**Welcome to Starlight Care Partnership**

Recruitment Document Pack

**Welcome to Our Recruitment Document Pack**

Hello there,

In this pack you will find documents that need filling out as part of your recruitment with Starlight Care Partnership.

These documents are each explained and include:

* Application Form
* DBS Disclosure Documents Guidance
* Health Questionnaire
* Staff Declaration
* Employment References Form

If you have any questions or problems filling your documents out please contact our team on hr@starlightcarepartnership.co.uk.

With best wishes,

**The Starlight Care Partnership Team**

# Application Form

This form is for your application, outlining your skills, qualifications and experience.

Recruitment Pack

**Application Pack**

**Home Care Professionals**

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| Personal Details |
| Title: | Surname: |
| First name: | Middle name(s): |
| Date of birth: | Gender: |
| House name or no: | Start of residence (date): |
| Street: | Tel (home): |
| Town: | Tel (work): |
| County: | Tel (mobile): |
| Postcode: | Country: |
| Email: |
| Title of job you are applying for: |

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| Emergency Contact |
| Name: | Tel (home): |
| Relationship to you: | Tel (mobile): |
| Email: |

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| Professional Registration |
| Are you registered with any professional bodies? (Please Tick) |
| HCPS (formerly HPC) NMC GMC GPhC RCCP N/A |
| Registration number: | Expiry date/renewal: |

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| Nationality & Eligibility to Work |
| Do you hold a British/EU passport? | Yes No |
| Nationality: |
| Passport number: | Expiry date: |
| If you do not hold a British/EU Passport, do you hold any of the following? |
|  | Indefinite leave to remain in the UK |  | Ancestry visa |
|  | Work permit/sponsorship (Tier 2) |  | Spousal/partnership visa |
|  | Student visa (Tier 4) |  | Biometric residence permit |
|  | Working holiday visa/youth mobility (Tier 5) |  | Other (please specify): |

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| Professional Qualifications |
| **Qualification** | **Place where obtained:** | **Date to/from:** | **Certificate attached?** |
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| Professional work history with references |

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| **Most recent job** |
| Organization: |
| Job title: | Ward/dept.: |
| Grade/band: | Date of employed (Month/Year): |
| Referee name: | Date of leaving (Month/Year): |
| Email: | Telephone: |
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|  **Most recent last job** |
| Organization: |
| Job title: | Ward/dept.: |
| Grade/band: | Date of employed (Month/Year): |
| Referee name: | Date of leaving (Month/Year): |
| Email: | Telephone: |
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|  **Other job** |
| Organization: |
| Job title: | Ward/dept.: |
| Grade/band: | Date of employed (Month/Year): |
| Referee name: | Date of leaving (Month/Year): |
| Email: | Telephone: |

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| Please give the work history from your current and most recent employment, at least 5 years.Personnel are unable to offer you work until satisfactory references have been obtained. |

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| **Other job** |
| Organization: |
| Job title: | Ward/dept.: |
| Grade/band: | Date of employed (Month/Year): |
| Referee name: | Date of leaving (Month/Year): |
| Email: | Telephone: |
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| **Other job** |
| Organization: |
| Job title: | Ward/dept.: |
| Grade/band: | Date of employed (Month/Year): |
| Referee name: | Date of leaving (Month/Year): |
| Email: | Telephone: |
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|  **Other job** |
| Organization: |
| Job title: | Ward/dept.: |
| Grade/band: | Date of employed (Month/Year): |
| Referee name: | Date of leaving (Month/Year): |
| Email: | Telephone: |
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| Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare your prosecutions or convictions, including those that are ‘spent’ under this Act. Please tick. |
| 1. Do you have any convictions, cautions, reprimands or final 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 |
| 2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with the current guidance? | Yes | No |
| 3. Have you had a Police Check in another country within the last 6 months? If so, please provide details below. | Yes | No |
| 4. Have you ever been suspended or are you currently under investigation by the NHS Trust, professional body or any other organization? | Yes | No |
| If yes, please provide details: |
| 5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB) | Yes | No |

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| Disclosure number: | Date: |
| Company that conducted the check: |
| If you have signed up do the DBS Update Service, please provide details of the DBS number: |
| The company will undertake an Enhanced DBS check on your behalf. You will not be placed without having a current DBS check. This process will be explained and will be completed if your application is successful. |

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| Declarations |
| **Working Time Directive**The Working Time Regulations 1998 require the company to limit your average weekly working time to 48 hours, unless you agree that the limit shall not apply to you. If you would like to work more than 48 hours, you can opt out below: |
| I agree that I may work for more than an average of 48 hours a week (leave unticked if you do not agree to this)\*\*If you change your mind, you also agree to give the company at least 3 months notice in writing to end this agreement. |

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| I can confirm that I have read this document fully and that all the information provided is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform the company should anything change, that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 2018.1. I understand that if I am at any stage charged or cautioned with a criminal offence after signing this declaration, I must inform the company immediately.
2. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my pre-employment health questionnaire.
3. I acknowledge and confirm that the company is authorized to apply for and obtain a Disclosure and Barring Service (DBS) check and references from any previous employers and educational establishments.
4. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that the company may commence disciplinary action, resulting in up to and including dismissal, in line with its disciplinary policy.
5. I acknowledge that my personal details will be stored and handled correctly by the company in accordance with the Data Protection Act 2018, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - DBS, Occupational Health, References).
6. I understand that if I am on a student visa, I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes I must inform the company.
7. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform the company.
8. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for the company, I must inform the company immediately.
9. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform the company if I am under investigation or suspended by my professional regulatory body or employer at any point while working for the company.
 |
| Signature**(Print your full name or insert your signature in the box)** : |
| Print Name: |
| Date: |

# DBS Disclosure Guidance

## This document outlines acceptable ID documents you need to provide to Valued Healthcare for us to process your DBS. Please send us copies of these. We may require you to bring physical copies into our office. If we need this we will let you know.

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**DBS Acceptable Proof of ID & Address Documents**

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| \*All applicants for healthcare roles with Starlight Care will have to undergo an Enhanced DBS check.**All applicants must be able to show:**1. 1 document from Group 1
2. 2 other documents from either Group 1 or Group 2a or Group 2b
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| Group 1: Primary Identity Documents |
| Document | Notes |
| Passport | Any Current and Valid Passport |
| Biometric Residence Permit | UK |
| Current Driving License Photocard - (Full or Provisional) | UK, Isle of Man, Channel Islands and EU |
| Birth Certificate - Issued at Time of Birth | UK and Channel Islands – Including Those Issued by UK Authorities Overseas, e.g. Embassies, High Commissions and HM Forces |
| Adoption Certificate | UK and Channel Islands |

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| Group 2a: Trusted Government Documents |
| Document | Notes |
| Current Driving License Photocard (Full or Provisional) | All Countries Outside the EU (Excluding the Isle of Man and Channel Islands) |
| Current Driving License (Full or Provisional) – Paper Version (If Issued Before 1998) | UK, Isle of Man, Channel Islands & EU |
| Birth Certificate – Issued at Time of Birth | UK & Channel Islands |
| Marriage/Civil Partnership Certificate | UK & Channel Islands |
| HM Forces ID Card | UK |
| Firearms License | UK, Channel Islands and Isle of Man |

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| Group 2b: Financial & Social History Documents |
| Document | Notes | Issue Date and Validity |
| Mortgage Statement | UK or EEA | Issued in Last 12 Months |
| Bank or Building Society Statement | UK and Channel Islands or EEA | Issued in Last 3 Months |
| Bank or Building Society Account Opening Confirmation Letter | UK | Issued in Last 3 Months |
| Credit Card Statement | UK or EEA | Issued in Last 3 Months |
| Financial Statement (E.g. Pension or Endowment) | UK | Issued in Last 12 Months |
| P45 or P60 Statement | UK or Channel Islands | Issued in Last 12 Months |
| Council Tax Statement | UK or Channel Islands | Issued in Last 12 Months |
| Work Permit or Visa | UK | Valid Up to Expiry Date |
| Letter of Sponsorship from Future Employment Provider | Non- UK or Non-EEA Only Valid for Applicants Residing Outside of the UK at Time of Application | Must Still Be Valid |
| Utility Bill | UK (Excluding Mobile Telephone Bill) | Issued in Last 3 Months |
| Benefit Statement e.g. Child Benefit, Pension | UK | Issued in Last 3 Months |
| Central or Local Government, Government Agency or Local Council Document Giving Entitlement, e.g. from the Department for Work and Pensions, the Employment Service, HMRC | UK or Channel Islands | Issued in Last 3 Months |
| EU National ID Card | N/A | Must Still Be Valid |
| Cards Carrying the PASS Accreditation Logo | UK and Channel Islands | Must Still Be Valid |
| Letter from Head Teacher or College Principal | UK – For 16 to 19 Year Old's in Full Time Education (Only Used in Exceptional Circumstances) | Must Still Be Valid |

# Health Questionnaire

## This document contains details about any health conditions so we can make necessary

adaptions and considerations for you at work and ensure your health and safety.

Recruitment Pack

**PRIVATE AND CONFIDENTIAL**

**Health Questionnaire**

This questionnaire asks for information of a personal nature, which is necessary to establish your state of health as there are aspects of work, which requires us to make risk assessments in order to protect both you our candidate and our clients.

As a result of the information given it may be necessary to ask your permission to obtain further information from your GP. This would be done in accordance with the guidelines set out in the access to Medical Reports Acts 1998 and therefore your co-operation and honesty in completing this form is appreciated.

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Full Address (Including Postcode)** |  |
| **Position** |  |

|  |  |
| --- | --- |
| **Height** |  |
| **Weight** |  |

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes / No** | **If yes, please give details** |
| Have you had any time off work due to illness or injury over the past 2 years? |  |  |
| Do you take medication regularly? |  |  |

|  |  |  |
| --- | --- | --- |
| Have you ever had an operation? |  |  |
| Are you a smoker? |  |  |
| Do you drink alcohol? |  |  |
| Do you have any allergies? |  |  |

**Have you ever suffered from any of the following?**

|  |  |  |
| --- | --- | --- |
| **Condition** | **Yes / No** | **If yes, please give details** |
| Difficulty with vision or hearing? |  |  |
| Arthritis? |  |  |
| Jaundice? |  |  |
| Back problems? |  |  |
| Epilepsy? |  |  |
| Diabetes? |  |  |
| Heart problems? |  |  |
| High blood pressure? |  |  |
| Blood borne virus (i.e. HIV / hepatitis) |  |  |
| Psychiatric problems? |  |  |
| Dysentery or typhoid? |  |  |
| Asthma? |  |  |
| Bronchitis or TB? |  |  |
| Dermatitis, eczema or psoriasis? |  |  |

**I declare that the information I have given is correct and true**

|  |  |
| --- | --- |
| **Date** |  |
| **Full Name** |  |
| **Signature(Print your full name or insert your signature in the box)** |  |

# Staff Declaration

## This document is signed to show you have read all of the listed documents and policies.

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I have seen a copy of the following documents via my manager, all of which have been understood:

* Staff Privacy Policy

|  |  |
| --- | --- |
| **Date** |  |
| **Full Name** |  |
| **Signature(Print your full name or insert your signature in the box)** |  |



I have received a copy of the following documents, all of which I have read and have been understood:

* Staff Handbook

|  |  |
| --- | --- |
| **Date** |  |
| **Full Name** |  |
| **Signature(Print your full name or insert your signature in the box)** |  |



I have seen a copy of the following policies via my manager related to my role, all of which have been understood:

* Access to People’s Homes
* Accident & Incident Reporting
* Confidentiality
* Consent
* End of Life Care
* Equality & Diversity
* Food Hygiene
* Home Security
* Key Holding
* Mental Capacity
* Missing Persons
* Nutrition & Hydration
* Privacy & Dignity
* Religion & Beliefs
* Resuscitation
* Sexuality
* Vulnerable Clients
* All extra policies in the application

|  |  |
| --- | --- |
| **Date** |  |
| **Full Name** |  |
| **Signature(Print your full name or insert your signature in the box)** |  |