

Branch address:

Interview date:  
Start Date:

# CONFIDENTIAL MEMBERSHIP APPLICATION



Please print clearly in black ink - once completed please return to your nearest office

**Position applied for:** \_\_\_\_\_

The information that I give in this application 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 Everyday Recruitment Agency

## PERSONAL DETAILS:

Page 1 of 5

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Forenames in full: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone number - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ National Insurance Number:

Do you hold a valid driving license? YES/NO License No: \_\_\_\_\_

What transport do you have access to? Car  Bicycle  Public  Other

Next of kin to be notified in case of emergency:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## ETHNIC ORIGIN:

Please circle your appropriate ethnic origin:

White european

Black european

Black caribbean

Black african

Asian

Chinese

Japanese

Other (please state) \_\_\_\_\_

## BANK DETAILS:

Bank name: \_\_\_\_\_ Bank address: \_\_\_\_\_

Your name as it appears on the card: \_\_\_\_\_

Sort code: \_\_\_\_\_ Account number: \_\_\_\_\_



Registered  
with  
CSCI

Please print details of your employment. We require a full history up to 10 years including any gaps in employment. Please start with your most recent employer.

|                                    |                      |             |
|------------------------------------|----------------------|-------------|
| Employer name: _____               | Position held: _____ | From: _____ |
| Address: _____                     | To: _____            |             |
| _____                              | Postcode: _____      |             |
| Reason for leaving: _____          |                      |             |
| Brief description of duties: _____ |                      |             |

|                                    |                      |             |
|------------------------------------|----------------------|-------------|
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| _____                              | Postcode: _____      |             |
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| Reason for leaving: _____          |                      |             |
| Brief description of duties: _____ |                      |             |

**RELEVANT TRAINING DETAILS:**

|         |                 |               |        |
|---------|-----------------|---------------|--------|
| Course: | Date completed: | Certificated: | YES/NO |
| Course: | Date completed: | Certificated: | YES/NO |
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| Course: | Date completed: | Certificated: | YES/NO |
| Course: | Date completed: | Certificated: | YES/NO |
| Course: | Date completed: | Certificated: | YES/NO |
| Course: | Date completed: | Certificated: | YES/NO |

Do you hold an NVQ Qualification? YES/NO      Which level: II : III : IV (delete as appropriate)

Are you registered with the GSCC? YES/NO

Do you have computer skills? YES/NO      If yes, please provide details:

Please state which languages you speak and level of fluency:

**SUPERVISION AGREEMENT:**

I understand that I will attend a supervision session every three months. This is to assess my ability to effectively work with our clients and to help improve the service that ERA provide. This information will be kept in my file and used during my annual appraisal.

Signed (applicant):

Date:

**STATEMENT OF FITNESS: Office use only**

I, \_\_\_\_\_ Registered Manager, that since reviewing this applicants health questionnaire do believe that, this applicant is of an acceptable mental and physical state of fitness. The applicant understands that if their circumstances should change, they will inform the Registered Manager at the earliest opportunity.

Signed (manager):

Name:

Date:

**DATA PROTECTION:**

Data Protection Act 1998

I am aware that :- ERA will create and maintain computer and paper records on me, both during my employment and after I leave the company; these records will be processed in order to maintain employee records and will be held in compliance with the principles of the Data Protection Act 1998.

I consent that the information in the records may be used for reports both internally within ERA and to external bodies working with us in employment administration.

Signed (applicant):

Name:

Date:

**WORKING TIME DISCLAIMER:**

You have the option to opt out of the 48-hour working week limitation, as is laid down in the Working Time Regulations 1998.

Do you wish to opt out? YES/NO (delete as appropriate)

I understand that I may end this agreement by giving one week's notice in writing to ERA.

Signed (applicant):

Date:

ERA ask you to provide us with details for TWO referees. One must be your most current/last employer and the second must be an employer within the last 5 years.

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Email: \_\_\_\_\_

We also require a verbal character reference from somebody (not a relative) you have known for at least two years:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

### CRIMINAL DECLARATION

Have you ever been convicted of a criminal offence and/or served a sentence or received preventative detention? YES/NO

At the time of signing this form is there any prosecution pending or has anything occurred which may result in a future prosecution against you? YES/NO

I the undersigned, undertake to inform you of anything which occurs in the future which may result in a prosecution.

### PASSPORT DETAILS:

Passport number: \_\_\_\_\_ Passport issue: \_\_\_\_\_

Passport nationality: \_\_\_\_\_ Passport expiry: \_\_\_\_\_

ERA can only offer membership to Non-British citizens or Non-EU Nationals on receipt of proof of eligibility to live and work in the UK.

### DECLARATION:

I, to the best of my knowledge, have completed this application and believe that the information I have provided herein is accurate and true. By knowingly falsifying this document I understand that this could lead to disciplinary procedures against me which could lead to dismissal.

I acknowledge that I have read the terms of engagement between myself and ERA and accept the conditions therein.

I confirm that I wish to have payments sent direct to the account detailed on page 1 of this application. I have checked these details and confirm that they are correct. During the course of my employment, should I be overpaid in error, I accept that and monies owed will be deducted out of my wages the following week.

Signed (applicant): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

CRB check paid: \_\_\_\_\_ CRB form sent: \_\_\_\_\_

CRB received: \_\_\_\_\_ CRB number: \_\_\_\_\_

POVA First check received? (if applicable)

Reference 1 sent: \_\_\_\_\_ Reference 1 received: \_\_\_\_\_

Reference 2 sent: \_\_\_\_\_ Reference 2 received: \_\_\_\_\_

Verbal reference date: \_\_\_\_\_

Identification provided:

Photo: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

Other: \_\_\_\_\_

Contract signed: \_\_\_\_\_ Uniform paid: \_\_\_\_\_

I.D. card issued: \_\_\_\_\_ Training form completed: YES/NO

Questionnaire completed: YES/NO

Tax form(s) (please circle) P45 P46 P38

**INTERVIEWER NOTES:**

Interviewer name: \_\_\_\_\_ Interviewer signature: \_\_\_\_\_

Attitude and general appearance of applicant:

\_\_\_\_\_  
\_\_\_\_\_

Type of work preferred: (please circle)

NHS      Nursing/Residential      Homecare      Learning disabilities      Other

General availability:

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_