



Application Form

1. PERSONAL DETAILS

Surname		Address	
First Name			
Title			
Gender		Postcode	
Maiden/Previous Name		Home Tel	
Date of Birth	Age	Work Tel	Ext/Bleep
National Insurance Number		Mobile	
Do you hold a current DBS/PVG/Access NI		Email	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date Issued		For DBS, are you registered with the DBS update service? If yes, please provide registration details	
Certificate Number		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please enclose a proof of NI number (e.g. copy of NI card, P45 or P60) and a proof of address (e.g. utility bill or bank statement). Age and gender details are requested for use in identity and employment history checks, in accordance with the Company's equal opportunities policy.

2. ELIGIBILITY TO WORK

European Economic Area (EEA) National	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are not a British Citizen or EEA National please indicate which of the following you hold	Expiry Date
Permanent Resident Status	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nationality		UK Residency / Ancestral Visa	<input type="checkbox"/> / /
Country of Origin		Work Permit	<input type="checkbox"/> / /
Passport Number		Student Visa	<input type="checkbox"/> / /
Expiry Date		All applicants, please enclose your original passport, (and visa if applicable). If you have a registration certificate under the Worker Restriction Scheme for A8 Countries, please enclose a copy.	

3. NEXT OF KIN / EMERGENCY CONTACT

Full Name	Address
Relationship to You	
Telephone Number	Postcode



4. POSITION APPLYING FOR

5. PROFESSIONAL REGISTRATION

If you are currently registered with a professional body such as HCPC, CCW, GMC, GPC, NMC, NISSC, or SSSC, please state your registration number here

6. QUALIFICATIONS

Please list all relevant qualifications held and training courses attended in the last five years. Include any courses you are currently undertaking. Continue on a separate sheet if necessary.

University / College / Institution	Course / Qualification Obtained	Date Completed
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Please enclose original certificates and relevant details





7. PROFESSIONAL REFERENCES

Please give the details of professional referees from your most recent periods of employment, covering at least five years. They must have held a more senior position than you. Continue onto a separate sheet if necessary.

1. Name		2. Name	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel	Ext/Bleep	Tel	Ext/Bleep
Email		Email	
Employment from	to	Employment from	to
Position held		Position held	
Reason for leaving		Reason for leaving	
3. Name		4. Name	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel	Ext/Bleep	Tel	Ext/Bleep
Email		Email	
Employment from	to	Employment from	to
Position held		Position held	
Reason for leaving		Reason for leaving	



7. PROFESSIONAL REFERENCES (CONTINUED...)

Have you been subject to any disciplinary procedures during the last 5 years of employment? If yes, please provide details

Yes

No

Always get a reference from every manager you work for. A comprehensive reference history gives our clients confidence in your abilities and makes it quicker to find work. Please also supply a character reference to help us meet the recommendations of the Warner Report. If you have any negative references, it is important to be open about them and put the experience into the wider context of your career. Your consultant at Jeff Jen Care Plus will work with you to find the best strategy.

5. Character reference

Address

Tel

Email

Postcode

8. REHABILITATION OF OFFENDERS ACT (EXCEPTIONS ORDER) 1975

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation Offenders Act 1974. These include posts where in the normal course of duty employees have to access persons requiring care.

Under the Exceptions Order (1975), applicants are therefore obliged to disclose information about any convictions which for other purposes would be regarded as "spent". Failure to disclose such convictions could result in dismissal or disciplinary action by the employing organisation. Any information given will be confidential and will be considered only in relation to any posts to which the conviction applies.

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). Where yes, please provide details.

Yes

No

Are you aware of any Police enquiries undertaken following allegations made against you, in the UK or overseas?

Yes

No

Please sign below

Signature

Print name

Date



9. CRIMINAL RECORD CHECKS

An enhanced DBS/PVG/Access NI check must be carried out for all relevant temporary workers.

To be employed on a locum contract, many contracts require that you have a disclosure in the name of the agency through which you are applying. Holding a previous disclosure rather than one from your current agency or employer may render you ineligible for the position you are applying for. Sanctuary is committed to finding you the best positions as quickly as possible. Unlike most other agencies, Sanctuary operates its own Online DBS service to process fast online DOS disclosures so that our candidates can be in-post sooner. PVG/Access NI are applied for via paper application.

The cost of a disclosure is as follows:

DBS £44

PVG £59

Access NI £33

Please enclose the relevant fee with your application. This will be refunded to you when you start working for us.

We will reapply and pay for criminal record checks on your behalf annually for the duration of your employment with us.

Once you return your application form, we will provide details of how to apply for the relevant criminal record check. You will be expected to bring your Applicant Copy of your relevant disclosure to any interview arranged by us.

10. DISQUALIFICATION FROM CARING FOR CHILDREN REGULATIONS 2002

In accordance with the Disqualification from Caring for Children Regulations 2002, please inform us if you have ever had a child removed from your care?

Yes No

11. AVAILABILITY

Available to work from: / /

To (if known): / /

Please indicate your availability:

Full Time Part Time Days Nights Evenings Weekends

Do you have a driving licence that is valid in the UK?

Yes No

Do you have access to a car?

Yes No

Please enclose your original driving license including counterpart and a copy of your insurance details

Location you would prefer to work in: _____ Nearest tube / train station: _____



12. BANK DETAILS

Will you be working as “pay as you earn” (PAYE) or paid through a Limited Company? Please give details of your Limited company provider (if applicable):

PAYE Limited Company Umbrella Company

Current Limited Company provider: _____

Limited company workers please provide copies of your certificate of incorporation and VAT registration certificate

Name of Bank

Name of Account Holder

Bank Address

Account number

Sort code

P45 enclosed? Yes No

P46 enclosed? Yes No

Postcode

13. WORKING TIME REGULATIONS

The Working Time Regulations 1998 state that you are unable to work in excess of an average of 48 hours per week (calculated over a 17 week period) unless agreed with Jeff Jen Care Plus that this limit should not apply.

Jeff Jen Care Plus wishes to have an agreement with you, which will apply until terminated by notice:

- i. The average 48 hour work limit will not apply to you
- ii. This agreement may be terminated by yourself by giving Jeff Jen Care Plus 4 weeks written notice

If you accept this proposal, please sign below. This section of the application form will then be the record of this agreement between you and Jeff Jen Care Plus Limited.

Signature

Print name

Date



14. DECLARATION

The information in this entire form (pages 1 to 6 and all additional sheets used) is true and complete. I understand that any deliberate omission, falsification or misrepresentation in the application form will be grounds (or rejecting this application or subsequent dismissal if employed by the organisation).

I acknowledge that my personal details will be stored and handled by Jeff Jen Care Plus in accordance with the Data Protection Act 1998. I agree that the company may forward my details to prospective employers in their capacity as an employment business / employment agency.

I am happy for Jeff Jen Care Plus to contact me from time-to-time regarding new opportunities. I authorise Jeff Jen Care Plus to obtain any relevant references and verification of qualifications on my behalf. In addition to this, I give Jeff Jen Care Plus permission to apply for / verify criminal record records on my behalf.

I confirm that I am not currently disqualified from working with children or vulnerable adults, or subject to any sanctions imposed by a regulatory or professional body.

I authorise Jeff Jen Care Plus to obtain DBS/PVG/Access NI clearance for me as required.

I confirm that I will ensure that all time limited documents are renewed prior to expiry.

Do you have any business interests (paid or otherwise) which may affect your ability to adhere to your contract with Jeff Jen Care Plus? If yes, please ensure you advise your Sanctuary consultant. If yes, please provide details

Yes

No

For some clients, it is necessary to provide a longer reference history and your consultant will inform you of this when you apply

PLEASE SIGN HERE

Signature

Print name

Date



Safe, Compassionate Care

WHAT TO DO WITH THIS COMPLETED FORM

Please post back to us at: Jeff Jen Care Plus Limited, Sandford Gate, East Point Business Park, Oxford, OX4 6LB remembering to include the following documents. For essential documents, please provide originals:

ESSENTIAL

- Proof of NI number
- Proof of address
- Passport (and visa)
- Professional registration certificate
- Qualification certificates
- Required identification documents
- Relevant fee for D8S/PVG/Access NI

IF APPLICABLE

- Limited Company certificate of incorporation and VAT registration certificate
- Driving licence, insurance and MOT certificate (if you will be using your car for work)
- Your most recent DBS/PVG/Access NI certificate (original) or overseas police check
- Personal professional indemnity insurance certificate



EBOLA SCREENING QUESTIONNAIRE

CONFIDENTIAL

Due to the recent (EVD) Ebola Virus Disease outbreak from March 2014 guidance has been given from WHO (World Healthcare Organisation), Public Health England, HPA (Health Protection Agency) and Department of Health for those returning from affected areas, new entrants to the UK from affected areas and those in contact with the virus. Our aim is to promote and maintain health of all people at work. Before health clearance is given for employment you may be contacted by Jeff Jen Care Plus Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Jeff Jen Care Plus Ltd.

PERSONAL INFORMATION

Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

EVD (EBOLA VIRUS DISEASE)

Any person who has been in West Africa in the previous 21 days complete the following:	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to the above, please list all of the countries that you have lived in/visited in the last 21 days including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.		

EVD (EBOLA VIRUS DISEASE CONTINUED)

Do you plan to visit West Africa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered YES to the above, please list all the countries you plan to visit. This <u>MUST</u> include duration of stay and dates or this form will be rejected		

WHAT ARE THE SYMPTOMS?

An infected person will typically develop a fever, headache, joint and muscle pain, sore throat and intense muscle weakness. Diarrhoea, vomiting, a rash, stomach pain and impaired kidney and liver function follow. The patient then bleeds internally and may also bleed from the eyes, nose or mouth. Ebola virus disease is fatal in 50-90% of cases. The sooner a person is given care, the better the chances that they will survive

(EVD) EBOLA SIGNS & SYMPTOMS

Do you have any of the following?	Yes	No
Fever (greater than 38.6° C or 101.5°F)	<input type="checkbox"/>	<input type="checkbox"/>
Severe Headache?	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting and Diarrhoea?	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Pain?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained Bleeding or Bruising?	<input type="checkbox"/>	<input type="checkbox"/>

EVD (EBOLA VIRUS DISEASE CONTIDUED)

Have you come into direct contact with the virus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into contact with someone suffering from the virus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into contact with someone suffering from the above signs and symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into direct contact with the virus but wore appropriate protective equipment/clothing (PPE), and had no known breaches in PPE?	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into direct contact with the virus or appropriate protective equipment/clothing (PPE), but are concerned that they may have had a breach in these protective measures or have had direct contact with an Ebola patient's blood, urine or secretions without being protected?	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU ANSWERED YES TO THE ABOVE SIGNS AND SYMPTOMS QUESTIONS?

Signs and symptoms may appear anywhere between 2 and 21 days after becoming infected, but usually after 5-7 days. If you think you or your family member has symptoms of Ebola infection, please follow the following procedures:

- Should encourage them to seek medical advice immediately or seek it on their behalf if necessary.
- Stay at home and contact NHS by telephone.
- Limit contact with others and avoid all other travel.

It's more likely that the cause is another disease such as malaria, but you may need to be tested for Ebola as a precaution.

DECLARATION

I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for Jeff Jen Care Plus Ltd to make recommendations to my employer.

NAME

SIGNATURE

DATE

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TUBERCULOSIS CONTINUED

Do you have any of the following?	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB?	<input type="checkbox"/>	<input type="checkbox"/>

EVD (EBOLA VIRUS DISEASE)

Any person who has been in West Africa in the previous 21 days or those wishing to visit affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to the above, please list all of the countries that you have lived in/visited in the last 21 days including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.		

Additional Information

(If you have answered yes to any questions above, please provide additional information below)

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CHICKEN POX OR SHINGLES

Have you ever had chicken pox or shingles?		
Yes	No	Date

IMMUNISATION HISTORY

Have you had any of the following immunisations?				Yes	No	Date
Triple vaccination as a child (Diphtheria/Tetanus/Whooping cough)						
Polio						
Tetanus						
Hepatitis B (If Yes is ticked please give dates below)						
Course:	1	2	3			
Boosters:	1	2	3			

Proof of Immunity (Please send the following)

Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we <u>strongly advise</u> that you provide serology test result showing varicella immunity
Tuberculosis	We require an occupational health/GP Certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella and Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

Proof of Immunity (Please send the following) EPP Candidates Only

Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample (IVS)



HIV	Evidence of a negative antibody test Report must be an identified validated sample (IVS)
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EXPOSURE PRONE PROCEDURES

Will your role involve Exposure Prone Procedures	Yes	No
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DECLARATION

I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for Jeff Jen Care Plus Ltd to make recommendations to my employer.

NAME	SIGNATURE	DATE

HEALTH DECLARATION

Please answer all of the following questions as this information is needed in statutory risk assessments prior to each placement.

Have you ever in your life, including childhood, had any of the following medical conditions?

	Yes	No		Yes	No		Yes	No
Chest problems (e.g. TB)	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>
Heart or circulation problems	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/ Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (recent onset)	<input type="checkbox"/>	<input type="checkbox"/>
Raised blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Migraine/ headaches	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (childhood)	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness / fainting	<input type="checkbox"/>	<input type="checkbox"/>	Other gland problems	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia or blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/ blackouts/ fits	<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for MRSA	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat problems	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems/Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems (e.g. eczema)	<input type="checkbox"/>	<input type="checkbox"/>	Kidney/ bladder problems	<input type="checkbox"/>	<input type="checkbox"/>	A major operation?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies / hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal problems	<input type="checkbox"/>	<input type="checkbox"/>	Currently taking medication?	<input type="checkbox"/>	<input type="checkbox"/>
Adverse reaction to medicine	<input type="checkbox"/>	<input type="checkbox"/>	Frequent diarrhoea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Waiting to attend hospital?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above please confirm whether:

It will impact on your ability to undertake your role and/or performance

Yes No

You will require any additional support or assistance in order to complete the tasks required within your post

If yes to either of the above, please provide details _____

Do you consider yourself to have a disability? If yes, please describe the nature of your disability _____

Please indicate if you have ever had any of the following diseases? If so, please give dates.

	Yes	Dates		Yes	Dates
Varicella (chicken pox)	<input type="checkbox"/>	/ /	Typhoid	<input type="checkbox"/>	/ /
Herpes zoster (shingles)	<input type="checkbox"/>	/ /	Hepatitis	<input type="checkbox"/>	/ /
Mumps	<input type="checkbox"/>	/ /	Malaria	<input type="checkbox"/>	/ /
Rubella (German measles)	<input type="checkbox"/>	/ /	Scarlet Fever	<input type="checkbox"/>	/ /
Whooping cough	<input type="checkbox"/>	/ /			

Please provide the following details of your immunisation record.

	Yes	Dates		Yes	Dates
Tetanus	<input type="checkbox"/>	/ /	Hepatitis B	<input type="checkbox"/>	/ /
Diphtheria	<input type="checkbox"/>	/ /	Rubella (German measles)	<input type="checkbox"/>	/ /
Poliomyelitis	<input type="checkbox"/>	/ /	Varicella	<input type="checkbox"/>	/ /
Hepatitis A	<input type="checkbox"/>	/ /	OCG (Tuberculosis vaccination)	<input type="checkbox"/>	/ /

PLEASE SIGN HERE

Signature _____ Print name _____ Date _____



NEW EMPLOYEE CLINICAL MEDICAL QUESTIONNAIRE

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Jeff Jen Care Plus Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Jeff Jen Care Plus Ltd.

PERSONAL INFORMATION			
Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

MEDICAL HISTORY		
All staff groups complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you do the job?	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned or rejected**.

ADDITIONAL INFORMATION (If you have answered yes to any questions above please provide additional information below)

TUBERCULOSIS		
Clinical diagnosis and management of tuberculosis and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year (Include Holidays/Vacations)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.		
Have you had a BCG vaccination in relation to Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when	Date	



EQUAL OPPORTUNITIES MONITORING

Jeff Jen Care Plus ensures equal opportunities in the fields of recruitment, employment, training, promotion and job security, irrespective of any characteristics that may place an applicant in any minority of disadvantaged group or groups.

The aim of this Equal Opportunities Policy is to ensure that no job applicant, employee or service user received less favourable treatment on the grounds of:

- Race (including colour, nationality and ethnic/national origin)
- Religion and belief
- Sex
- Marriage & civil partnership
- Gender reassignment
- Age
- Disability
- Pregnancy & maternity

In order that we can measure the effectiveness of this policy and continue to develop relevant personnel policies, please complete the following questions. Information given is confidential and will only be used for statistical monitoring. It does not form any part of your job application.

