



## APPLICATION FORM

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CANDIDATE NAME: \_\_\_\_\_

### APPLICANT INTERVIEW CHECKLIST

ADVERT REFERENCE: \_\_\_\_\_

**Please send copies of the following documents with the completed application (failure to do so will result in application not being processed). Bring originals documents to the scheduled interview:**

- Passport or UK birth certificate
- Proof of permission to work in the UK (valid visa)
- 2 Proof of Address (e.g. utility bill; phone bill; bank statement)
- 3 passport size photographs (write your name on back of every photograph)
- Relevant Original certificates or diplomas, healthcare certificates
- Bank/building society details
- CRB Enhanced Disclosure (please bring payment of £45.00 to process CRB)
- Overseas police check (If you have lived outside the UK before the age of 16 years)
- NI Card / P45 / P60
- Proof of vaccination (Hepatitis B, Rubella, Tetanus, TB)
- NMC / GSCC Pin with the statement of Entry (registered nurses)
- NVQ Qualification Level 2 / 3 / 4 (Healthcare Assistants / Support Workers)
- Current CV (**A full employment history, together with a satisfactory written explanation of any gaps in employment**) email to [info@rainbowmedicalservices.com](mailto:info@rainbowmedicalservices.com)
- References details (5 years of continuous employment history)

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**Office Use Only:**

**Scheduled Interview date:** \_\_\_\_\_ **Candidate informed by:** \_\_\_\_\_

Registration form Completed and signed in ALL sections (provided on interview day)

Professional Conduct Completed and signed in ALL sections (provided on interview day)

Fitness to work Completed and signed in ALL sections (provided on interview day)

Contract for Services PAYE candidates (provided on interview day)

Terms of Engagement Ltd Company Contractors (provided on interview day)

CRB declaration & CRB application

TOM \_\_\_\_\_ **Written Test** \_\_\_\_\_ **ID badge issued** \_\_\_\_\_

**Staff Handbook issued** \_\_\_\_\_

**Agency worker agreement issued** \_\_\_\_\_

**GSCC Codes of practice issued** \_\_\_\_\_

**UKHCA Codes of practice issued** \_\_\_\_\_

P45 \_\_\_\_\_ **P46** \_\_\_\_\_ **Starter Form** \_\_\_\_\_

**Uniform issue** \_\_\_\_\_ **Staff Handbook Sent:** \_\_\_\_\_

**Reference 1** **Sent:** \_\_\_\_\_ **Received:** \_\_\_\_\_

**Reference 2** **Sent:** \_\_\_\_\_ **Received:** \_\_\_\_\_

**Reference 3** **Sent:** \_\_\_\_\_ **Received:** \_\_\_\_\_

**Personal details:**

Title  Mr  Mrs  Miss  Ms  Dr (please tick)

Forename(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

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

Email (work): \_\_\_\_\_

Visa type: \_\_\_\_\_

Do you have a current driving licence?  Yes  No

National Insurance Number: \_\_\_\_\_

When did you first enter the United Kingdom? \_\_\_\_\_

Surname: \_\_\_\_\_

Previous name(s): \_\_\_\_\_

Country of origin: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_

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

Email (home): \_\_\_\_\_

Visa expiry (where applicable): \_\_\_\_\_

What transport do you have available to you? \_\_\_\_\_

Position applied for (RGN/RMN/SW): \_\_\_\_\_

**Next of kin details:**

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

Relationship to you: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

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

**Professional details:**

Do you have professional indemnity cover?  Yes  No

Accommodation required:  Yes  No

Employment preferred:  Permanent  Temporary

Preferred placement location: \_\_\_\_\_

Dates available for work: \_\_\_\_\_

Preferred client group (if applicable): \_\_\_\_\_

## Professional registration

General Social Care Council / Nursing Midwifery Council / UKHCA

Are you registered with the GSCC/NMC/UKHCA? ■ Yes ■ No Registration Number: \_\_\_\_\_

When is your annual registration due for renewal? \_\_\_\_\_

### Training Update – All hospital and social workers

Please list any recent training you have attended in the following areas. Please provide full details including the date, provider, and proof of attendance.

Title	Date	Provider(name & address)	Proof of attendance
Basic Life Support			
Health & Safety			
Fire Safety			
COSHH & RIDDOR			
Moving & Handling			
Infection Control			
SOVA / POVA			
C&R (Breakaway Tech)			
Medication Management			
Food Hygiene			

## Professional conduct

### Rehabilitation of offenders Act 1974 (All applicants)

Virtually all the assignments we arrange are with clients who are exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1985. Applicants are therefore not entitled to withhold information about any convictions which for other purposes are 'spent' under the provision of the Act. Any information given will be completely confidential and will be considered in relation to an application for the positions to which the order applies. Please sign your name below if you have no such convictions to declare. If you do have convictions you are legally obliged to inform us, whether spent or otherwise. Attach such details on a separate sheet.

