

Criminal Convictions

Do you have any unspent* criminal convictions? : Yes. No

If 'Yes' please state convictions and dates :

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*Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of React Healthcare Professionals, the offence is relevant to the post to which you are applying. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

Disclosure and Barring Service

To ensure the safety of our clients, a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position . If a check is returned and reveals any information, this will be discussed with the applicant and the manager will make a decision as to whether the offer of employment should be withdrawn.

There is a £50 charge for carrying out the DBS check and a further £13 annually to keep it up to date online should you wish to do so. Please tick yes if you are willing to undergo a full enhanced DBS and accept these charges.

Yes No

Relevant Qualification / Authorisation

Qualification	Name of Institution	Date Obtained

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Professional Membership

Professional Body	Membership Details



Employment Details [Please detail your past work experience within the last 5 years, commencing with your most recent position]

Name of Employer:

Address:

Postcode: Position held:

Period from: To:

Reason for leaving:

Brief description of duties and responsibilities:

Employment Details [Please detail your past work experience within the last 5 years, commencing with your most recent position]

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Address:

Postcode: Position held:

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Training

Courses	Date
Care Planning:	<input type="checkbox"/>
Medication Administration :	<input type="checkbox"/>
Safeguarding Adults :	<input type="checkbox"/>
Manual Handling:	<input type="checkbox"/>
Infection prevention and Control:	<input type="checkbox"/>
Fire safety:	<input type="checkbox"/>
Mental Capacity:	<input type="checkbox"/>
Dementia Awareness:	<input type="checkbox"/>
Food Safety and Hygiene:	<input type="checkbox"/>
Health and Safety:	<input type="checkbox"/>
Control of Substance Hazardous to Health (COSHH):	<input type="checkbox"/>
Lone Worker:	<input type="checkbox"/>
RIDDOR (Reporting of Injuries,Disease & Dangerous Occurrence Regulations):	<input type="checkbox"/>
Training	<input type="checkbox"/>
First Aid Awareness	<input type="checkbox"/>
Equality and Diversity:	<input type="checkbox"/>
Handling Information:	<input type="checkbox"/>
Safeguarding Children:	<input type="checkbox"/>
Privacy and Dignity:	<input type="checkbox"/>
Nutrition and Diet:	<input type="checkbox"/>
Hand Hygiene:	<input type="checkbox"/>
Risk Assessment:	<input type="checkbox"/>
Challenging Behaviour:	<input type="checkbox"/>
End of Life Care:	<input type="checkbox"/>

References

[Please provide two referees, one of which must be a previous or current employer]

Referee 1:

Name:

Position:

Relationship:

Organisation:

Address:

Postcode:

Telephone:

E-mail:

Referee 2:

Name:

Position:

Relationship:

Organisation:

Address:

Postcode:

Telephone:

E-mail:

Are you willing for this referee to be approached ? **Yes** **No**

Are you willing for this referee to be approached ? **Yes** **No**

Data Protection Statement

The information that you provide on this form and on any CV given will be used by React Healthcare Professionals to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. We may check the information collected, with third parties or with other information held by us.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Temporary Worker Declaration

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that React Healthcare professionals will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client)

Signed by Temporary Worker :

Date :