

TheSarach Limited  
Business First  
23 Goodlass Road  
Speke, Liverpool  
Tel: 0151 486 8009  
Email: [info@thesarach.co.uk](mailto:info@thesarach.co.uk)



Please print carefully in black ink.

POSITION APPLIED FOR: \_\_\_\_\_

The information that I give in this application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registering with TheSarach Limited.

**THIS FORM REMAINS THE PROPERTY OF THESARACH LIMITED AND FORMS PART OF YOUR EMPLOYEE RECORD.**

### SECTION 1 – PERSONAL DETAILS

Title:  Surname:

Previous Surnames (if any):

Forenames in full:

Address:   
Postcode:

Telephone No: Home:  Mobile:

Email:

Nationality

National Insurance Number:

Next of kin to be notified in case of emergency: Name:

Address:

Tel No:

Relationship to applicant:

Do you have a current driving licence? Yes/No Do you have transport? Yes/No

Do you speak any foreign languages Yes/No (If Yes, please state which languages \_\_\_\_\_)

Are you a member of a Union Yes/NO (If Yes, which union? \_\_\_\_\_)

How did you hear about TheSarach?

Recommendation  Newspaper  Internet  Other  \_\_\_\_\_ (please specify)

**SECTION 2 – ALL APPLICANTS**

**PLEASE TELL US ABOUT YOUR FURTHER EDUCATION QUALIFICATIONS & COURSES**

Please give relevant details of any training or courses you have attended (e.g. NVQ, BTEC, Degree etc)

Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No

**SECTION 3 – ALL APPLICANTS**

**WHAT KIND OF WORK ARE YOU INTERESTED IN ?**

Please specify which type of work you would prefer. You should tick all appropriate boxes.

**Type of Work:**

Learning Disabilities	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	Challenging Behaviour	<input type="checkbox"/>
NHS/Hospitals	<input type="checkbox"/>	Nursing Homes	<input type="checkbox"/>	Residential Homes	<input type="checkbox"/>
Nursery	<input type="checkbox"/>	Playschemes	<input type="checkbox"/>	After School Clubs	<input type="checkbox"/>
Children’s Homes	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Home Care/Live In	<input type="checkbox"/>

**Preferred Shifts:**    Earlyes                          Lates                          Nights   

Do you have any other work commitments? Yes/No

Do you want to work Full time                       Part-time

**SECTION 4 – ALL APPLICANTS**

**IMMUNISATION STATEMENT**

In line with Occupational Health requirements Thesarach Limited need to ensure that all members of staff are protected against or immune to certain diseases. Please provide details of your current vaccination status (verified proof will be required)

VACCINATION	DATE OF INJECTION	BOOSTER DUE
Tuberculosis		
Hepatitis B		
Varicella (Chicken Pox)		
Measles		
Mumps		
Rubella		
Hepatitis C		
HIV Screening		

All staff will be advised of their vaccination requirements and advised where to obtain the necessary immunisations/boosters.

**It is in the interest of all staff to ensure their immunisation record is up to date. Failure to obtain the necessary vaccinations may result in the member of staff being unable to work in certain areas.**

**SECTION 5 – EMPLOYMENT HISTORY**

Please print details of all your full employment history, starting with your present or last position. **Please note any gaps in employment must also be documented.**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

**Reason for Leaving:**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

**Reason for Leaving:**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

**Reason for Leaving:**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

**Reason for Leaving:**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

**Reason for Leaving:**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

**Reason for Leaving:**

## SECTION 6 – REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 does 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 in the course of his/her normal duties.

It is therefore not contrary to the act for referees to state any criminal convictions, which would otherwise be considered as spent.

In line with the Care Standards Act 2000, all nurses and care staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process.

1. Do you have any convictions or cautions? YES/NO
2. Are you currently the subject of any criminal proceedings (for example charged or summoned but not yet dealt with) or any police investigation? YES/NO

In line with the Care Standards Act 2000, all nurses and care staff will be asked to apply for an Enhanced Disclosure with the Disclosure and Barring Service (DBS) as part of the recruitment and selection process. Once a Disclosure has been obtained, members are required to inform the Branch Manager immediately of any conviction, caution or reprimand or inclusion on the Protection of Children Act (POCA) or Protection of Vulnerable Adults (POVA) register, which occur after their commencement with Thesarach. Failure to do so may result in disciplinary action.

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.

I agree to the above:

Signed:

Date:

## SECTION 7 – PASSPORT DETAILS

Are you a British Citizen or European Union National? Yes  No

If you have answered NO to the above question please complete the following:  
**FOR NON-BRITISH & NON-EC NATIONALS ONLY**

Date of entry into the UK:

Type of Visa:  Expiry Date:

You will be required to provide 2 forms of ID e.g. 1. Birth Certificate 2. Home Office Letter

Passport Nationality:  Date of Issue:

Passport Number:  Expiry Date:

Visa Restrictions:

Thesarach can only offer employment to Non-British citizens or Non-EU Nationals on receipt of proof of eligibility to live and work in the UK.

In line with Home Office guidance on the Prevention of illegal working we will need to verify and take of copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Thesarach Limited for temporary work.

**THIS SECTION SHOULD BE COMPLETED BY HEALTH CARE ASSISTANTS ONLY**

Please answer the following questions:

<b>When you arrive on shift for the first time – what should you do?</b>	
<b>Why is Health &amp; Safety important in a care home or hospital setting?</b>	
<b>If a service user offered you a gift, what would you do?</b>	
<b>What is your understanding of confidentiality?</b>  <b>And in what circumstances would you break confidentiality?</b>	
<b>How can you reduce the spread of infection in a care setting?</b>	
<b>Why is Food Hygiene important in a care home?</b>	
<b>Whilst on shift for the agency where would you find out what Moving &amp; Handling procedures to use ?</b>	
<b>Why is it important to use good Moving &amp; Handling techniques?</b>	

**THIS SECTION SHOULD BE COMPLETED BY QUALIFIED NURSES ONLY**

**SKILLS & EXPERIENCE**

Please complete the following section and indicate whether you have received a training certificate for the skill or whether the skills are based on experience. If based on experience please indicate length of experience.

SKILL	Cert	Exp	Notes
Phlebotomy			
Practice Nurse			
IV Skills			
Tracheotomy			
PEG Feeds			
Administering Injections			
Vaccinations			
Male Catheterisation			
Female Catheterisation			
Palliative Care			
ITU			
A & E			
Wound Care			
Nurse Practitioner			
System One User			
Smart Card User			

**REGISTERED NURSES ONLY**

**PLEASE TELL US ABOUT YOUR QUALIFICATIONS**

Registered Nurses P.I.N       Expiry Date:

Name of Training Hospital/University	Date of Training	Qualifications
<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"/>

Tell us about your Post Graduate Experience. Give details of courses, dates and qualifications:



**SECTION 8 – REFERENCES**

Please give the names of two references, including your present or most recent employer, who we may approach for a nursing/care services reference (not relatives or friends). Please provide work addresses – home addresses are NOT acceptable.

