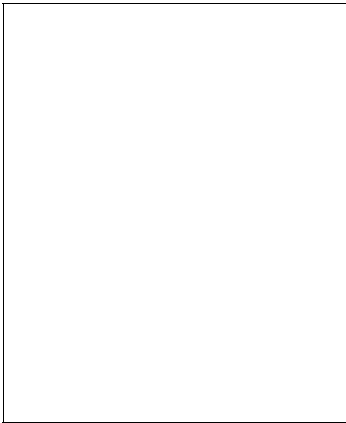


STAFF APPLICATION FORM

June 2023

EGM Healthcare Staffing Solution Office: Manchester	
Address	1 Back Shakerley Rd, Tyldesley, Manchester M29 8RF, United Kingdom
Tel No.	+44 7766 383168

Position applied for	<input type="text"/>
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Individual's Details			
Title	<input type="text"/>	 Photograph	
Surname	<input type="text"/>		
Forenames	<input type="text"/>		
Address	<input type="text"/> Postcode: <input type="text"/>		
Home Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>		
National Insurance No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Next of Kin	
Name	<input type="text"/>

Relationship	<input type="text"/>
Address	<input type="text"/> Postcode: <input type="text"/>
Tel No.	<input type="text"/>

Full employment record (most recent first)

Use additional sheets if necessary. Please explain any gaps in employment i.e. studying, unemployment, raising family etc.

Name and address of employer	Start date mm/yy	Finish date mm/yy	Duties	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gaps in Employment	Reason why
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

STAFF APPLICATION FORM

June 2023

Secondary Education (including further education)		
Name of school (most recent first)	Start and finish dates	Qualifications gained
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Courses and Training		
Subjects covered (most recent first)	Dates attended	Skills relevant to work
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Travel		
Do you have a driving licence?	<input type="radio"/> Yes	<input type="radio"/> No
Availability of a car?	<input type="radio"/> Yes	<input type="radio"/> No

References

Please give details of two senior individuals who may be approached for references. Where possible these should be your current and last employer and at least one must be from previous employment.

Current Employer if any			
Contact Name	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		
	Postcode: <input type="text"/>		
Tel No.	<input type="text"/>		
Email address	<input type="text"/>		

Previous Employer			
Contact Name	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		
	Postcode: <input type="text"/>		
Tel No.	<input type="text"/>		
Email address	<input type="text"/>		

Criminal Record

EGM Healthcare Staffing Solutions is required under the Health & Social Care Act 2008, to obtain an Enhanced Disclosure and Barring Service check in relation to any person working with vulnerable adults and children. Therefore, if your application is successful, we will need to obtain this check before your appointment is confirmed.

Please advise EGM Healthcare Staffing Solutions of any criminal convictions (excluding minor road traffic offences), cautions, reprimands or warnings you have received before we obtain an Enhanced Disclosure and Barring Service check. Having a criminal record will not necessarily mean that you will not be able to work in the social care sector but will depend on the nature of the position, the circumstances and background of your offences.

Have you been convicted of a criminal offence or received a caution, warning or reprimand?	<input type="radio"/> Yes	<input type="radio"/> No
Date of conviction, caution, warning or reprimand	Details	Date
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Is your DBS registered with the DBS Update Service?	<input type="radio"/> Yes	<input type="radio"/> No
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Do you give consent to EGM Healthcare Staffing Solutions to check your DBS certificate online?	<input type="radio"/> Yes	<input type="radio"/> No
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Task Ability Schedule	
Please tick each task in which you are experienced:	
<p>Personal Hygiene</p> <p><input type="checkbox"/> Bath/shower/strip wash</p> <p><input type="checkbox"/> Bed bath</p> <p><input type="checkbox"/> Use of bath aids</p> <p><input type="checkbox"/> Shaving</p> <p><input type="checkbox"/> Mouth care (inc. dentures)</p> <p><input type="checkbox"/> Care of hair</p> <p><input type="checkbox"/> Care of feet (excl. toenails)</p> <p><input type="checkbox"/> Care of fingernails</p> <p><input type="checkbox"/> Dressing/undressing</p> <p><input type="checkbox"/> Care of eyes</p> <p>Medication</p> <p><input type="checkbox"/> Level 1 Prompt/Assist</p> <p><input type="checkbox"/> Level 2 Administer</p> <p><input type="checkbox"/> Level 3 Administer using specialist techniques</p>	<p>Nutrition</p> <p><input type="checkbox"/> Preparing meals</p> <p><input type="checkbox"/> Feeding</p> <p><input type="checkbox"/> Food handling</p> <p><input type="checkbox"/> Food presentation</p> <p>Administrative Abilities</p> <p><input type="checkbox"/> Report writing</p> <p><input type="checkbox"/> Recording instructions from GP/nurse</p> <p><input type="checkbox"/> Recording changes in client's condition</p> <p>Practical Tasks</p> <p><input type="checkbox"/> Light housework</p> <p><input type="checkbox"/> Washing personal laundry</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Bed making/changing a bed</p>

<input type="checkbox"/> <input type="checkbox"/> Instillation of eye, nose and eardrops	<input type="checkbox"/> <input type="checkbox"/> Collecting benefits
Continence Management <input type="checkbox"/> Continence care <input type="checkbox"/> Bedpans/commodes etc. <input type="checkbox"/> Changing a catheter bag <input type="checkbox"/> Stoma care	Areas of Specialism <input type="checkbox"/> Older people <input type="checkbox"/> Palliative Care/ End of life <input type="checkbox"/> Physical disability <input type="checkbox"/> Supporting clients with infectious diseases <input type="checkbox"/> Mental health <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Children and young people <input type="checkbox"/> Other
Mobility <input type="checkbox"/> Lifting and handling <input type="checkbox"/> Use of hoist (manual/electric) <input type="checkbox"/> Support with walking aids <input type="checkbox"/> Lifting and moving of clients	<input type="checkbox"/> <input type="checkbox"/>
Monitoring <input type="checkbox"/> Water temperature <input type="checkbox"/> Fluid intake <input type="checkbox"/> Nutritional intake <input type="checkbox"/> Urine output <input type="checkbox"/> Bowel movements	<input type="checkbox"/> <input type="checkbox"/>

Working Times Regulations Declaration

If you **DO** wish to work **more than 48 hours per week**, it is necessary to sign the form below to show that you are available.

I (name) <input style="width: 300px;" type="text"/> confirm that I want to be able to work more than 48 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.			
Signed	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>

If you **DO NOT** wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are not available

I (name) <input style="width: 300px;" type="text"/> confirm that I do not want to work more than 48 hours a week. I will, however, inform you should my circumstances change, and I am able to do more than 48 hours work per week.			
Signed	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>

Right to work in the UK

I (name) <input type="text"/> confirm that I have the right to work in the UK and can provide the correct documents/ work permits/ visas to evidence this.			
Signed	<input type="text"/>	Date	<input type="text"/>

Applicant Declaration

I declare that the information given on this application form is true and whilst I understand that all personal information about me which relates to my position with EGM Healthcare Staffing Solutions is confidential, I hereby give my permission for this information to be made available, on an 'as needs to know' basis, to and including the Regulatory Body and those authorised within the Local Authority.

I hereby agree that I shall not disclose any confidential information to any third party unless I have written consent from EGM Healthcare Staffing Solutions.

I understand that if any aspect of this declaration is false, or I disclose any confidential information, it is liable to lead to actions being taken and it may affect the offer of work being made to me.

I certify that I have answered all questions truthfully and fully and will notify EGM Healthcare Staffing Solutions if there are any changes or updates to the information given.

Print Name	Signed	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>