

Please ensure that you complete all parts of the form and that you sign and date all declarations. Please write clearly in BLOCK CAPITALS.

Personal Information	
Surname (As it appears on your Passport):	Forenames (As they appear on your Passport):
Title (Please circle/ cross as appropriate): Mr / Miss / Mrs / Ms	Date of Birth:
Current Address:	
Post Code:	NI Number:
Email Address:	
Next of Kin Name:	
Relationship: Contact Number:	Current Address:
Emergency Contact Details:	
Relationship: Contact Number:	Current Address:
Do you have valid Right to Work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your right to work? Please state visa type and expiry date	<input type="checkbox"/> EU Citizen
	<input type="checkbox"/> Indefinite Leave to Remain
	<input type="checkbox"/> Limited Leave to Remain
	<input type="checkbox"/> Other, please specify

Position Applied For:	
Professional Registration Body:	Professional registration Number:
Are you or have you ever been subject to any investigation, hearings, warnings, complaints or investigations by any employer, agency or professional body? If yes, please provide details:	

Disclosure and Barring Service Checks		
Please note that you will be subject to an Enhanced DBS Check. Because you are a health care worker, you are not exempt from the Rehabilitation of Offenders Act 2010. This means that all convictions, reprimands and final warnings on your criminal record MUST be disclosed.		
Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police in the UK or in any other country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you aware of any police enquiries undertaken following allegations made against you, which may affect your suitability for this role?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you aware of any pending investigations by the police in which you are involved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES to any of the above questions, please provide FULL details of the incident below:		

Qualifications and Educational Information
Basic Qualification:
Date Achieved:
Higher Qualification:
Date Achieved:

CRB Data Capture
What is your Nationality:
Have you had any previous names?
What was your country of birth?
What was your town of birth?

Please Can you provide all the addresses you have lived at in the past 5 years.

Address	
Dates: From - To	

Address	
Dates: From - To	

References		
<p>You must provide the names and contact details for at least 2 professional references who can comment on your professional abilities. Please note that one of these must be from your current or most recent post.</p>		
Reference from your current or most recent post		
Organisation:		
Referee Name:		
Professional Title:		
Dates Employed:	From:	To:
Work Address:	Work Email:	
	Telephone:	

Second Reference		
Organisation:		
Referee Name:		
Professional Title:		
Dates Employed:	From:	To:
Work Address:	Work Email:	
	Telephone:	
Third Reference		
Organisation:		
Referee Name:		
Professional Title:		
Dates Employed:	From:	To:
Work Address:	Work Email:	
	Telephone:	

Declarations and Consent	
<p>Please read the following declaration carefully. Make sure that you sign and date all declarations.</p>	
<p>Working Time Directive Regulation 4 of the Working Time Directive requires that a worker’s average time spent at work does not exceed 48 hours within 1 rolling week unless the worker hereby agrees to exceed this limit. I hereby confirm that I am willing to opt out of the Working Time Directive. I understand that I can opt out of this agreement at any time providing I provide Boreb Health Care Limited with one week’s notice.</p>	
Signed:	Dated:
<p>Please note should you choose to not opt out of the Working Time Directive that it is your responsibility to ensure that you do not work in excess of 48 hours per week.</p>	
<p>GDPR Consent Authorisation Form Boreb Health Care Limited uses your personnel data for several different reasons. Personnel data is any information that identifies you or, in some cases, information that is about you such as an opinion. It includes your name, postal address, email address, date of birth, job role and bank details. We comply with the law in place in the UK around data protection when we use personal data, which is known as “GDPR” (short for General Data Protection Regulation). It allows us to use your personal data for a few reasons without checking with you that it’s ok for us to do so. For example, where we can show that we have legitimate reasons to use your personal data or where we need to provide your personal data to care homes, hospitals or to meet a legal obligation placed on us. However, in some situations, we need you to confirm that you are happy for us to use your personal data. We need your consent for us to carry out the following activities with your personal data.</p> <ol style="list-style-type: none"> 1) Application process, references, right to work, CRB, passport, training certificates, NI number, NMC applications, health declarations and 2 current bills with home address. 2) Add your details to our database, for DBS checks, right to work, training, next of kin and phone numbers, email address. 3) Within our payroll department, your details would be used to create payslips, email address for sending the payslip to and phone number just in case we must contact you. 4) For profile’s we send to the homes, your training details, DBS number, next of kin and phone number and photo ID 5) Some of the homes will ask to see your Right to work, DBS, training certificate and photo ID. 6) Name, address and phone number would be used on the drivers listing. 7) We will not forward any of your data to a third party unless it is conjunction with your employment. <p>The data will be kept for as long as you are employed by Boreb Health Care Limited and for 12 months after you have left the company or longer if you have a SOVA or a supervision against you. If you are unsuccessful in obtaining a position with Boreb Health Care Limited, your data will be shredded within 2 weeks. If you are unsure about why we are processing your personnel data for the reasons set up above, or what we are doing with it, please ask Data Processor on 07760822002 who would be happy to provide more information. Please do not sign this form until you are that you understand its content. If you give Boreb Health Care Limited consent to use your personnel data in the ways explained above, you can ask Boreb Health Care to stop using your data in this way at any time by speaking with Boreb Health Care Limited however if your data is removed this would compromise your employment with Boreb Health Care Limited. If you are happy for Boreb Health Care Limited to use your data in the ways set out above, please sign below.</p>	
Signed:	Dated:

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