



AnsaCare

Head Office: Suite 1, Sussex Manor Business Park,
Gatwick Road, Crawley RH10 9NH
Registered in England & Wales: 10974673

Application Form HCA/SURPPORT WORK

Please complete all sections with black ink

Personal Details

Surname.....First Name..... Mr/Mrs/Miss/Ms

Marital StatusMaiden Name.....

Nationality..... Country of Birth.....

DOB Email

Address.....

..... Postcode.....

Phone No. Mobile No. Other

National Insurance No....../...../...../...../.....

Current UK Driving Licence? Yes / No Car Owner? Yes / No Public Transport? Yes / No

Please complete this section if you are not a British Citizen

Do you have a UK Residence Permit? Yes / No Do you have a work permit? Yes / No

Are there any UK immigration control restrictions limiting your length of stay, conditions of stay or freedom to work in the UK? Yes / No

If Yes please explain.....

Work Preference

What types of work do you prefer? Learning Disability * Nursing Homes* Residential Homes* Hospitals*
Underline as applicable

Mental Health* Community

What hours are you looking for? Part-time Full-time AM PM LD, Nights

Date available to start?

Will AnsaCare be your ONLY / MAIN / SECOND* employment? (*Delete as applicable)

Professional References

Name..... Name.....

Position Position

Organisation..... Organisation.....

Address..... Address.....

Postcode.....Email..... Postcode.....Email.....

Phone No.....Fax No..... Phone No.Fax No.....

May we approach prior to interview Yes / No May we approach prior to interview Yes / No

Personal Refence:

Name:.....

Name:

Relationship:

Relationship:

Phone No.....

Phone No.....

Address.....

Address.....

Postcode.....

Postcode.....

Email.....

Email.....

EDUCATIONAL HISTORY: SECONDARY SCHOOL, COLLEGES, UNIVERSITY

Please give details of any relevant course, training or qualification with the place and date completed.

Secondary school (from age of 11) College University	Course Title & Description (if Applicable)	Date Started	Date Obtained

Please give reason for applying for this post and describe how you consider your skills and experience are relevant to this post.

Where did you hear about AnsaCareLtd?

Emergency Contact

Next of Kin..... Relationship.....

Address.....

.....

Daytime phone No. Night time phone No.....

Email.....

Employment History Please print details of all your employment for a period of at least the last 10 years starting with your present or last position. Please include reasons for gaps.				
Name & address of Employer	Dates of Employment		Position held and summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

Have you had vaccination against:	Yes	No	Date
Rubella, Messel, Mump			
Tuberculosis BCG			
Hepatitis B			
Typhoid			
Polio			
Tetanus			

Rehabilitation of Offenders Act 1974

By the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.4 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services during his normal duties. Your answer to the following question should include any spent and unspent convictions.

Have you ever been convicted of a criminal offence, cautioned, served a sentence or had a suspended sentence?

If yes, please explain.....

Working Time Regulation

Under the working time regulations (WTR), AnsaCare working time (including placements and services provided personally to anyone else) should not exceed 48 hours per week. (average over the period 17 weeks). Night duty hours must not exceed 11 hours in the 24hours however, if you wish to wave this right, you are required to declare this on joining AnsaCare and the Health questioner form must be completed. AnsaCare workers can withdraw the option to work in excess of the 48 hours per week at anytime by providing 2 weeks written notice. If you chose not to sign this agreement you will not suffer any detriment.

I hereby confirm I am willing to opt out of the Working Time Directive.

I understand that I can opt out of this agreement at anytime on the condition that I provide AnsaCare Limited Two Weeks 'notice.

Name:..... Sign.....Date.....

Declaration

I declare that I have answered the above questions fully and honestly and I know of no reason why I may not be suitable for the duties introduced to me by AnsaCare Ltd. I realise that any false or in-complete statement of my part will render me liable to disciplinary action or dismissal. I also understand that my details will be held in a staff database for administration purposes, and I understand that AnsaCare will share my details with their client and other parties. I give permission for my data to be shared with relevant third party as may be required in line with the job

Signature:..... Date:.....