



Empathy Solace Security

APPLICATION FORM

Name of Candidate:	Home:	
	Mobile:	
	Email:	
Position Applied:	Driving Licence	
Interview Date:		
Available from/Notice period:	How far are you willing to travel? YES NO	Are you willing to relocate? YES NO
Current DBS YES NO	DBS Issue date and number	National Insurance Number:
Date of Birth:	ADDRESS:	
Professional Registration YES NO If yes,	CV Attached YES NO	LTD: Bank Name: ACC holder name: Acc No: SC:
What makes you passionate about your profession?		
What is a big achievement you have had in your career?		
Computer systems used:		
Reason left the previous position/Registered with any other agencies:		

Company Number: 07449057
 Reg Add: 45 Canterbury Close, Erdington,
 Birmingham, B23 7QL, Tel: +44 7894151161;
 Email: recruitment@ninisocialcare.org www.ninisocialcare.org





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Have you received or require training?		
Reference - Name	Contact number/Email	Team/Location
CORE SKILLS:		

DBS CLEARANCE

Due to the nature of the work for which you are applying, the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Health Care/Social Care applicants are therefore NOT entitled to withhold information about convictions or cautions which for purposes are “spent” under the provisions of the Act, and in the event of employment, any failure to disclose such convictions will result in your removal from our register.

Any information you provide will remain confidential and be dealt with as per the DBS Code of Practice and Data Protection Act. In order to proceed with your application, we require your consent for the application and disclosure of an enhanced DBS.

I consent to Nini Social Care providing my personal details to the Disclosure Barring Service for the purpose of obtaining an Enhanced DBS Disclosure agency.

Signature: Date:

Do you have any convictions, cautions, reprimands or warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 2013 1198)?

Yes **No**

If Yes, please give details on below:

Offence	Date of Conviction	Sentence

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Do you have any criminal procedures pending in the UK or Abroad?

Yes **No**

If yes, please provide details below:

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.....

Does anyone who lives in your household have an order, determination, conviction, or other grounds for disqualification from registration under the Childcare (disqualification Regulations 2009 against him/her?)

Yes **No**

If yes, please provide details below:

.....
.....
.....

MEDICAL DECLARATION

I am not aware of any health conditions or disabilities (physical or psychological) which might impair my ability to undertake effectively the duties of the position which I have been offered, and will immediately inform Nini Social Care if this changes.

Yes **NO**

or

I do have a health condition or disability (physical or psychological) which might affect my work and which might require special adjustments to my work or at my place of work.

Yes **NO**

Please provide details.....

* If answered Yes to question 2, with consent, we will forward your contact details to our Occupational Health Department for further review and consultation. Please note: as per the Equality Act (2010), Health Declarations are used after the recruitment process is underway and for the purpose of confirming only suitable roles and adjustments as required.

I agree to all my details within this application to be shared with approved third-party companies and contracted credential checking services.

Signature: Date:

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In accordance with the Data Protection Act, Nini Social Care only keeps as much information as necessary to comply with regulations. This information is only used in order to secure temporary/locum work through Nini Social Care.

Print Name:	
Signature:	
Date:	

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