | If you already have a work permit for the UK, when does it expire? .......................................................................................................... |

National Insurance Number..............................................................................................................................................

**Please explain in detail the terms of your Visa:**

**DBS Checking information**

Have you had an enhanced DBS CHECK done before? YES / NO

*\*if yes please state if it is on the online update service*

If so have you brought the copy in with you? YES / NO

We will have to apply for a DBS, are you happy for us to do this? YES / NO

\*The amount of the CRB is £65.00, the amount will be taken AFTER we have placed you into work and can be done half and half, please see Deductions and Payment of DBS.

**Are there any other details t hat YOU think we should be informed about? Including if you have a Criminal Record, have been in altercations with the Law or have any Driving Offences**

Sign: ......................................................................... Print Name:........................................................................................

Date:..................................... Witnessed by:.......................................................... Sign:....................................................

**Deductions and Payment of DBS**

As an agency we do require an Enhanced DBS Certificate done by us with our name on the certificate. We will apply and provide payment for this to be completed.

Once we have received the DBS certificate we will need to reimburse ourselves the total amount of £65.00, this amount covers the cost of the Enhanced DBS certificate and the administration cost.

We will reimburse ourselves once you we have placed you and can do this from these two options:

1. Deduct the full amount (£65.00) from your first week’s wages. This will be included on your wage slip.
2. Deduct a suitable amount from your wages weekly that is decided between you and us once the DBS certificate is returned.

*\*on both options we will provide a receipt for you to claim back the amount from ISS as an expense*

Please can you sign to confirm you have read and understood our procedure and are happy for us to go ahead and start with the process of applying for your Enhanced DBS Certificate

FULL NAME: ..............................................

SIGNATURE: ..............................................

DATE: ...........................................................

Witnessed by: .............................................

SIGNATURE: ................................................

DATE: ..............................................................

**Part TWO, Education and Professional Qualifications**

**(Original documents are required as proof of qualification at interview)**

|  |  |  |
| --- | --- | --- |
| *Secondary School/College/University* | *Examinations taken* | *Result* |
|  |  |  |
|  |  |  |
|  |  |  |

*Professional Qualifications currently held: How Obtained: Grade:*

*Other relevant Education or Training courses: (i.e. First aid) please include date of achievement and date of expire:*

**Part THREE, Present/Previous Post**

|  |  |
| --- | --- |
| Title of Current Post: | Salary: |

Name of Employer: ...............................................

Business of Employer: .........................................

Date Commenced: ..................................................

Date Ended/Ending: ...................................

Address: ......................................

Town: ...........................................

Post Code: ...................................

REASONS FOR LEAVING OR WISHING TO LEAVE:

 *(if applicable please state how much notice to leave you have to provide)*

**Part FOUR, Relevant skills, Abilities, Knowledge, Experience**

**YOUR reasons for applying for this job**

**Part FIVE, References**

***We have to obtain between 3-5 years (depending on role) of professional and character references, your references will be contacted immediately so please ensure you have notified your referees that you are providing their details.***

*Referee 1 and 2*

|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mr. Mrs etc)  |  | Title (Mr. Mrs etc)  |  |
| Full Name: |  | Full Name:  |  |
| Job Title: |  | Job Title: |  |
| Organisation: |  | Organisation: |  |
| Address:Town: Post Code: | Address: Town: Post Code: |
| Tele Number: |  | Tele Number: |  |
| Email Address: |  | Email Address: |  |
| Fax Number: |  | Fax Number: |  |
| Please State if we may obtain this reference prior to interview: | **YES / NO** | Please State if we may obtain this reference prior to interview: | **YES / NO**  |

*Please ensure your referees are aware and have agreed for you to use them as reference*

**Reference Consent form**

To whom it may concern,

Here is a statement confirming the approval for a reference to be obtained for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I ....................................... give my consent for Principle Recruitment Ltd to apply for and obtain a working/educational reference confirming the dates of my employment/study, reason for leaving/grades/results and any further information they may require for my time spent with your organisation/agency or company’

Full Name: ..............................................................

