

Xperience Recruitment Ltd
Suite 11
Kingsway House
King Street
Bedworth
CV12 8HY
Tel: 024 7631 5440
Fax: 024 7631 5430
Email: info@xperiencerecruit.com

Dear Applicant,

Thank you for your interest in joining Xperience Care. We have enclosed an application pack for you. Please fill in the form without leaving any gaps and send it back to us as soon as possible.

You will need to enclose copies of the documents listed below and this letter or we will not be able to take your application any further.

You must enclose copies of:

- Proof of ID (passport, driving licence, birth certificate)
- Proof of right to work in the UK (visa, home office letter)
- Proof of NI number (NI card, P45, P60)
- 2 Passport sized photographs of yourself
- Any Training certificates that you have
- Proof of address- two utility bills or bank statements

In your application you will also need to provide us with the names and addresses of three referees, two professional, one personal, and the details of where you have lived and worked for the past five years. Please have this information to hand as your CRB check cannot be processed without it. Once your application has been processed we will contact you about what happens next. If there are any problems you can also contact us on this number.

Many Thanks

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Attach
 Passport
 Sized
 Photograph
 Here

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:

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

Emergency Contact:

Name:	Relationship:	Tel:
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GP Details:

Name and Address of GP:	Tel:
	Fax:
	Email:

Registered Nurses and Social Workers:

Pin No:	Pin Expiry:	Register Entry:
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Drivers:

Do you have a valid driving licence?

Yes	No	Provisional
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Authority to make deductions

I understand that Xperience 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	
Yes	

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. Xperience records are kept securely in a safe location in line with the Data Protection Act 1998.

Equal Opportunities Monitoring

Xperience Recruitment 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 effect 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:

Marital Status:

White- British	
White- Other	
Black- British	
Black- African	
Asian- Oriental	
Asian- Other	
Other	

Married	
Single	
Co-habiting	
Separated	
Divorced	
Widowed	
Other	

Number of children:	
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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?

yes	
no	

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 Xperience. I also agree to keep Xperience advised of any changes to any of the information supplied.

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