



Place photo here

APPLICATION FORM

Position Applied For: _____

Date: _____

SECTION 1

Title: _____ Full Name: _____

Preferred Name: _____

Date of Birth: _____ Mother's Maiden Name: _____

Languages spoken: _____

Home Address: _____

City: _____ Post Code: _____

Mobile Number: _____ Home Telephone: _____

Email Address: _____

National Insurance No: _____

Please tick appropriate option:

Are you eligible to work in the UK? Yes [] No []

Do you hold UK EU/EEA Full driving licence? Yes [] No []

Do you own a car? Yes [] No []

If yes, is it available for use in work? Yes [] No []

Have you any restrictions on your working hours? Yes [] No []

If yes, Please specify how many hours:

Have you ever been dismissed from employment? Yes [] No []

Have you ever been OR are currently subject to any investigation or disciplinary action? Yes [] No []

Do you have any criminal convictions? Yes [] No []

Next of Kin Full Name: _____ Relation to you: _____

Home Telephone: _____ Mobile Number: _____

SECTION 2

Please tell us about your qualifications

College OR university: _____

Qualification OR Course: _____ Month AND Year: _____

College OR university: _____

Qualification OR Course: _____ Month AND Year: _____

College OR university: _____

Qualification OR Course: _____ Month AND Year: _____

College OR university: _____

Qualification OR Course: _____ Month AND Year: _____

SECTION 3

This section is for your personal statement

Please write your skills, strengths and experience below:

A large rounded rectangular box with a thin brown border, containing 20 horizontal lines for writing a personal statement.

Please ask
for extra
sheet if
required

SECTION 4

Please Provide details of any work experience

Company Name: _____ Your Job Title: _____

Address: _____

City: _____ Post Code: _____

Start Date – Month AND Year: _____ End Date – Month AND Year: _____

Duties in this job role: _____

Please Provide details of any work experience

Company Name: _____ Your Job Title: _____

Address: _____

City: _____ Post Code: _____

Start Date – Month AND Year: _____ End Date – Month AND Year: _____

Duties in this job role: _____

Please Provide details of any work experience

Company Name: _____ Your Job Title: _____

Address: _____

City: _____ Post Code: _____

Start Date – Month AND Year: _____ End Date – Month AND Year: _____

Duties in this job role: _____

Please Provide details of any work experience

Company Name: _____ Your Job Title: _____

Address: _____

City: _____ Post Code: _____

Start Date – Month AND Year: _____ End Date – Month AND Year: _____

Duties in this job role: _____

Please briefly outline if you have had any GAPS IN EMPLOYMENT

From - Month AND Year : _____ To - Month AND Year: _____

Reason: _____

From - Month AND Year : _____ To - Month AND Year: _____

Reason: _____

From - Month AND Year : _____ To - Month AND Year: _____

Reason: _____

If you have never worked, Please state how you have been spending your time? (Eg; Studies, Family etc):



SECTION 5

This section asks about your reference details

Please read the following before filling this section:

Professional Reference: This reference should be from your most recent employer. Unique Personnel will not accept any personal reference if you have never worked in UK. Your previous employer must be able to provide company stamp, visiting card, complimentary slip or written statement on company letter head or any other proof of existence.

Personal Reference: Your reference should be from someone who knows you for 1 year or more, the referee should not be your relative or best friend, your referee should be a professional person and able to provide some ID or proof of address for the purpose of authenticity of reference.

Academic Reference: It could be from your Institution (college, University, Training Centre, supervision, assessor, trainer or a teacher.

PLEASE NOTE: We can send reference form by email address to your referee. We will contact them again by phone call when we will receive the reference to check the authenticity of reference.