1. Name:  Position:   
Company:   
Address:   
Tel No:   
Dates Employed: From  To

2. Name:  n:   
Company:   
Address:   
Tel No:   
Dates Employed: From  To

**In some circumstances, we may require a third reference. Your interviewer will inform you if this is required.**

3. Name:  n:   
Company:   
Address:   
Tel No:   
Dates Employed: From  To

**SECTION 9 – CONDITIONS OF REGISTRATION**

**THE SARACH CONDITIONS OF REGISTRATION AND EMPLOYMENT**

1. The Contractor is Thesarach of The Business 23 Goodlass road, Speke Liverpool.
2. The Worker whose name is signed below is self-employed under a contract for services.
3. The nature of work, place, hours and period of employment and minimum rates of pay and expenses are as specified on the relevant timesheet.
4. The period of work is not continuous with any previous periods of work for the Contractor.
5. The Worker shall be paid weekly in arrears in the Contractor shall deduct National Insurance and P.A.Y.E and all other legally required deductions.
6. If the Worker has any grievance, the Worker has the right to present such grievance to the Manager of the Contractor.
7. The Worker must at all times maintain the highest professional standards.
8. The Contractor/Agency acts as an agent for each and every member in accordance with The Employment Agency Act 1973 and any statutory modifications or re-enactments thereof.
9. The Worker must advise their branch of any changes of address and telephone number immediately.
10. The Worker who wishes to discontinue his/her service on a case must inform the branch immediately and give at least 24 hours' notice to the client.
11. The Worker who wishes to terminate his/her contract with the Agency must give on weeks' notice to the Branch Manager. If the Worker takes up employment with an assignment introduced by the Contractor within 6 months of termination, the Branch Manager must be informed in writing.
12. If a Worker is dismissed for misconduct or professional negligence the Agency reserves the right to withhold salary in respect of the client's fees.
13. Thesarach undertakes to find Members suitable employment but cannot guarantee that we can always do this. Members who are unable to report to duty for any reason whatsoever must telephone the appropriate Manager immediately. Under no circumstances may any person who is not a member of Thesarach be introduced to any client.
14. Timesheets must be submitted on Monday each week for prompt receipt of wages.
15. Staff members are responsible for the cleaning of their own uniforms.
16. The worker agrees to their details being transmitted to any client of Thesarach Ltd for the purposes of securing assignments. In the event of being considered for a permanent position Thesarach will seek further permission to transmit the workers details and CV for that particular role.

I..... confirm that I have read and agreed the above Conditions of Registration for Employment.

Signed:.....

Date:.....

**SECTION 10 – 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 Thesarach Limited 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).

Name:

Signature

Date:

**APPLICATION CHECKLIST:**

Completed Application Form	
Application/Interview Notes completed	
Proof of ID (1)	
Proof of ID (2)	
Passport photocopied (Front and all relevant pages)	
Visa Status & Expiry Date	
Student Visa/Uni confirmation letter (where & what studying and expected completion date)	
NI Check	
Current address Check (1)	
Current address Check (2)	
CV	
Full Work History	
<b>HEALTH – Proof of Vaccinations</b>	
HEP B	
Measles	
Mumps	
Rubella	
Tuberculosis	
Varicella	
<b>QUALIFIED NURSES ONLY</b>	
PIN Details/PIN Check	
Statement of Entry	
NMC Fitness to Practice Check	
NHS Alert Check	
Union Membership	
Indemnity Insurance	
Nursing Qualification	
<b>TRAINING</b>	
Degree	
NVQ	
Student Nurse	
Health & Safety	
Safer People Handling	
CPR/First Aid	
SOVA	
Infection Control	
Food Hygiene	
MVA – 2 day	
MVA – 5 day	
Lone Worker	
Complaints Handling	
Information Governance	
Violence & Aggression (Theory)	
Administration of Medicines (HCA)	
Safe Administration of Medicines (RN – NHS ONLY)	

NAME: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

CONSULTANT: \_\_\_\_\_ REF NO. \_\_\_\_\_

**FOR OFFICE USE ONLY**

	Ref No.	Date Received
DBS Completed		
DBS Confirmation Letter		
DBS ONLINE Registration Completed		
	Date Sent	Date Received
Intel check required? YES/NO		
Written English	Poor <input type="checkbox"/>	Average <input type="checkbox"/>
		Good <input type="checkbox"/>
Spoken English	Poor <input type="checkbox"/>	Average <input type="checkbox"/>
		Good <input type="checkbox"/>
CRB No.	Issue Date:	
Job Description Signed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Induction Checklist Signed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Terms & Conditions Signed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Working Time Regulations Opt Out Signed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Confidentially Agreement Signed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Declaration of Health Completed/Signed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Occupational Health referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PIN Check YES <input type="checkbox"/> NO <input type="checkbox"/>		
NMC Fitness to practice check YES <input type="checkbox"/> NO <input type="checkbox"/>		
NHS Alert Check	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**INTERVIEWER NOTES**

1<sup>st</sup> Interview Date:  Interviewer:

2<sup>nd</sup> Interview Date:  Interviewer:

- Type of Work:**
- Learning Disabilities
  - Psychiatric
  - Challenging Behaviour
  - NHS/Hospitals
  - Nursing Homes
  - Residential Homes
  - Nursery
  - Playschemes
  - After School Clubs
  - Children’s Homes
  - Social Work
  - Home Care/Live In

**Training Requirements**