Signature: ................................................................

Date: ........................................................................

Kindest Regards

Charlotte Coulson

Recruitment Administrator

charlotte@principlerecruitment.co.uk

(Tel) 0208 530 2288 (Fax) 0208 532 2210

www.principlerecruitment.co.uk

**Medical Questionnaire**

**STRICTLY PRIVATE AND CONFIDENTIAL**

**CONFIDENTIAL**

**Part ONE, General Practitioners Details**

**Are you registered with a GP? Yes/No**

 **\*If yes how long have you been registered for?**

 **\*If yes please provide your GPs name and address:**

**Part TWO, Sickness Absence**

Please list how many days you have been absent from work/school/college in the last three years due to sickness. For each absence also indicate the dates and the reasons.

This also includes any absence due to injury at work/school/college.

|  |  |  |
| --- | --- | --- |
| **Number of days absent** | **Dates of absence**  | **Reasons** **(Please state if it is related to a disability)** |
|  |  |  |
|  |  |  |

In the last two years have you been off of work because of illness or injury? YES / NO

Have you now made a full recovery from your illness/ injury? YES / NO

**ARE YOU CURRENTLY SUFFERING FROM ANY OF THE FOLLOWING:**

*Please circle appropriately:*

Nasal infection YES / NO

Cough with phlegm/sore throat YES / NO

Discharging ear/ Ear infection YES / NO

Acne, Boils, Sty’s, Burns, or septic Infections YES / NO

Diarrhoea, Abdominal pain or fever YES / NO

Any Skin trouble affecting the hands, arms or face YES / NO

 ***(IF ANY OF THE ABOVE ARE CIRCLED THEN A DOCTORS LETTER STATING YOU ARE SAFE AND WELL TO GO BACK TO WORK WILL BE REQUIRED, ESPECIALLY FOR A FOOD HANDLING/ HEALTH AND SOCIAL ENVIRONMENT, THIS WILL BE KEPT IN YOUR FILE)***

**Part FOUR, Past Medical History**

|  |  |
| --- | --- |
| Have you ever suffered, or do you currently suffer from any serious illness which may affect your work?  | YES / NO  |
| *IF YES PLEASE GIVE DETAILS* |
| Do you currently take any prescribed medications that can make you dizzy or drowsy? | YES / NO  |
| *IF YES PLEASE GIVE DETAILS* |
| Is your eyesight ok (with glasses or contact lenses if needed) for all normal work purposes?  | YES / NO |
| *IF NO PLEASE GIVE DETAILS* |
| Is your hearing in each ear ok (with hearing aid if needed) for all normal work purpose? | YES / NO |
| *IF NO PLEASE GIVE DETAILS* |
| Have you suffered, or do you currently suffer from any form of Repetitive Strain Injury (RSI)?  | YES / NO  |
| *IF YES PLEASE GIVE DETAILS* |
| Have you ever left a job or had to be medically retired due to ill health? | **YES / NO** |
| *IF YES PLEASE GIVE DETAILS* |

***IF YOU REQUIRE MORE SPACE THAN WHAT IS REQUIRED TO FILL THIS FORM IN PLEASE USE THE SPACE PROVIDED BELOW, THANK YOU.***

**Fitness to Work Questionnaire**

**Position Applied for: ...............................................**

***Part FOUR continued*.**

|  |  |  |  |
| --- | --- | --- | --- |
| Fainting Attacks | YES / NO | Back Trouble | YES / NO |
| Fits/Blackouts | YES / NO  | Other muscular/joint Trouble  | YES / NO |
| Giddiness | YES / NO | Skin Trouble  | YES / NO |
| Mental Illness | YES / NO | Diabetes | YES / NO |
| Recurring Headaches | YES / NO | Recurring Stomach Trouble  | YES / NO |
| Ear Trouble/Deafness | YES / NO | Recurring Bowel Trouble  | YES / NO |
| Eye Trouble/ Or defective vision not treated with glasses | YES / NO | Have you any disabilities that may affect your: |  |
| Recurring chest disease  | YES/ NO | Standing | YES / NO |
| Asthma  | YES / NO | Walking  | YES / NO |
| Hay Fever | YES / NO | Stair Climbing  | YES / NO |
| Heart Trouble | YES / NO | Lifting  | YES / NO |
| High Blood pressure | YES / NO | Use of Hands | YES / NO |
| Varicose Veins | YES / NO | Working at Heights | YES / NO |
|  |  | Ability to drive a motor vehicle  | YES / NO |