Reference [1] Professional [] Personal [] Academic []

Title: _____ Full Name: _____

Company Name: _____ Contact Number: _____

Company Address: _____

Post Code: _____ Email Address: _____

In what relation do you know this referee? _____

How many Months/Years have you known each other? _____

Reference [2] Professional [] Personal [] Academic []

Title: _____ Full Name: _____

Company Name: _____ Contact Number: _____

Company Address: _____

Post Code: _____ Email Address: _____

In what relation do you know this referee? _____

How many Months/Years have you known each other? _____

Purpose of position

To carry out exceptional service, follow work, health & safety guidelines accordingly

Duties

It is not an exhaustive list of the tasks involved, they will vary from one customer to another, but instead it is intended to be a guide to the type of work involved

- Identify and assess customers' needs to achieve satisfaction
- Build sustainable relationships of trust through open and interactive communication
- Provide accurate, valid and complete information by using the right methods/tools
- Follow communication procedures, guidelines and policies
- Take the extra mile to engage customers

Responsibilities

- Follow the policies and procedure of Unique Personnel (UK) Ltd, follow the rules as laid out in the staff handbook
- Collect personal protective equipment (gloves), Daily logs, MAR sheets and times sheets from office and submit them when required.
- Obtain the signature of services users on timesheets and submit timesheets within 2 days of cut of date
- Provide the service in a way that respects the dignity of the individual and promotes independence and enable them
- To maintain their personal hygiene, a good level of nutrition and hydration
- Maintain professional boundaries, keep ID card on while on duty and work as part of a team with colleagues and portray a professional image.
- Attend the trainings, Induction before starting job, career's meetings, and supervisions and read Unique Personnel Hand Book.
- All staff is expected to respect the requirements under the Data Protection Act 1998. All staff must ensure that they are aware of their responsibilities under the Health and Safety at Work, etc. Act 1974.

Name: _____

Date: _____ Signature: _____

SECTION 6

Please write any questions you have that haven't been covered in this form:

Please tell us any more information you would like to provide about yourself that hasn't been covered in this form:

YOU MUST BRING THE FOLLOWING DOCUMENTS TO CONTINUE YOUR APPLICATION:

- Valid Passport
- Visa/ residence permit / supporting documents (if you do not hold British passport)
- 2 proofs of address (No more than 3 months old)
- College letter (If you are an overseas student)
- National Insurance Number proof (NI Card OR Letter)
- 2 Passport Photos
- Previous DBS if it is on the update service
- Academic Qualifications / Training certificates

This is your Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work. THIS INFORMATION WILL BE USED FOR THE RECRUITMENT, SELECTION AND EMPLOYMENT PROCESS. IF YOU ARE EMPLOYED, THE INFORMATION YOU HAVE PROVIDED WILL BE STORED AND USED FOR EMPLOYMENT, TRAINING AND DBS PURPOSES ONLY. **IF YOU ARE NOT SELECTED, THE APPLICATION AND DOCUMENTS WILL BE STORED FOR 6 MONTHS AND THEN DESTROYED SAFELY.** I understand that providing false/inaccurate information may result in the termination of employment.

Name: _____

Date: _____ Signature: _____

FOR OFFICE USE ONLY – Application checked & stored by:

JOB OFFERED? YES [] NO []

Employment subject to 2 satisfactory references ,satisfactory DBS & completion of induction training

DATE:..... HR SIGNATURE:

Disclosure & Barring Service Form

[DBS CHECK]

SECTION 7

Title: _____ Full Name: _____

Country of Birth: _____ Birth Town: _____

Birth County: _____ Nationality at birth: _____

Have you changed your Nationality? YES [] NO []

If you have changed your Nationality please state current Nationality:

Have you changed your birth surname? YES [] NO []

If you have changed your surname please state:
(Even if same as birth surname)

YEAR you changed surname: _____

Please provide your address history covering LAST 5 YEARS INCLUDING OUTSIDE OF UK

Current Address: _____

City: _____ Post Code: _____ Country: _____

From Month AND Year: _____ To Month AND Year: _____

Previous Address [1]

Building Number & Street Name: _____

City: _____ Post Code: _____ Country: _____

From Month AND Year: _____ To Month AND Year: _____

<p>Please ask for extra sheet if required</p>
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Previous Address [2]

Building Number & Street Name: _____

City: _____ Post Code: _____ Country: _____

From Month AND Year: _____ To Month AND Year: _____

Previous Address [3]

Building Number & Street Name: _____

City: _____ Post Code: _____ Country: _____

From Month AND Year: _____ To Month AND Year: _____

**Disclosure & Barring Service
Payment Authorisation**

I _____ hereby agree to pay the amount of £ _____ for my Disclosure and Barring Service (DBS Check).

