

## Temporary Worker REACT Application Form

CARING WITH A CONSCIENCE

The information you supply on this form will be treated in confidence.

### **Equal Opportunity**

React Healthcare professionals is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of gender, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a trade union and we place an obligation upon all staff to respect and act in accordance with the policy. React Healthcare professionals shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. React Healthcare professionals will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

#### **Personal Details**

Surname:						Mr	Mrs N	Miss	Ms
Forename (s):						DOB:			
Address:									
Postcode:				Tele	ephone:				
E-mail:									
NI Number:					NMC Pin:				
Do you have yo	our own t	ransport ?	: Yes	s No					
Do you have in	nmigratio	n permiss	sion to wor	k in the UK?	: Ye	s No	)		
In line with Ho of your origina React Healthca	l ID docu	mentation	n as eviden	ce of your rig					
Are you subjec	et to any c	onditions	relating to	your permis	sion to work in	the UK?:	Yes	No	
If 'yes' please §	give detai	ls:							

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Criminal Convictions			
Do you have any unspent* crimina	al convictions?: Yes. No		
If 'Yes' please state convictions an	nd dates:		
those cases particularly where the or vulnerable adults, details for al the strictest of confidence and or Professionals, the offence is releva-	I professions are exempt from the Rehabilitation of employment is sought in relation to positions involved criminal convictions must be given. The informational taken into account where, in the reasonable operate to the post to which you are applying. Failure to our register or terminate an assignment if the of	ving working with childre on given will be treated i inion of React Healthcar declare a conviction ma	
necessarily be a bar to obtaining a	ervice  , a DBS check must be completed for all positions. A position . If a check is returned and reveals any informed manager will make a decision as to whether the complete the complete statement and reveals and the manager will make a decision as to whether the complete statement and th	ormation, this will be	
	out the DBS check and a further £13 annually to keetick yes if you are willing to undergo a full enhanced		
Yes No			
<b>Relevant Qualification / A</b>	authorisation		
Qualification	Name of Institution	Date Obtained	
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Professional Membership	fessional Body	Membership Details	
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<b>Employment D</b>	etails [Please det	tail your past work experi-	ence within the	last 5 years.	, commencin	g with your m	ost recent position]
Name of Employer:							
Address:							
Postcode:			Positio	on held:			
Period from:				То:			
Reason for leaving:							
Brief description of d	luties and respons	sibilities:					
<b>Employment D</b>	etails [Please details	tail your past work experi	ence within the	last 5 years,	commencing	g with your m	ost recent position]
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React Healthcare professionals Agency, 83 Ducie Street, Manchester. M1 2JQ Tel: 0800 061 4351. E: info@reacthcp.co.uk W: www.reacthcp.co.uk



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# **Training**

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

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

	Referee 1:			Referee	e 2:			
Name:			Name:					
Position:			Position:					
Relationship:			Relationshij	p:				
Organisation:			Organisatio	n:				
Address:			Address:					
Postcode:			Postcode:					
Telephone:			Telephone:					
E-mail:			E-mail:					
The information of the personal data lour clients. We we may also us	ction Statement on that you provide you we being included on may check the inf	ade on this form and or ork finding servi ces. In a computerised database formation collected, with a third parties informatio	p roviding and consen third parties	given wil g this serv t to us trai	hed?  I be used ice to you asferring yother infor	i, you co your perso mation he	nsent to onal deta eld by us	your ils to
Temporary	Worker Decl	aration						
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Signed by Tem	nporary Worker:			Date :				