**I declare that I do not have convictions to report and that I am aware that making a false statement could be a criminal offence.**

Applicant's Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Police checks (All applicants)

If still overseas you must obtain a federal or state police clearance from your country of exit, contact your local authority for more information. If you are in the UK at time of registration we will process an Enhanced CRB Disclosure on you as mandatory.

Have you obtained a Police check from your country of exit? If yes, please provide a copy for our records.

Yes  No  N/A

## Code Of Conduct

I have read and understood the Terms of Membership and have been issued with a copy. I agree to adhere to the terms at all times.

Applicant's Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Skills list (tick as appropriate the areas of experience)**

- Referral and assessment
- Child protection
- Children in need
- Looked after children
- Children with disabilities
- Leaving care
- Adolescents
- Fostering
- Adoption
- Education welfare
- Unaccompanied Minors
- Asylum seekers
- Adult physical disabilities
- Adult learning disabilities
- Older people
- Hospital
- Drug and alcohol
- Mental health – Adults
- Mental health – Children/adolescents
- Homelessness
- Learning disabilities
- Other
- Youth work
- Therapy/counseling
- Youth offending
- Housing services
- Psychology
- Community development
- Management
- Staff supervision
- Program development
- Reviewing officer

**Working Time regulations**

**48 Hour Working Opt-out (All applicants)**

The Working Time Directive states that staff cannot be forced to work more than an average of 48 hours per week. You are free to accept as many or as few hours per week as you wish. However, in case you should wish to work more than 48 hours in any one week, please sign below to give your consent.

**I hereby agree that the Working Week Limit shall not apply.**

Applicant's Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Disciplinary proceedings or investigations

Have you ever been subject to any current or previous Disciplinary proceedings or investigations? **No** **Yes**

If yes please provide us with the nature of the investigation/ proceedings, outcome and dates:

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## Cautions

Has any child/adult that you have parental or professional responsibility for (i.e. in your care) been subject to any child/adult protection investigations or removed from your care? **No** **Yes**

Has any claim of inappropriate behavior been made against you (substantiated/unsubstantiated) **No** **Yes**

If yes please provide us with the nature of the investigation/ proceedings, outcome and dates:

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## Education Training & Qualifications

Secondary schools, colleges, universities attended (most recent first)

Date (start)	Date (finished)	Organisation Name	Qualification gained (dates, levels, grades)

**I declare that all the information I have provided is correct and complete to the best of my knowledge. I understand that my appointment is subject to the receipt of satisfactory references and an acceptable Enhanced CRB disclosure.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**I have read and understood the Agency Worker Agreement and Staff Handbook.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## Professional References

The United Kingdom requires references covering a period of 5 years; this includes non social work related references, placement positions and volunteer work. In the event that managers have left the organisation you worked for, please list details as normal and state that they have left as we are obliged to gain a statement of service from Human Resources in such scenarios. Please use as many continuation sheets as necessary.

**If you do not wish for your present employer to be contacted please tick here** \_\_\_\_\_

1. Name of referee: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation name & address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

Dates worked. From: \_\_\_\_\_ To: \_\_\_\_\_

2. Name of referee: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation name & address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

Dates worked. From: \_\_\_\_\_ To: \_\_\_\_\_

3. Name of referee: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation name & address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

Dates worked. From: \_\_\_\_\_ To: \_\_\_\_\_

4. Name of referee: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation name & address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

Dates worked. From: \_\_\_\_\_ To: \_\_\_\_\_

**How did you hear about Rainbow?** \_\_\_\_\_

**EQUAL OPPORTUNITIES POLICY – MONITORING CHECKLIST**

For the sole purpose of monitoring our policy, as stated above, please complete the following:  
**The 2001 Census asked questions about Ethnicity.** The categories listed were:

**A White**

- British
  
- Irish
  
- Any other White background

**B Mixed**

- White and Black Caribbean
  
- White and Black African
  
- White and Asian
  
- Any other mixed background

**C Asian or Asian British**

- Indian
  
- Pakistani
  
- Bangladeshi
  
- Any other Asian background

**D Black or Black British**

- Caribbean
  
- African
  
- Any other Black background

**E Chinese or other ethnic group**

- Chinese
  
- Any other

**Disability**

Do you consider yourself to have a disability which will affect your day-to-day work?

YES  NO

If yes, please give details:.....