

Please tick box next to client group to indicate **WHERE YOU HAVE GAINED “Paid Working Experience”**.

- | | |
|--------------------------------------|-----|
| Mental Health | () |
| Learning Difficulties / Disabilities | () |
| Drug & Alcohol Mis-use | () |
| Housing | () |
| Elderly | () |
| Children / Young People | () |

Please explain, in your own words, your definition of vulnerable people:

What measures would you take to ensure clients receive appropriate care?

How would you help a non-verbal client to make his/her choices?

What actions would you take if you witnessed a service user being bullied / abused?

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your employment record.

Name (<i>Last, First, M.I.</i>):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
GP Details	Name:	
	Address:	
	Telephone Number:	
PERSONAL HEALTH HISTORY		
Height:	Weight:	
Childhood illness:	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio	
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>
Have you been tested to MRSA (methicillin Resistant Staph Aureus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had skin complaints? EG. Dermatitis, Eczema, Psoriasis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have vision or hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any bowel infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any Liver Problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had and Lung problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from Black outs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any mental health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever had back/mobility problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any joint problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any other infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answer yes to any of the questions below, please give details in box provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a job on health grounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been off work for more than 2 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many days off sick have you had within last two years? _____

HEALTH HISTORY QUESTIONNAIRE

Continued

Please use the section below to give further details of any questions answered on previous section.

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I understand that giving false information with regards to my medical history and fitness may lead to termination of my contract and services.

To the best of my knowledge the above information is correct.

Print Name:

Signature:

MONITORING INFORMATION

This section of the application form will be detached from your application form and will be used for monitoring purposes only. Brookes Recruitment Ltd recognises the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group
<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<input type="checkbox"/> I do not wish to disclose my ethnic origin

Employment Equality Regulations 2003

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I would rather not answer	
* Please indicate your religious belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose my religion/belief

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements and at interview.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	

Rehabilitation of Offender Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

Before you can be considered for appointment with the Brookes Recruitment LTD we must be satisfied with all of the checks we carry out.

Brookes Recruitment LTD aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. Brookes Recruitment LTD undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Please answer the following question:

* Have you any unspent criminal convictions or bindovers, or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

* DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	

Where did you see this vacancy advertised?	
<input type="checkbox"/> Brookes Recruitment website <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of mouth

CRB Check Form

**Warning: Your CRB check will not be completed if this form is not filled in.
It is your responsibility to fill this form in before beginning the registration process with your consultant.**

Please write below your address history for the past **FIVE YEARS** if different from your current address (MM/YY to MM/YY). Please clearly label all addresses in a numerical format.

Address 1

Post Code: _____ Date moved into

Address: _____ / _____ / _____

Address 2

Post Code: _____ Date moved into

Address: _____ / _____ / _____

Address 3

Post Code: _____ Date moved into

Address: _____ / _____ / _____

Address 4

Post Code: _____ Date moved into

Address: _____ / _____ / _____

Address 5

Post Code: _____ Date moved into

Address: _____ / _____ / _____

If your Forename or surname, has changed at any point throughout your life, please detail those changes and the dates on which they occurred below:

Name : Used from / / to / /

Name : Used from / / to / /

Applicant's Bank Details

Title (Miss/Mrs/Mr)															
First name															
Surname															
Address															
Postal Code															
Mobile No.															
Home Phone No.															
Email address:															
NI Number															
D.O.B															
Bank Name															
Account Number															
Sort Code															

Application Form

Personal Information

Post Applied for:		Area of work	
Branch		Interview Date:	

It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type.

Personal details

Last Name: First Name:

Address:

Postcode:

Home Telephone N^o: National Insurance N^o:
We will need to see proof of this

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving License – if relevant to post applied for.

Yes No

Do you hold a full, clean driving license valid in the UK?

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Education

Include in this section all the desirable relevant qualifications. Please also indicate subjects currently being studied.			
Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.			
Course Title	Training Provider	Duration	Date Completed

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships

* Indicate your Professional Registration status:	
<input type="checkbox"/> Not Required for this post <input type="checkbox"/> I have current UK registration	<input type="checkbox"/> UK registration applied for <input type="checkbox"/> UK registration not yet applied for <input type="checkbox"/> I am a student

If professional registration is not required then go to **Employment History**

If you are registered then please enter the relevant details below:			
Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Grade		Salary	
Specialty		Job Type	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Specialty		Job Type	

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Specialty		Job Type	

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Specialty		Job Type	

References

Please note the name and addresses of 2 professional people from whom the company may obtain work experience references.

References can **NOT** be provided by friends or members of your family.

References MUST be for 3 years with NO gaps of more than 3 months.

Please give the names and addresses of your two most recent employers (if applicable).

Reference 1

Reference 2

Name:

Name:

Position (job title):

Position (job title):

Work Relationship:

Work Relationship:

Organisation:

Organization:

Address:

Postcode	
----------	--

Address:

Postcode	
----------	--

Telephone N^o:

Telephone N^o:

E-mail:

E-mail:

Next of Kin details

In case of emergencies it is vital that Brookes Recruitment Ltd have these details on file. Please take the time to complete all sections of this form and if any details change in the future then contact your local Brookes Recruitment branch.

Your Name:

Address:

Post code:

D.O.B: ____ / ____ / ____

N.I Number:

Tel: Mobile:

Home Number:

1st Next of kin: _____

Relationship: _____

Address: : _____

Post code: _____

Tel Mobile: _____ **Home:** _____

2nd Next of kin: _____

Relationship: _____

Address: _____

Post code: _____

Tel Mobile: _____ **Home:** _____

Print Name: _____

Signature: _____

Date: ____ / ____ / ____

**Temporary Workers Contract
(Terms of Engagement/Contract for Service)**

1. DEFINITIONS

1.1 In these Terms of Engagement the following terms apply:

“Assignment” Means the period in which the Temporary worker is supplied to render services to the Client.

