JJ CARE
SUPPORT SOLUTIONS LTD

Office Address:
9 Leston Close, Rainham, RM13 9NF
info@jjcaresupportsolutions.co.uk
07475099172
www.jjcaresupportsolutions.co.uk

Application Form

Please attach a Passport Photograph

Position Applied for:			
Date available to commence employment:			
Salary expectations:			
Surname:			**Address:**
Forenames:			
Title:			
Maiden/ other name:			
Home Telephone:	Mobile:		**Post Code:**
Email address:			
Nationality:			
National Insurance Number: (if applicable)			

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List any Academic qualifications you have

(Continue on a separate sheet of paper if necessary)

Institute/Location of study	Qualification	Date (*to & from)*

Professional & Clinical Training & Qualifications

Institute/Location of study	Qualifications	Date *(to & from)*
Professional Indemnity / union	**Membership Number**	*It is a legal requirement for all nurses and midwives to have professional indemnity insurance and it is **YOUR** responsibility to have this.*

Note: Please bring with your original certificates of all relevant qualifications and certificates you have obtained.

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Current Employment Information

Name and address of current employer: **Telephone Number:** **Name of your Manager:**	**Start Date:** **End Date (if applicable):** **Position Held:** **Reason for leaving (if applicable):**

Full employment history including any gaps – Most Recent First

Please note a full 10 year employment history must be provided, or your employment history since leaving full time education if less than 10 years. All gaps over 2 months in employment history must be detailed with a note of explanation.

(Continue on a separate sheet of paper if necessary)

Company Name & address	Position held	Date From	Date to	Reason for leaving

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Community, Volunteer or Intern Experience

Name and Address of organisation	**Position & title**	**General Duties**	**Date** *to & from*

Permissions to work in the UK

Are there any restrictions to your residence within the UK that might your right to take up employment in the UK?	Yes / No
f your application is successful, would you require permission to work in the UK	Yes / No
NMC Pin (if applicable)	
NMC Registration Number:	Expiry Date

Skills & Experience

In support of your application, please detail your relevant skills, experiences and personal qualities which you believe are relevant to the position you're applying for:

Please provide full names and addresses of two professional employment referees and one character referee. Your first reference must be from your current or previous last place of work and addressed to your line manager. J J Care Support Solutions Ltd cannot use friends or relatives for any employment references. Employment references cannot be sent to private or personal home addresses. You must provide workplace addresses and the referee must be a higher grade of staff than you yourself i.e. your line manager

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Work Reference 1

Name	
Job Title	
How do you know this person?	
Company	
Address	
Telephone Number	
Email	

Work Reference 2

Name	
Job Title	
How do you know this person?	
Company	
Address	
Telephone Number	
Email	

Character Reference 3

Name	
Job Title	
How do you know this person?	
Company	
Address	
Telephone Number	

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Email	

Next of Kin Details

(Who you would want J J Care Support Solutions Ltd to contact in the event of an emergency)

Surname:	Address:
Forename:	
Title:	
Relationship:	Post Code:
Contact Numbers:	
Work contact Number:	

Criminal Record

Do you have any criminal convictions in the UK or abroad? (whether related to work or not):

If yes please detail below:

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Are you / have you been under / undergoing any clinical investigation or suspension?

This employment is not exempt from the provisions of the rehabilitation of young offenders Act 1974 you are not therefore entailed to withhold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent. I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal.

Please tick the appropriate box to confirm that you have read and understood the above information.

Signed:	Print:	Date:

Confidentiality

If you are successful in your application for employment with J J Care Support Solutions Ltd: All information you see or hear in the course of your duty is confidential. You must not disclose any personal details or information relating to clients, their medical conditions or information which is deemed to be commercially sensitive to the organisation.

Data Protection Act 1998

Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998. The information collected will only be used for the stated purposes. You understand that any personal detail held by J J Care Support Solutions Ltd, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC) and NHS Framework (Buying Solution)

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If declaration is completed during a successful job application, the declaration will be stored in an individual's permanent employment record. If a prospective employee does not start employment the declaration will be kept for no longer than necessary and then destroyed. This is usually for a period of up to six months to allow for the consideration and resolution of any disputes or complaints

Please tick to show your agreement with this: ☐

Working Time Regulations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information

I DO NOT wish to work more than 48 hrs per week*		**I DO** wish to work more than 48 hours per week*
	Delete as appropriate*	

Employment with J J Care Support Solutions Ltd

It is J J Care Support Solutions Ltd policy to employ the most suitably qualified personnel and to ensure equal opportunity for the advancement of employee. This includes promotion and training and to prohibit discrimination against any individual on the basis of race, colour, ethnicity, nationality, sexual orientation, gender, religion, belief, pregnancy, marital or civil partnership status, age or disability. In completion of this application form, I authorise J J Care Support Solutions Ltd to obtain references to support this application once an offer has been made and accepted. I release J J Care Support Solutions Ltd and submitted referees from any liability caused by giving and receiving any information. I confirm that the information given on this form is to the best of my knowledge, true and complete and that the provision of any false statement(s) will be sufficient cause for rejection or if employed, dismissal.

Signed:	Print:	Date:

How did you hear about J J Care Support Solutions Ltd? Please provide detail

For office use only	
Successful/unsuccessful	

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Your Availability

It is really important to us that we know when you are available for work so. Please do your best to ensure that the information you provide in this section is correct.

What is the earliest date you could start work with us? ...../...../.....

Do you have any holidays etc. already booked? Yes ☐ please give dates below No ☐

Do you have the use of your own vehicle for work? Yes ☐ No ☐

Please tick here to indicate when you would usually be available for work:

	Morning	Lunchtime	Teatime	Evening
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐

Is there anything else we should know about your availability?

How did you hear about this job?

Google ☐	Other search engine ☐	Company website ☐
www.recruit-zone.com ☐	www.indeed.co.uk ☐	Other website ☐
Leaflet ☐	Newspaper advert ☐	Jobcentre ☐
Refer a Friend ☐	Word of mouth ☐	Other (please specify) ☐

If you were told about this job by someone that works for us, please tell us their name:

Do any other of your close friends or relatives already work for us? Yes ☐ No ☐

If you answered 'yes', please give their names here: