

Your Objective: _____ _____ _____ _____	Please PRINT your full name on the reverse of two passport photographs, and affix them here
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PERSONAL INFORMATION

<input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	First: _____ Middle: _____ Maiden: _____ Last: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth date: / /	Age: _____
Marital status: Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>		Address: _____ Post code: _____		
Email Address: _____		Home Phone: _____		Mobile: _____
Passport No.: _____		Passport Expiry Date: / /		
Home Office Ref.: _____		National Insurance No.: _____		
Work Permit Held: _____		Expiry Date: / /		Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality: _____		Evidence of immigration status attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DRIVING LICENCE

How many years have you been driving? _____	Date of issue of British Driving Licence: / /	
How many years have you been driving the UK? _____	Are you a PCV holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do not hold a full British Driving Licence, please state type held: _____		
Driving licence number: _____	Expiry Date: / /	Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

BANK/BUILDING SOCIETY DETAILS

Bank name: _____	Account Name: _____
Sort code: _____	Account No: _____
Building Society Roll No: _____	
I authorise Universal Healthcare Services Ltd. (UHS / Universal) to pay my weekly earnings directly into the bank or building society account, details of which I have given above. I confirm that I will notify UHS in writing of any changes to these details.	
Signed: _____	Date: _____

NEXT OF KIN & EMERGENCY CONTACT

Name: _____	Relationship: _____
Address: _____	
Telephone Numbers: _____	

PROFESSIONAL INDEMNITY

Do you belong to a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Union: _____
Union Membership Number: _____	Membership Expiry Date / /

MISCELLANEOUS DETAILS

Student? Please give <u>name</u> and <u>contact details</u> of institution: _____	
What languages do you speak fluently? _____	Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a qualified First Aider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own transport and are willing to use it for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLANNING YOUR INTERVIEW

Please ensure you bring along originals of all required items on page 5 (the Check List) to your interview or induction.

Dates available for interview:	Date available to start work:
References: Two references are required, including your present or most recent employer (not colleagues, relatives or friends). If you have left a job working with children or vulnerable adults, a reason must be given.	
Present/Previous Employer:	Professional Referee:
Position:	Position:
Company Name:	Company Name:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
How did you hear about us? <input type="checkbox"/> UHS Employee (name):	
Other (please state):	

INTERVIEW QUESTIONS

Your **Personal Statement**. Describe your skills and experiences that are relevant to the role being applied for:

EMPLOYMENT HISTORY

Please provide at least 5 years checkable work history (most recent first). All gaps in employment must be accounted for. Please do not cross out and write "See CV". CONTINUE ON A BLANK SHEET IF NECESSARY.

Employer 1:	Employer 2:
Start date: End date: Current <input type="checkbox"/>	Start date: End date: Current <input type="checkbox"/>
Position held:	Position held:
Company Name:	Company Name:
Address:	Address:
Telephone: Fax:	Telephone: Fax:
Main responsibilities:	Main responsibilities:
Employer 3:	Employer 4:
Start date: End date: Current <input type="checkbox"/>	Start date: End date: Current <input type="checkbox"/>
Position held:	Position held:
Company Name:	Company Name:
Address:	Address:
Telephone: Fax:	Telephone: Fax:
Main responsibilities:	Main responsibilities:

Have you any objection to your present / previous employers being approached for a reference? If **yes**, please give details on a separate sheet. Yes No.

Have you ever been dismissed from an employment? If **yes**, please give details on a separate sheet. Yes No.

TRAINING, EDUCATION & RELEVANT EXPERIENCE (please continue on a blank sheet if necessary)

Please give details of any **relevant** experience you have:

Please list all relevant education and training below. Ensure that **proof** is attached with your completed application form.

Date	Institution	Qualifications

List other academic qualification: i.e. GCEs, CSEs, GCSEs, Degrees, etc

Date	Institution	Qualifications

MEDICAL HISTORY (please continue on a blank sheet if necessary)

Have you ever suffered from any of the following? Please tick YES or NO for every question.

YES	NO		YES	NO	
		Epilepsy / blackouts / loss of consciousness / giddiness			Disability or industrial injury benefit claim
		Disorder of the nervous system			At present taking injections, pills, drugs or other medication
		Mental or psychiatric problems			Had in/out-patient treatment or investigation (e.g. x-ray, surgery, blood test)
		Anxiety / stress / depression			Had any other diseases, disability or medical condition?
		Disease of the heart or blood vessels			Had time off work for medical reasons during the past two years
		Raised blood pressure			Suffers from loss of vision in one or both eyes
		Diabetes – state below if insulin dependent			If you smoke, how many do you smoke a day?
		Skin problems			Alcohol or drug problems
		Asthma / bronchitis or other chest complaints			If you drink, how many units do you consume each week? <i>1 pint beer/lager = 2 units; 1 single spirit or small glass of wine = 1 unit (approximately)</i>
		Eye disease			
		Termination of employment for any medical reason			

If you ticked YES to any of the above, please give details below or on a separate sheet.

