



Able Professional Services Limited
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 Northampton, NN1 3JT
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Attach
 Passport
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 Photograph
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Application for employment

Personal Details

Title:	Surname:	Forename:
Address:	Tel (home):	
	Tel (mobile):	
	Tel (work):	
	Email:	
	NI Number:	Date of Birth:
Position applying for	Religion:	Nationality:
Marital Status:		
Nurses: PIN		

Education

Name and address of University/College/School	Date studied from-to	Subject	Qualification Level	Grade



Training courses:

Course taken:	Dates from-to:	Name of Governing Body:	Qualification:

Employment History:

Please provide us with details of what you have been doing for the **past 5 years**. If you have not been working for some of the time during this period please provide an explanation for any gaps.

Job Title:	Dates from-to:	Name and Address of Employer	Main Responsibilities and Reason for Leaving:

Reference Request:

*Please give details of **two professional** and **one character** reference.*

Name:	Job Title	Company:
Address		Tel:

		Email:	
Name:	Job Title:	Company:	
Address:		Tel:	
		Email:	
Name:	Job Title:	Company:	
Address:		Tel:	
		Email:	

Emergency Contact:

Name:	Relationship:	Tel:
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GP Details:

Name and Address of GP:	Tel:
	Email:

Registered Nurses and Social Workers:

Pin No:	Pin Expiry:	Register Entry:
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Drivers Licence:

Do you have a valid driving licence?

Yes		No		Provisional	
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Authority to make deductions

I understand that Able Professional Services Ltd will make deductions from my wages if

1. Any monies owing as a result of overpayment of wages
2. Any other monies outstanding to the Company

Please tick

Rehabilitation of Offenders Act 1974

All Enhanced Disclosure applications will be fully checked on the Children and Vulnerable Adults register. If your application is successful and you hold a criminal record this will not automatically bar you from obtaining a position. Due to the nature of work for which you applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (exemptions amendments) Order 1986. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are considered "spent" under the provisions of the Act and in the event of employment, failure to disclose any convictions will result in the immediate removal from the register.

Have you ever been convicted of a criminal offence in the past?

Please tick:

No	<input type="checkbox"/>
	<input type="checkbox"/>

If "yes" please give details:

Data Protection Act 1998 and Inspection

Part of the Commission for Social Care Inspection process involves checking that we maintain certain information on all of our staff Inspectors will need to know that the company is maintaining the information appropriately and adhering to the Data Protection Act 1998. From time to time outside agencies (i.e. CQC and Home Office etc.) will need to audit the information that we currently hold on your personal file. Able Professional Services Limited records are kept securely in a safe location in line with the Data Protection Act 1998.

Equal Opportunities Monitoring

Able Professional Services Limited is committed to developing policies to promote equal opportunities in employment and to the elimination of unlawful or unfair discrimination on the grounds of an employee's gender, sexual orientation, age, parental or marital status, religious beliefs, ethnic or national origin, race, colour of disability.

In order to ensure that these policies are carried out, and for no other reason you are asked to provide the information requested below. Any information you give us will be handled in a strictly confidential manner and will not affect your application in any way.

Name:	Date of Birth:	Position applied for:
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I would best describe my cultural and ethnic origin as:

White- British	<input type="checkbox"/>	Married	<input type="checkbox"/>
White- Other	<input type="checkbox"/>	Single	<input type="checkbox"/>
Black- British	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>
Black- African	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Asian- Oriental	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Asian- Other	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

Other		Other	
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Disability Discrimination Act:

The disability discrimination act 1995 protects employees, job applicants and contract workers who fall within the new definition of disability. Under this legislation, the act defines disability to include those who currently have disability and those who have had a disability in the past. This can include a physical or mental impairment, which has substantial and long term (over 12 months) adverse effects on a person's ability to carry out normal day to day tasks.

Do you or have you ever had a disability?

If you have answered "yes" please give details:

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Declaration

The information that I have provided on this application form is to the best of my knowledge, complete and accurate in all respects. I have read and understood this Applicant Certification. I understand that knowingly giving false information will disqualify me from registering with Able Professional Services Limited. I also agree to keep Able Professional Services Limited advised of any changes to any of the information supplied.

Signed:	
Print:	Date:
Signed by Consultant:	
Print:	Date:

Employee Bank Details

Please provide your bank details on the form below and send it back so that your payments can be made. Thank you.

Name as it appears on card.....

Name of Bank:

Bank Address:

Sort Code:

Account Number:

Fitness to work certificate

Please mark below whether you would be able to do the following tasks:

Food handling			Driving		
Moving lifting and handling of other objects			Contact with client for personal care		
Night work			Exposure to blood or bodily fluids		
Shift rotation			Moving, Lifting and handling of clients		
If you have ever felt that working at night is harmful to your health, please state here:	If you have felt that you have a medical condition that may affect your working at night please state here:				
How many days have you lost from work in the past year?	Please state what this loss was due to:				

Medical History: please answer ALL questions:

Have you ever suffered from:

	Yes	No		Yes	No
Eyesight problems not corrected by glasses			Any accidents that have affected you physically or mentally		
Difficulties walking bending or lifting			Asthma, bronchitis or serious chest problems		
Hearing difficulties not corrected by a hearing aid			Tuberculosis requiring treatment		
Muscular-skeletal problems including arthritis and back problems			Coughs for more than 3 months, coughing up blood		
Significant discomfort when using a keyboard			Unexplained loss of weight or fever		
Any psychological conditions including stress at work			Gastrointestinal problems including hepatitis		
Fits blackouts of epilepsy			Diabetes, thyroid or endocrine problems		
Cardio-vascular problems including hypertension or a blood disorder			Dysentery, typhoid, paratyphoid, food poisoning salmonella or severe diarrhoea		
Have you any impairment that may affect your ability to perform your duties safely?					
Have you had an operation in the past 2 years?					
Are you on any medication?					

Are you waiting for any medical treatment or results of medical tests?
Do you have a drug or alcohol problem?
Do you have any disability?
Do you suffer from frequent headaches or migraines?
If you have answered yes to any of the above questions please give details:

Immunisations and blood tests:

This section is meant to ensure that you have necessary protection against some risks of infections.

	Immunised?	
	Yes	No
Hepatitis B		
Hepatitis C		
Rubella (German measles)		
Varicella (chicken pox)		
Tuberculosis (BCG- A qualified practitioner will confirm a BCG scar)		
Have you been screened for MRSA?		
COVID-19		

Declaration

1. I declare that the information provided on this questionnaire is true to the best of my knowledge and accept that it will form the basis upon which the qualified medical practitioner will base the certification as to my fitness to work for the position applied for.
2. I also state that I will inform Able Professional Services Limited of any changes that may occur that may affect my ability to work for the position applied for.
3. I understand that it is my responsibility to ensure that all of the information provided is based on my truthfulness and that if I fail to notify Able Professional Services Limited of any changes that may occur at any time, Able Professional Services Limited may their choice cease placing me for job vacancies
4. I accept that my personal details will be safely stored and handled by Able Professional Services Limited in accordance with the data protection act 1998, and that the same may be made available for Audit/Review by relevant organisations like NHS, PASA, CSCI and where by law necessary the company's service users.

Signed by Applicant: _____ . Date: _____ .