I understand, paid amount of DBS is non-refundable and if my DBS is not satisfactory, Unique Personnel may not offer me the job. I have read the job description and I understand it. I also understand the employment is subject to two satisfactory written references, right to work, Proof of ID, 2 proofs of address, proof of NI number and a satisfactory disclosure from the Criminal Records Bureau in accordance with the Police Act 1997 and the Rehabilitation of Offenders Act 1974.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY –
DBS Fee Received? Yes [] No [] DBS Applied date: _____
DBS Applied by: _____ Booked for Training & Induction: _____

Bank Details

for your Wages

Name of your Bank: _____

Your Name as per Bank Account: _____

Sort Code: [] [] [] [] [] [] []

Account Number: [] [] [] [] [] [] [] [] [] []

Declaration

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE IS CORRECT AND I UNDERSTOOD MY WAGES WILL BE TRANSFERRED TO THE ABOVE MENTIONED BANK ACCOUNT AND ANY ERROR IN THE INFORMATION PROVIDED WILL RESULT IN LOSS OF PAY AND THE COMPANY WILL NOT HOLD ANY RESPONSIBILITY

Applicant Signature: _____ Date: _____

HR Signature: _____ Date: _____

**Equal Opportunity Monitoring
Form**

SECTION 8

Please tick the appropriate option

Gender: Male [] Female [] Prefer Not To Say []

Marital Status Married [] Single [] Prefer Not To Say []

Sexual Orientation: Bisexual [] Gay [] Lesbian []
Heterosexual [] Other [] Prefer Not To Say []

If Other Please Specify: _____

Religion: Buddhist [] Christian [] Church of Scotland []
Hindu [] Jewish [] Roman Catholic []
Muslim [] Sikh [] Atheist [] Agnostic []
Other [] Prefer Not To Say []

If Other Please Specify: _____

Ethnic Origin:

ASIAN

Indian [] Pakistani [] Bangladeshi [] Chinese []
Other [] Prefer Not To Say []

If other, Please specify: _____

BLACK

African [] Caribbean []
Other [] Prefer Not To Say []

If other, Please specify: _____

WHITE

Scottish [] Irish [] English [] Welsh []
Other [] Prefer Not To Say []

If other, Please specify: _____

MIXED

Prefer Not To Say [] OR Please specify: _____

OTHER

Prefer Not To Say [] OR Please specify: _____

Disability: Yes [] No [] Prefer Not To Say []
If Yes, Please specify: _____

Health Monitoring Form

SECTION 9

Successful applicants are to complete a detailed medical questionnaire

- A. Do you have any physical or mental health conditions that may affect your performance for the position applied?
YES [] NO []
If yes, Please explain: _____
- B. Have you been refused or dismissed from any employment because of health reasons?
YES [] NO []
If yes, Please explain: _____
- C. Have you ever left employment for health reasons?
YES [] NO []
If yes, Please explain: _____
- D. Have you previously or currently undertaken any medical or therapeutic treatment?
YES [] NO []
If yes, Please explain: _____

- E. Are you allergic to any chemicals or other substances?
 (You may have to use cleaning chemicals at work)
 YES [] NO []
 If yes, Please explain: _____
- F. Are you pregnant?
 YES [] NO []
 If yes, how many weeks: _____
- G. Do you have any contagious infection/disease?
 YES [] NO []
 If yes, Please explain: _____
- H. Any stress related disorders?
 YES [] NO []
 If yes, Please explain: _____
- I. Have you been admitted/attended hospital at any time?
 YES [] NO []
 If yes, Please explain: _____
- J. Do you wish to inform us of any other health/physical/mental problems you had or still have?
 YES [] NO []
 If yes, Please explain: _____
- K. Do you wish to discuss any issues regarding your health related to the applied post which you which you think is a risk to carry out the job on your own or you may be a risk to others?
 YES [] NO []
 If yes, Please explain: _____
- L. Are your immunisations up to date? (if not, please contact your GP and receive them)
 YES [] NO []
- M. Number of days sickness absence in the last 12 years: _____

- GP Surgery Name: _____
- Telephone Number: _____
- Applicant Signature: _____
- Date: _____