



- 1) Personal Details
- 2) Position applied for... Night worker Assessment
- 3) Health Declaration
- 4) Employment History, References & Qualifications
- 5) Equal Opportunities
- 6) HMRC Starter checklist
- 7) (Appropriate) Job Description
- 8) Terms & Conditions
- 9) Interview

PLEASE INSERT PHOTO
HERE

1) PERSONAL DETAILS

Surname		
Maiden Name (s):		
Previous Name (s)		
Forename (s):	Title	
DOB :		
Current Address:		
City:		
Postcode:		
Telephone:		
Mobile:		
Email:		
DBS No. / Date of Issue:		
DBS Request: Please detail your last 5 YEARS address (s) If different to where you currently live Include POSTCODE	Current Address: <i>Dates I lived there</i> from: _____ To : _____ Postcode: _____	
	Previous Address 1: <i>Dates I lived there</i> from: _____ To: _____ Postcode: _____	
	Previous Address 2: <i>Dates I lived there</i> from: _____ To: _____ Postcode: _____	
	Previous Address 3: <i>Dates I lived there</i> from: _____ To: _____ Postcode: _____	
	Previous Address 4: <i>Dates I lived there</i> from: _____ To: _____ Postcode: _____	
Additional Information For DBS Request :	Surname : _____ Forename (s) : _____ Date Name Used From : __/__/__ <i>Other names – please list any other names you have been known by . (This includes maiden name)</i> Surname : _____ Forename (s) : _____ Dates From __/__/__ To : __/__/__ Surname : _____ Forename (s) : _____ Dates From __/__/__ To : __/__/__ Birth Town : _____ Surname at Birth : _____	

Driving licence / Number	YES / NO	
Driving convictions/ Details	YES / NO	
NI number		
Account Details Bank Name & Address:	Sort Code __ / __ / __	Account No:
Criminal Convictions Disclosure If yes, please detail below your convictions and their dates. The information provided will be treated in confidence and only be considered where, in reasonable opinion of SCG staffing. If the offence is relevant to the post for which you are applying	YES / NO	Failure to declare a conviction may require SCG to exclude you from our register or to terminate an assignment if the offence is not declared but later comes to light.
Are you legally entitled to work in the UK? If yes Please enter your Passport details and/or details of any relevant visa, work permit or registration card (if applicable)	YES / NO	Passport Number : Residence Permit Valid Until:
Consent I give permission to SCG Ltd, to share my personal information including details relating to my health, where applicable, to clients whom I may work for and potential clients to secure work. This may include information being shared on third party databases when being assigned to shifts.	Signature:	

2) POSITION APPLIED FOR

Position applied for:	
Date available to commence:	
Preferred Shifts: Preferred Days of work: Monday : Tuesday : Wednesday : Thursday : Friday : Saturday : Sunday :	DAY / NIGHT / MIX Please detail below:
Support Workers ONLY: I agree by accepting employment with SCG, I will commit to working a <ul style="list-style-type: none"> • FIXED 13-week rota. • Provide 4 weeks' notice to change my shifts • That my shifts maybe across a number of services. • To work a min of one in four weekends 	Signature:
Working Time Regulations 48 Hour Working Agreement. Under Regulation 4(1) of the Working Time Regulations 1998, you can only work 48 hours or more per week if you have given consent to do so. <ul style="list-style-type: none"> • To work MORE than 48 hours in a week you need to opt OUT of the 48-hour agreement. • To change this agreement please provide your statement at any time with 7 days' notice in writing. 	Please circle as appropriate. I wish to opt IN / opt OUT of the 48-hour agreement. Signature:

NIGHT WORKER ASSESSMENT The following medical conditions could possibly affect your health and ability to safely carry out night work, or could be made worse by night work		Please Tick:		Comments
Do you suffer from any of these conditions?		YES	NO	
a)	Diabetes			
b)	Heart or circulatory problems?			
c)	Stomach or intestinal problems such as ulcers?			
d)	Any medical condition causing difficulty sleeping?			
e)	Chronic Chest disorders, troublesome at night?			
f)	Medical condition – where medication is on a strict timetable?			
g)	Medical condition – where the timing of meals is important?			
h)	Any mental health problems which could be affected by night work?			
i)	Any other medical condition which may affect you working safely at night?			
j)	Are you a new or expectant mother?			
k)	Has previous night working caused illness for you?			
DECLARATION: I certify that the answers given above, are true to the best of my knowledge and belief.		Signature:		