Please indicate which best describes your ethnic origin:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> White - British | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Black/ Black Caribbean | <input type="checkbox"/> Asian/ Asian British - Pakistan |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Black/ Black British -Asian | <input type="checkbox"/> Asian/ Asian British - Bangladeshi |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Black / Black British - Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed - Other | <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Asian/ Asian British - Indian | |

The Equality Act 2010 defines a person with a disability as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities

Do you consider yourself to have a disability? Yes No

If yes please provide describe the nature of your disability _____

Age range:

- 16-24 25-34 35-44 45-54 55-64 65+

Sex:

- Male Female

Please indicate which best describes your sexual orientation:

- Lesbian Gay Bisexual Heterosexual Prefer not to disclose

Please indicate which best describes your religion/belief:

- Christian Muslim Buddhist Sikh Hindu
 Jewish None Other Prefer not to disclose

Please indicate your location:

- Channel Islands East Midlands East of England North East North West Northern Ireland
 Scotland South East South West Wales West Midlands Yorkshire & The Humber

Position applied for _____

Date form completed _____



AGENCY WORKER HANDBOOK DECLARATION

I have read a copy of the Agency Worker Handbook which outlines the goals, policies, benefits and expectations of Jeff Jen Care Plus and its clients, as well as my responsibilities as an Agency Worker.

I have familiarised myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Agency Worker Handbook provided to me by Jeff Jen Care Plus. I understand that this handbook is not intended to cover every situation which may arise whilst on assignment, but is simply a general guide to the goals, policies, practices, benefits and expectations of Jeff Jen Care Plus.

Updates to this manual may be issued. Should this happen, Jeff Jen Care Plus will notify you or this by email. You will, at that time, be required to familiarise yourself with any changes notified.

In particular, by signing below, you are confirming that you have familiarised yourself with the content of this Handbook. This agreement relates to all information held within the handbook, however, with particular note to the following, which form part of your pre employment compliance checks.

- Jeff Jen Care Plus Confidentiality Agreement on page xx of this handbook.
- Access to Information Agreement on page xx of this handbook.
- Jeff Jen Care Plus Grievance Process on page xx of this handbook
-

By signing below, you are agreeing to adhere to all areas covered in this handbook whilst on assignment with Jeff Jen Care Plus. Failure to do so may affect your placement through our agency.

This page must be returned to your Jeff Jen Care Plus consultant prior to commencement of assignment.

Signed:	
Print Name:	
Dated:	



AGENCY WORKER RELEASING PERSONAL INFORMATION DECLARATION

This document contains information relating to the disclosure of your Personal Data and Sensitive personal Data, as defined by the Data Protection Act 1998 (the "Act") to third parties. As such, please read this document thoroughly before signing below.

In order to process your application for temporary work or for purposes of auditing, we may be required to disclose all or some of the details held in your personnel file, including but not limited to: your application form; curriculum vitae; driving licence; evidence of your right to work in the U.K, and employment references, to a client to whom you will be assigned to carry out work. The client may themselves verify any of these documents at any time.

In accordance with client processes for safeguarding vulnerable adults and children, if you are placed into a role where you will be working unsupervised with vulnerable groups we may also be required to disclose your Disclosure Barring Service (DBS) disclosure to our client.

When supplying us with details of your update service membership, you agree to us carrying out checks on your DBS as required. These checks will be carried out at least once per calendar year, however, may be carried out more frequently where necessary.

Where you are required to supply your driving licence for a role, by signing this document you are authorising us to check the status of your licence online at gov.uk follow1t1g the counterpart licence becoming obsolete. We may check this at intervals deemed necessary but a minimum of the start of each new relevant placement,

We may be required to scan a copy of your photo ID, and where applicable your work visa and upload the scans to a Managed Vendor's I.T. system.

Our clients comply fully with their obligations under the Act and all other relevant legislation pertaining to the safe handling, use, storage, retention, processing and disposal of Personal Data and/or Sensitive Personal Data contained with DBS Disclosures and ensure that it:

- does not disclose the DBS certificate to any third party and that it is passed only to those who are authorised to receive it in the course of their duties except where disclosure is required by any applicable laws, court orders, or government regulations or where you give us permission to do so;
- uses the information only for the specific purpose for which it was required;
- does not keep disclosure information for any longer than is necessary; and
- takes all reasonable steps to protect any information submitted via an online submission system.
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You have a right to ask to see details of any personal information that a client holds about you at anytime. You may also request a copy of a client's policy statement on the Secure Storage, Handling, Use, Retention and Disposal of DBS Disclosures and Disclosure Information. If you wish to do so please contact your consultant at.....

I hereby confirm that I have read and understood the information detailed above and that I give consent (a) for you to disclose the entire contents of my personnel file to employees or agents of a client; (b) for a client to verify any of the details disclosed; and (c) for you to scan and upload a copy of my photo I.D. and where applicable my work visa to an online submission system.

Signed:

Dated:

Print Name: