

 **50 St Margarets Road**

 **Edgware, Middlesex**

 **HA8 9UU**

 **Tel: 020 8829 9812**

 **Email: admin@glowdomcare.com**

 **Website:** [**www.glowdomcare.com**](http://www.glowdomcare.com/)

# APPLICATION FORM

**Position: Location of Vacancy:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  **CONTACT INFORMATION** |  |
| Full Name: |  |  | Availability to work:* Full Time
* Part Time
* Days
* Nights
* Evening
* Weekends
 | Current Address: |  |
| Telephone: |  |  |
| Mobile: |  |  |
| Email: |  |  |
| National Insurance Number: |  |  |  |  |  |  |  |  |  |
|  |  | **FULL EDUCATION & TRAINING**  |  |
| Name of School/College  | Fr | om  | To | Qualifications | Grade |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **FULL WORK HISTORY (START WITH MOST RECENT)** |
| Company name |  | Company name |  |
| Dates Employed *(from/to)* |  | Dates Employed *(from/to)* |  |
| Role |  | Role |  |
| Reason for leaving |  | Reason for leaving |  |
| Company name |  | Company name |  |
|  Dates Employed *(from/to)* |  | Dates Employed *(from/to)* |  |
| Role |  | Role |  |
| Reason for leaving |  | Reason for leaving |  |
| Company name |  | Company name |  |
| Dates Employed *(from/to)* |  | Dates Employed *(from/to)* |  |
| Role |  | Role |  |
| Reason for leaving |  | Reason for leaving |  |
| **SUPPORTING INFORMATION** |

Why would you be the best person for this role? Please summarize below

**FURTHER INFORMATION**

If you are registered with a relevant professional body (e.g. NMC)

please provide your registration details

Body Number:

Expiry Date:

GSCC/ SSSC Registration Complete?

|  |  |
| --- | --- |
|  | **REFERENCES** |
| Company (present or most recent) |  | Company / Character |  |
| Managers name: |  |  Managers Name |  |
| Email |  | Email |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |

## DISCLOSURE OF CRIMINAL HISTORY

|  |  |  |
| --- | --- | --- |
| Do you hold a current valid driving license  |  |  |

At Flow Healthcare Ltd we support vulnerable people and are required to conduct enhanced disclosure checks. Anything that appears on a Disclosure check will be risk assessed based on the role that you are applying for.

|  |  |  |
| --- | --- | --- |
| Do you have any unspent or spent convictions, cautions, reprimands, warnings or Bind Over orders that will appear on a Disclosure check; are subject to ongoing police or regulatory investigation or proceedings, or been disqualified from professional practice? | Yes/ No  | Please provide full details |
|  |  |  |

Please confirm that you understand that Flow Healthcare Ltd will only appoint applicants who can demonstrate legality to live and work in the UK, as defined by the UK border agency? (please tick)

|  |  |
| --- | --- |
| YES | NO |

##  EMERGENCY DETAILS

|  |  |  |
| --- | --- | --- |
| Next of KIN |  |  |
| Relationship |  |  |
| Address |  |  |
| Telephone Number |  |  |

## WORKING TIME REGULATIONS - OPT OUT SECTION

**Please sign and date the relevant statement(s) below and return this form to Flowhealthcare.**

**I agree to work in excess of 48 hours on average per week, and will give 1 month notice in writing to the Flowhealthcare Management if I no longer wish to work this number of hours.**

**Signed ……………………………………………… Date …………………………………………………….**

**Please Print Name ………………………………………………………………………………………………**

**More than one contract of employment with separate employers: The Working Time Regulations require that an individual must agree in writing if they work for two separate employers and want to work more than 48 hours per week**

**I agree to work in excess of 48 hours on average per week, and will inform Flowhealthcare Management if there is any deviation in the number of hours a week I work.**

**Signed …………………………………………………………… Date ……………………….**

**Please Print Name ………………………………………………………………………………**

**More than one contract of employment with Flowhealthcare: The Working Time Regulations require that an individual must agree in writing if they have more than one contract with the same employer and therefore work more than 48 hours per week.**

**I agree to work in excess of 48 hours on average per week, which takes into account the contracts of employment I have with Flowhealthcare.**

**Signed …………………………………………………………… Date ……………………….**

### CANDIDATE DECLARATION

I confirm that the information provided is a true record. I consent to the company checking any information provided on this application form, which may include contacting places I have worked and/ or other referee information supplied, post a verbal offer of work.

|  |  |
| --- | --- |
| Print Name |  |
| Signature |  |
| Date |  |