**Please delete/circle as appropriate if you suffer from any of the following:**

**ARE YOU REGISTERED DISABLED? .......................... If yes, Registration Number is........................**

Are you presently having any treatment or medicine prescribed by a doctor? YES / NO

**HAVE YOU EVER SUFFERED FROM THE FOLLOWING:**

Typhoid Fever YES / NO

Paratyphoid Fever YES / NO

***(IF ANY OF THE ABOVE ARE CIRCLED THEN A DOCTORS LETTER MAY BE REQUIRED STATING YOU ARE SAFE AND WELL TO GO BACK TO WORK, ESPECIALLY FOR A FOOD HANDLING/ HEALTH AND SOCIAL POSITION OR WERE MANUAL HANDLING DUTIES ARE INVOLVED, THIS WILL BE KEPT IN YOUR FILE AND CONFIDENTIAL)***

**The Disability Discrimination Act 1995**

The Disability Discrimination Act of 1995 defines a person with a disability as “A physical or mental impairment which has substantial adverse long term effect on his/her ability to carry out normal day to day activities.”

|  |
| --- |
| Do you have a disability which may affect your ability to undertake the role *(of which you have applied for)*, or that will require you have special arrangements? ............................................................... |
| If YES, then please state below what facilities/adjustments and/or equipment you may need to enable you to perform the role? |

**Part SIX, Declaration**

I declare that the information given in this questionnaire is true and complete. I understand that any misleading information or any omissions will be sufficient grounds for termination of my employment.

I will notify Principle Associates Ltd if any of my answers change on my completed questionnaire.

I do / do not give permission to my General Practitioner to disclose relevant information, e.g. Occupational Health Department, in accordance with the Access to Medical Records ACT 1988

I do / do not wish to see my General Practitioner’s comment before the Questionnaire is returned to the, e.g. Occupational Health Department or HR Manager.

I do / do not want to know if I am at risk of early ill-health retirement.

Name..........................................................................................................................................................................

Signature of Applicant....................................................................... Date......................................................

The information provided by you in this form as an applicant will be sorted on paper records and computer system in accordance with the Data Protection ACT 1998 and will be processed solely in connection with the recruitment process.

Witnessed by.................................................................... Signed....................................................................

**Applicant, Worker Disclosure Form**

**National Fraud Initiative**

This document contains information relating to the disclosure of your Personal Data as defined by the Data Protection ACT 1998 (the ‘Act’) to Comensura Limited and the Client you have been assigned to undertake work for & the Audit Commission or other bodies responsible for auditing or administering public funds.

As such, please read through this document thoroughly before signing below.

The Audit Commission operates a National Fraud Initiative (the ‘NFI’) in conjunction with audited bodies to identify fraud and over payments relating to public money. The Client you will be assigned to undertake work for participates in this scheme and by signing this declaration you give consent to your Personal Data being released for the purposes of this anti-fraud initiative.

In accordance with the NFI, Comensura will provide your Personal Data to the Client who will in turn make this information available to the Audit Commission and other bodies responsible for auditing or administering public funds. All data will be provided in accordance with the Code of Data Matching Practice which sets out the principles and practices adopted to ensure your data is safeguarded and which has been sanctioned by the Information Commissioner.

Further details are available on the Audit Commission website: <http://www.audit-commission.gov.uk/nfi>

You have the right to ask to see details of any personal information that Comensura holds about you at any time. You may also request a copy of Comensura’s policy statement on the Secure Storage, Handling, Use, Retention and Disposal of CRB Disclosures and Disclosure Information.

..............................................................................................\\//..............................................................................................

**I hereby confirm that I have read and understood the information detailed above and that I my express consent**

1. **For you to disclose the entire contents of my personnel file to Employees or Agents of Comensura or the Client;**
2. **For Comensura or the Client to verify any of the details disclosed;**
3. **For the Client to Release my Personal Data to the Audit Commission and other bodies responsible for auditing or administering public funds.**

**Signed........................................................................................................ Dated.........................................**

**Witnessed by (Name)...........................................................................Signed.......................................**

**Agency Worker Confidentiality Agreement**

**To:**

1. **In return for.................................. Providing information to me in the course of my assignment as an Agency Worker with....................................I promise to do the following in relation to the information given to me or obtained by me in the course of such placement (‘the information’):**
* **I promise to hold the information in the strictest confidence, and to ensure that it is kept in a safe and secure place when not in use. I acknowledge that no information is to be removed from client premises without the permission of the client:**
* **I promise to not use the information, only for the purpose of the work for which I have been given such information:**
* **I promise not to disclose it to any third party or copy the information except as may be required in the course of my duties;**
1. **I agree that any breach of this undertaking by me or any third party to whom I release the information may result in legal proceedings being commended against me including a claim for the recovery of any losses or damages incurred by the client as a result of breach.**

**Signed by Temp...................................................................................**

**(Print Name)........................................................................................**

**Dated......................................................................................................**

**Signed by Consultant........................................................................**

**(Print Name)........................................................................................**

**Dated......................................................................................................**

**Declaration**

1. **I hereby declare that I am not engaged in or do not intend to engage in any work and/ or business that is prejudicial to the work and/or business I be undertaking for and on behalf of the Council.**

**Name..................................................................................................**

**Signature..........................................................................................**

**Date....................................................................................................**

1. **I declare that all the foregoing statements are true and complete to the best of my knowledge**

**Should the situation change whilst either:**

1. **I am engaged on a temporary Assignment by (The Panel Vendor)**
2. **In between Assignments for (The Panel Vendor)**

**I will immediately notify (The Panel Vendor)**

**Print Name: ..............................................................................................**

**Signature: .................................................................................................**

**Date: ...........................................................................................................**

**Witnessed by..........................................................**

**Signed.......................................................................**

**Date...........................................................................**

**Declaration of Criminal Offences**

**Act 1974**

**‘I ........................................ ......declare I have not got any further criminal record/ Spent/ Un-spent convictions that I have not already declared in this file. I understand that if something I have not declared or been dishonest about, it will affect my employment/further employment for ........................................... and through Principle Recruitment Ltd’**

**If you wish to state anything further please do so now:**

**Signed by.........................................................**

**Print Name.....................................................**

**Date...................................................................**

**Witnessed by...................................................**

**Print Name.....................................................**

**Date....................................................................**

**Declaration**

|  |
| --- |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. |
| **Signature:** |  | **Date:** |  |
| **Name:** |  | **Witnessed by:** |  |

**The information provided by you on this form as an applicant will be sorted either on paper records or on a computer system in accordance with Data Protection Act 1998 and will be processed solely in connection with recruitment.**

**Final Declaration**

After one week of working through The Principle Recruitment Associates Ltd , we require one weeks’ notice to end the assignment your end and the same from the client. Failure to provide the notice period required to end your assignment could cause a deduction in your last week’s pay. This means that you will forfeit your last weeks’ pay due to breach of contract.

You must provide your notice in writing to your consultant one to two weeks before you intent to leave the assignment. This information will also be presented in your Terms of Business once an assignment has been created and you have started work.

Please sign below to acknowledge you have read and understand the above detailed information regarding providing one weeks’ notice to leave an assignment to prevent loss of your final week or works wage.

**Signed by.........................................................**

**Print Name.....................................................**

**Date...................................................................**

**Witnessed by...................................................**

**Print Name.....................................................**

**Date....................................................................**