“Client” Means the business or person requiring the services of the Temporary Worker.

“Employment Business” Means “Brookes Recruitment LTD”

“Temporary Worker” ‘s Name _____

1.2 Unless the context otherwise requires, references to the singular include the plural.

1.3 The headings contained in these Terms are for convenience only and do not effect their interpretation.

2. THE CONTRACT

2.1 These terms constitute a Contract for services between the Employment Business and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker.

2.2 For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the employment Business and the Temporary Worker.

2.3 No variation or alteration to these Terms shall be valid unless the details of such variations are agreed by the Employment Business and the Temporary Worker in writing stating the date upon which these variations or alterations were made.

3. ASSIGNMENTS

3.1 The Employment Business will endeavour to find suitable Assignments for the Temporary worker within the parameters of the Temporary Workers skills set and qualifications.

3.2 The Temporary Worker acknowledges that the nature of Temporary Work means there are periods when no suitable work is available and agrees: that the suitability of the work offered shall be determined solely by the Employment Business: that the Employment Business shall incur no liability to the Temporary Worker should it fail to offer opportunities to work within suitable assignments.

3.3 At the same time the Assignment is offered to the Temporary Worker the Employment Business shall inform the Temporary Worker of the identity of the Client including full addressees, the time of the Assignment including the number of hours, the remuneration and any applicable expenses if appropriate. In addition, the Employment business shall make clear any risks to health and safety and take steps to ensure reasonable precautions are taken. Please refer to Handbook for further details.

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3.4 If, before the first Assignment, during the course of an Assignment or within the relevant period the Client wishes to employ the Temporary Worker direct or through another employment business, the Temporary Worker acknowledges that the Employment Business will be entitled to charge the Client a fee. In addition, the Employment Business will be entitled to charge a fee to the Client if the Client introduces the Temporary Worker to a third party who subsequently engages the Worker within the relevant period.

3.5 All employees are under an obligation not to disclose to anyone, unless that person is under a duty to receive it, any information coming to them while exercising their duties concerning a service user, their illness, their treatment or affairs relating to their families. Only when instructed by either a line manager or explicit consent has been given by the data subject, i.e. the service user or their nominated advocate, should confidential information be passed forward.

3.6 Employees who have access to confidential reports, records or documents, whether relating to staff, clients or service users, are expected to ensure that they are securely kept and not left anywhere they can be seen by unauthorized persons.

3.7 Employees are to respect confidentiality at all times. This is achieved by never giving personal information relating to service users or staff to any unauthorized person. Never answer questions relating to individual policies or organizational policies.

4. REMUNERATION

4.1 The Employment Business shall pay the Temporary Worker remuneration at a minimum of the National Minimum wage but in accordance with agreed rates with at the time of booking.

4.2 The actual rate will be notified on a per assignment basis, for each hour worked during an assignment to be paid weekly upon receipt of completed timesheets.

4.3 Holiday pay is included in the hourly rate and is therefore dependant on actual hours worked.

5. SICKNESS ABSENCE

5.1 The Temporary Worker may be eligible for Statutory Sick Pay provided the relevant statutory criteria are met.

5.2 All Temporary Workers are required due to the nature of the Assignments give at least 4 hours notice to cancel any shifts as to not do so may endanger Service User's due to insufficient staffing numbers.

5.3 Last minute cancellations may result in the Temporary Worker being subject to dismissal should a valid reason not be provided.

6. TIMESHEETS

6.1 At the end of each assignment, the Temporary Worker shall deliver a time sheet completed to indicate the number of hours worked including deductions for breaks as these are not paid unless otherwise indicated.

6.2 Where the Temporary Worker fails to deliver a properly authenticated timesheet the Employment Business shall, in a timely fashion, conduct further investigations into the hours claimed by the Temporary Worker. This may result in delays in payment due to the Temporary Worker. The Employment Business shall make no payment for hours not worked.

6.3 For the avoidance of doubt and the purposes of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods where they are carrying out duties for the Client as part of the Assignment. Traveling to and from, lunch and all other breaks shall not be included unless otherwise indicated.

6.4 It is the Temporary Workers responsibility to ensure the Timesheets reach the finance office in good time and to ensure its arrival.

6.5 Temporary workers who wish to work 48 hours or more in any week must sign the declaration below. Once signed it is not compulsory to work over those hours, it will provide the Temporary Worker the option to do so.

I _____ agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer 1 months' notice in writing to end this agreement.

Signed.....
Dated.....

7. CONDUCT OF ASSIGNMENTS

- 7.1 The Temporary Worker will be obliged to co-operate with the Clients reasonable instructions and accept direction, supervision and control of any responsible person in the Client's Organization.
- 7.2 All rules, regulations, policies and procedures are to be followed both relating to the Client and the Employment Business (Please refer to the Employment Handbook for further details)
- 7.3 The Temporary Worker is to take all reasonable steps to safeguard their Health and Safety and report any incidents to the Employment Business in accordance with the Employment Handbook.
- 7.4 The Temporary Worker will not engage in any conduct detrimental to the interests of the Client or Employment Business.
- 7.5 At no time should the Temporary Worker divulge confidential information relating to the Client or the Employment Business. Such action would be subject to action as outlined in the Employment Handbook.

8. TERMINATION

- 8.1 The Employment Business may terminate the Temporary Workers Assignment without any prior notice or liability.
- 8.2 If the Temporary Worker does not report to the Employment Business their availability for a period of 4 weeks, then the Employment Business will forward a P45 to the Temporary Workers last known address.

I have read, understood and agree the standard terms of engagement and have been issued with the Employee Handbook.

Signed by the Temporary
Worker

Date