3) HEALTH DECLARATION

Do you have or have ever had....	Yes	No	If yes, please detail
1) Any serious infectious diseases			
2) Stomach, bowel problems, infections or food poisoning?			
3) Asthma, tuberculosis or other chest infections?			
4) Any allergy? (including hay fever)			
5) Fainting, blackout (s) or epilepsy?			
6) Any vision problem (s) not corrected by glasses?			
7) Ear problems, infections or hearing defect?			
8) Dermatitis, eczema or skin problems?			
9) Joint or back problems?			
10) Any disability?			
11) Depression/nervous/mental health/ Drug or alcohol addiction?			
12) Are you diabetic?			
13) Are you taking any other medications?			
14) Any other health problems?			
Vaccination/Immunity & Vaccination History	Yes	No	If NO , you're advised to contact your GP and have these checked. If YES , please provide DATE of last immunisation & provide copies of your test forms.
1) Tuberculosis (TB)			
2) BCG Vaccination			
3) Tetanus			
4) Polio			
5) Rubella			
6) Hepatitis A			
7) Hepatitis B			
8) MMR			

Infections			
1) Chicken pox			
2) German Measles			
3) Tuberculosis			
4) Hepatitis A			
5) MRSA			
6) Any other INFECTIOUS disease (s)			
DECLARATION: I understand that the work placement if offered will be subject to the information given on this form being correct to the best of my knowledge and belief.	Signature:		

3 a) NEXT of KIN / EMERGENCY CONTACT

Emergency Contact Name:		Emergency Contact Name:	
Relationship:		Relationship:	
Telephone /Mob No.		Telephone /Mob No.	
Address: Postcode:		Address: Postcode:	

4) EMPLOYMENT HISTORY

Date: To - From	Place of Work / Company Include Last 5 years	Job title	Details:	Reference?	
				Yes	No
1.					
2.					
3.					
4.					
5.					

4 a) REFERENCES – A minimum of 2 employment references covering the last 2 years, plus 2-character references.

Date: To-From	Name of Referee	Company/College Name	Contact Details: Tel No/ Mob No/Email/ Address	Type of Reference Please Tick
				Employer Character Academic
				Employer Character Academic
				Employer Character Academic
				Employer Character Academic
				Employer Character Academic

DECLARATION: I D.O.B Student number (if applicable)
 Hereby authorise Signature Care Group Limited to obtain a reference in respect to my work or student status.

SIGNATURE:

4 b) QUALIFICATIONS & PROFESSIONAL COURSES

Date To-From	School / College / University	Course Name	Qualification Gained

5) EQUAL OPPORTUNITIES - please tick

Gender:	Male	Female	Decline to answer
Ethnicity:	White: British Irish Any other white background :	Mixed: White & Black Caribbean White & Black African White & Asian Any other mixed background:	Asian or Asian British: Indian Pakistani Bangladeshi Any other Asian background:
	Black & Black British: Caribbean African Any other Black background:	Chinese or other Ethnic Group: Chinese Any other background	Declined: Declined to answer

5 a) RELIGION – please tick

Religion:	Christian Muslim Buddhist	Sikh Hindu Jewish	None Decline to answer Other:
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5 b) PHYSICAL or MENTAL IMPAIRMENTS/DISABILITY?

Yes	No	Declined to Answer
If yes, please state impairment:	Details of Impairment:	What, if any adjustments will need to be made to in order for us to be able to carry out your role:
<p>DECLARATION: I understand that the work placement if offered will be subject to the information given on this form being correct to the best of my knowledge and belief.</p> <p>SIGNATURE:</p>		

RGN & RMN COMPLETION ONLY

NMC No.	Pin Expiry Date :
Self Employed / Limited Company	YES / NO
Name of Limited Company?	
Copy of Business Bank Statement	
Copy of Company Certificate	

Applicants Signature:

On behalf of SCG:

Date: