

Please complete this application in black and BLOCK CAPITALS or in typewriting

**Position Applied for:**

**1. PERSONAL DETAILS**

TITLE	First Name	Last name
Address		Previous Names
Post code:		
Date of Birth	National Insurance No	Tel No:
Email:		Mobile No:
		Are you happy to receive payslips by email YES/NO

**2.Next of Kin (or person to be contacted in case of emergency)**

Name	Relationship to you	Telephone number
Address		

**3. How did you hear about Lisher Personnel and Healthcare?**

**4. Transport**

Do you have a full driving licence? YES / NO
What are your usual means of transport?

**5. Your right to work in the UK I confirm that I am entitled to work in the UK on the following basis (tick one box only)**

UK Citizen:	Work Permit:	Expiry Date:
EU Citizen:	Student Visa:	
Workers Registration scheme	Working Holiday:	
Permanent Residency:	Other (Please state)	

**6. Disability**

Do you consider yourself to have a disability? YES / NO	Nature of Disability:
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**7. Working Time Regulations/RTI**

In order to comply with Real Time Information Legislation coming into force April 2013, it would help at the application stage if you indicate the approximate number of hours you are seeking. Please circle one option below, and sign if applicable.			
Less than 16 hours per week	Between 16 and 30 hours per week	More than 30	If you would like the opportunity to work MORE than 48 hours per week you must sign the statement below, in order to comply with Working Time Regulations. I am willing to work more than 48 hours per week on average. Signed.....Date.....

**9. Training and Qualifications Please bring all certificates to interview**

Relevant Qualification(s) and Training		
Do you have a relevant NVQ	<b>YES / NO</b>	Level
Are you currently studying for a relevant NVQ?	<b>YES / NO</b>	Level
Would you be interested in NVQ training?	<b>YES / NO</b>	Level
Have you completed a Patient Handling Course? YES / NO:	Do you have a Certificate? <b>YES / NO</b>	Date issued
Have you completed a Common Induction course in the last 2 years? YES / NO	Do you have a Certificate? <b>YES / NO</b>	Date issued
Have you completed any of the following courses in the last 3 years? Please circle and include issue date if known.		
Safeguarding Adults	Food Hygiene	Infection Control
<b>Date:</b>	<b>Date</b>	<b>Date</b>
Deprivation of Liberty	Mental Capacity Act	Learning Disability
<b>Date:</b>	<b>Date</b>	<b>Date</b>
Health & safety	Protection of Children	First Aid
<b>Date</b>	<b>Date</b>	<b>Date</b>
Challenging Behaviour	Medication	Dementia
<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>TRAINED NURSES ONLY:</b> Pin Number: _____ Pin Expiry Date: _____		

**10. Full Employment History** (Most recent first). Please include ALL Employment as we need to go back a MINIMUM of 5 years. Use the box at the bottom of the page to explain any gaps in your employment. Use a continuation sheet or supply a CV if this page covers less than 5 years, and do remember to include any agencies that you worked for. All dates should be MONTH and YEAR. (Put 'approx' next to month if exact dates not known).

COMPANY NAME:	Telephone Number:	Email/ Tel: No	
Company Address:			
Line Manager:			
Your Job Title:			
Date Employed from:	Date Employed to:	Reason for Leaving	Salary/Pay Rate

COMPANY NAME	Telephone Number	Email /Tel: No	
Company Address			
Line Manager			
Your Job Title			
Date Employed from:	Date Employed to:	Reason for leaving	Salary / Pay rate

**11. Bank Details – Weekly wages will be paid directly to your account**

Bank Sort code	
Address	Account No
Your Name as it appears on the account	

**12. P46 (substitute)**

If you intend to start work without a P45 from your previous employer, please read all the following statements and tick the one that applies to you.
<b>A</b> – This is my first job since last 6th April and I have not been receiving taxable Jobseekers Allowance, Employment & Support Allowance or taxable Incapacity Benefit or a state or occupational pension OR
<b>B</b> – This is now my only job, but since last 6th April I have had another job, or have received taxable Jobseekers Allowance, Employment & Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension OR
<b>C</b> – I have another job or receive a state or occupational pension
Student Loans If you left a course of Higher Education before last 6th April and received your first Student Loan instalment on or after 1st September 1998 and you have not fully repaid your Student Loan, please tick box D. (If you are required to repay your Student Loan through your bank or building society account, do not enter a tick in box D)

**13. Disclosure – Please read carefully**

<p>Due to the nature of the work for which you are applying, you must disclose any information regarding any criminal convictions either current or which would normally be considered as spent. This is provided for by virtue of the 1975 Exceptions Order to Section 4 (II) of the Rehabilitation of Offenders Act (1974). You must also disclose details of any cautions, which, when given, you admitted. All information will be treated in strictest confidence. Any pending offences, for which you are awaiting an outcome, must be disclosed. In addition, during your period of engagement with Hanover Care, you should inform us if you are convicted, or are awaiting an outcome, of any new offences (including motoring offences.)</p> <p>I confirm that I do not have a cautions, charges or convictions I confirm that I do have cautions, charges or convictions (Please cross through the statement which does not apply to you. If the answer is the 2nd statement you will need to provide a written statement with details before we send off for a new disclosure. Any CRB money is non-refundable, even if we do not offer you work.)</p> <p>Signed..... Full Name..... Date.....</p>
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**14. Please tell us why you want to do this type of work?**

**15. DECLARATION**

I understand that any offer of employment will be subject to the information on this application being complete and correct. Any false information or failure to supply any details required could make an offer of employment invalid or lead to termination of employment.

Signed..... Date.....

[Please email to enquire@lisherpersonnelandhealthcare.com](mailto:enquire@lisherpersonnelandhealthcare.com)

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