I certify that the above information are, to the best of my knowledge, true and complete; and hereby give permission for a further report to be requested from my GP for clarification if required. Please sign your approval for this request below:

Signed: _____ Date: ____ / ____ / ____

GP/Medical Practice: _____ Tel: _____ Fax: _____

Address: _____ Postcode: _____

Your Height _____ Weight _____ Identifying marks/scars _____

Date of last **medical** examination: _____ Date of last **dental** examination: _____

AVAILABILITY

What type of work are you looking for? Full Time Part Time

Do you have any forthcoming commitments (e.g. extended travel / holiday, exam periods, etc)? Please give **details / dates**:

REHABILITATION OF OFFENDERS ACT

By virtue of the Rehabilitation of Offenders Act 1997 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of the Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which of such a kind as to enable the holder to have access to persons in receipt of such services in the course of her/his normal duties. Your answer to the following question should include any 'spent' convictions. This may or may not affect your application.

Have you ever been convicted of a criminal offence? YES / NO If yes, please give details on a separate sheet.

Have you instigated an A24 enhanced disclosure? YES / NO If yes, please give details on a separate sheet.

With an Enhanced Disclosure, under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

DOH Circular (88/9) Protection of Children requires us to carry out checks on police records for agency staff whose assignments will give them substantial access to children. Some branches also operate certain contracts whereby all Agency staff are required to have police checks.

Do you agree that such checks may be made, concerning you, if required? YES / NO

Do you have any spent or unspent criminal conviction? YES / NO If yes, please give details on a separate sheet.

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/unspent convictions, cautions or reprimands? YES / NO

Have you ever been involved in Court Proceedings? YES / NO

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE.

Declaration

The information that I have given in this registration 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 registration with UHS Ltd. and could be a criminal offence.

I consent to the UHS checking the details I have provided in support of this application against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB and other regulatory bodies.

UHS retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act.

On a need basis, we may share the information on this application from (and as otherwise supplied to us) with other companies or Service Users in order to maximise your work opportunities or provide a Staff Profile.

SIGNATURE :

DATE:

EQUAL OPPORTUNITIES

Universal Healthcare Services Ltd. believes, and always has believed, in the principle of equal opportunity in employment and pre-selecting applicants only on the basis of their eligibility, qualifications and experience.

Our policy is not only to adhere whole-heartedly to the laws as outlined in the Race Relations Act 1976 and the Sex Discrimination Act 1975, but also to the spirit behind the laws prescribed. For the sole purpose of monitoring our Policy, please complete the following:

Note: Ethnic Minority questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups. UK citizens can belong to any of the groups indicated. **Please tick:**

Age: 16-24: 25-34: 35-44: 45-54: 55+:

Gender: Male: Female:

Gender Identity (optional): If you identify as a transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? Transsexual Transgender Intersex

Ethnic Origin:

White: British Irish Other White
Asian: Bangladeshi Indian Pakistani Other Asian
Black: African Caribbean Other Black
Mixed: White and Black Carribean White and Black African White and Asian Other Mixed
Other: Chinese Other Ethnic Group **Prefer not to say:**

Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995?

Yes: No: Prefer not to say:

Religion or Belief: No Religion Bahai Buddhist Christian Hindu
Jain Jewish Muslim Sikh Other Prefer not to say

Sexual Orientation: Bisexual Gay Woman/Lesbian Gay Man Heterosexual/Straight Prefer not to say

OTHER REGISTRATION REQUIREMENTS

Applicants to join UHS may be invited from any person over the age of 18 years old, without restriction to take up paid employment. Previous experience is not always essential as UHS provides training. However, the absence of suitable experience may well be an initial barrier to certain types of work being undertaken by the staff.

Applicants are required to provide the following documents for them to be registered (which get copied and filed for future reference):

- 2 Passport size photographs
- Proof of Identity (i.e. passport, ID Card)
- Professional Certificates – SIA, Diplomas, Degrees, BTEC, NVQ, etc
- Work Permit / Visa documentation
- Criminal Records Bureau (CRB) checks
- National Insurance card or a payslip stating your National Insurance Bank Details
- Two professional references, indicating work address
- If a student – confirmation from your educational establishment of your status
- Documentation to cover any significant gaps in employment, travel time

CHECK LIST OF REGISTRY REQUIREMENTS

We need the following to deal with your application:

• Personal Details	(pgs 1)	Details provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Health Questionnaire	(pgs 3)	Details provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Data Protection Act 1998	(pg 5)	Details provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• CRB	(pg 5)	Details provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Equal Opportunity Policy	(pg 4)	Details provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Working Time Regulation	(pg 6)	Details provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

We accept photocopies of some documents but, **originals must be provided at your interview / induction or by post.** It is your responsibility to inform us of any changes in your circumstances or information herewith provided.

DATA PROTECTION ACT 1998

In accordance with the Data Protection Act 1998, there is personal data on your application form, which is classified, as "sensitive."

This "sensitive personal data" will be processed for recruitment purposes and will also be ethnic monitored and processed for statistical purposes. Please sign below to consent to your "sensitive personal data" being processed

Your application form will be kept securely within the Personnel Department. All staff within the Personnel Department are mandated to respect the need for security and confidentiality.

Your application form will be retained for a period of six months. However if you have been successful your application will be retained on your personnel file.

Signed: _____

Date: _____

DECLARATION

I declare that the information given in this application form is true and complete to the best of my knowledge and belief. I have read and understood the Terms of Engagement and Staff Handbook given to me. I agree to comply with the current Health & Safety at Work Act. I understand that my appointment is subject to the receipt of a minimum of two satisfactory references and is subject to Enhanced CRB Disclosure, renewable annually.

I confirm that I am eligible to take up employment in the United Kingdom and will provide evidence to this effect prior to starting work with this company.

I authorise UHS to make any other enquiries they may feel necessary to support my application. I acknowledge I have read and understood UHS' Staff Code of Conduct and will adhere to all of the above.

I agree to respect the confidentiality of patients and clients and any other information I may have access to at all times.

I hereby give permission for UHS to allow access, as a minimum, to my personnel files as part of any official audit, or client compliance purposes. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

This application form forms the basis of a legally binding Service Contract between UHS and the successful applicant.

Print Name: _____

Signed: _____

Date: _____

UNIVERSAL HEALTHCARE SERVICES – WORKING TIME REGULATION

The Regulations state that you can only work a maximum of 48 hours per week (averaged out over a reference period).

It is the Company's aim to work towards a maximum 48 hour average working week for our Management and Full-time Staff. We know this is not achievable every week and that by virtue of our business, peak business periods will create a need for working time in excess of 48 hours for many.

Whilst we are committed to complying with the legislation, we recognize that a number of our employees will want to work more than 48 hours per week (dependent upon the needs of the business).

If you want to make yourself available to work in excess of 48 hours on a regular basis (dependent on the needs of the business), you **must** complete and sign the Voluntary Opt-Out Notice below and return it to your Line Manager. Should you require clarification on any point, please speak to your Line Manger before signing. Do not forget the decision is entirely yours.

Voluntary Agreement

TO OPT-OUT OF THE WORKING TIME REGULATION OF A MAXIMUM WORKING WEEK OF 48 HOURS

Employee No.: _____ Job Title: _____

Name: _____ Surname: _____

I am aware that the Working Time Regulations state that the average working time (over a reference period) for each seven day period must not exceed 48 hours.

I have read and understood the Universal Healthcare Services (UHS) Ltd. OPT-OUT OF 48 HOUR WORKING WEEK AGREEMENT as described in Policies and Procedures herewith attached and I hereby consent that the working week limit shall not apply to my assignments. I understand that I can end this agreement by giving UHS 3 months notice in writing.

I understand that this agreement does not affect any other terms and conditions of my employment and will continue to apply indefinitely unless I exercise my right to opt back into the limit on working time by giving 3 months notice, in writing, to end this agreement.

Signed: _____
(Employee)

Date: _____

Signed: _____
(Universal Healthcare Services Ltd.)

Date: _____

N.B. This form MUST be retained on the employee's personal file.

For further info: http://www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG_10029426

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND ALL REQUIRED ATTACHMENTS
(SEE CHECK LIST OF REGISTRY REQUIREMENTS, PAGE 5) TO:**

**RECRUITMENT
UNIVERSAL HEALTHCARE SERVICES LTD.
UNIT 128, TUDOR LEAF BUSINESS CENTRE
2-8 FOUNTAYNE ROAD
LONDON, N15 4QL**

**OR
EMAIL: JOBS@UHS-LTD.COM
WEBSITE: WWW.UHS-LTD.COM**



"Service with a professional touch"

Universal Healthcare Services (UHS) Limited
Registered in England and Wales. Company No: 04354774
VAT Registration No: 830333269 REC Membership No.: 00052426 ISO 9001:2000 Reg. No.: CA13197

