

## Application Form

Please complete all sections of this form in type or black ink. Guidance is provided for submission at the end of the form.

Personal Details				
Title (Miss, Mrs, Mr, Ms, Other)				
First name				
Middle name				
Surname				
Preferred name				
Have you changed your name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, what was your previous name? Please include all names used from birth What year did you use this name	From	To		
Date of birth				
Where were you born?	Town	Country		
Nationality				
Passport Number	Passport Expiry date Issuing country			
Address				
Postcode				
Email address				
Contact Mobile				
Home telephone number				
National insurance number				
DBS number		Date of issue		
Level of DBS certificate (Standard or enhanced DBS)				
Are you on the update service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require a work permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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### Education and Qualifications

In date order, please provide details of qualifications attained since secondary school. Dates must include at least month and year.

Name of school, college, university etc	From date	To date	Qualification including grade

### Training

In date order, please include any professional training courses or courses relevant to the role applied for. Dates must include at least month and year.

Course title	Organisation	Date achieved

Are you/have you registered with any regulatory bodies?  
(e.g., care council, nursing or midwifery council)

Yes

☐

No

☐

If yes, please provide details

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Driving Licence				
Do you hold a current full driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any current endorsements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify				

Working Practice				
Are you available to work weekends and bank holidays?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you available to work flexibly and demonstrate a high level of commitment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any limitations on your ability to work flexibly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what are they?				
Are there any limitations if you were asked to extend your shift?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what are they?				

## Employment History

We need the details of all your employers dating back for the **past 3 years** starting with your most recent.

Please provide email addresses where possible as this is the fastest way of processing your references.

If you have not previously been employed, please provide academic and character references. Family members cannot provide references.

Company Name:	Manager Name:
Date from:	Date to:
Address of Employer:	Telephone Number:
Email Address:	
Can we contact this referee?	YES / NO

Company Name:	Manager Name:
Date from:	Date to:
Address of Employer:	

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Telephone Number:	
Email Address:	
Can we contact this referee?	YES / NO

Company Name:	Manager Name:
Date from:	Date to:
Address of Employer:	
	Telephone Number:
Email Address:	
Can we contact this referee?	YES / NO

Company Name:	Manager Name:
Date from:	Date to:
Address of Employer:	
	Telephone Number:
Email Address:	
Can we contact this referee?	YES / NO

Company Name:	Manager Name:
Date from:	Date to:
Address of Employer:	
	Telephone Number:
Email Address:	
Can we contact this referee?	YES / NO

Character reference (if you are not previously been employed)

We need the details of someone who has known you for **over 3 years** who is **NOT** related to you. Please provide email addresses where possible as this is the fastest way of processing your references.

Relationship to you				
Name				
Telephone Number				
Email Address				
May we contact this referee prior to interview?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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***It is your responsibility to ensure that you inform the Company in writing or via e-mail of any change of contact details – address, phone number, email address***

### Emergency Contact detail

Name of Emergency Contact	
Relationship to you	
Address:	
Telephone number	
Email address	

### Recruitment Process

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process	
Please tell us if there are any dates when you will not be available for interview	

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### Rehabilitation of Offenders Act 1974

You are required to declare any criminal convictions (including bind over and cautions) in accordance with the rehabilitation of Offenders Act 1974. The post you have applied for carries exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether the time limit has elapsed. All appointments are subject to an enhanced DBS check. Declaration of convictions will not necessarily bar you from employment.

Have you ever been convicted of a criminal offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any alleged offences outstanding against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you disqualified from caring for children under The Disqualification from Caring for Children's Regulations 2002?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have any children in your care ever had children's service involvement or been on a child protection plan / register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above, please provide details on a separate sheet and attach in a sealed envelope marked "Strictly confidential" addressed to Swarnjit Vagree. Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice.

### DBS UPDATE SERVICE AUTHORISATION FORM

For those already with an enhanced DBS Certificate for vulnerable Children and adults to enable to us check and transfer your DBS please email us a scanned copy of your original Certificate.

Full name	
Date of Birth	
DBS Certificate Number	
DBS Certificate Date	

By signing this authorisation form, I confirm that I have joined the DBS update Service and give my consent to

Flexi Smart Staffing Solution to periodically access my record on the DBS update service.

- ✓ I understand that failure to maintain my subscription to the Update Service may result in me being charged in order for a new DBS check to be carried out.
- ✓ I understand that I must confirm in writing should I no longer wish Flexi Smart Staffing Solution to access my record on the update Service.
- ✓ I understand that upon leaving Flexi Smart Staffing Solution my consent and authorisation for Flexi Smart Staffing to access my record will be revoked.

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Full name	
Signature	
Date	

## ENHANCED CRIMINAL RECORD DISCLOSURE FORM FOR NEW DBS CHECKS

When applying for your DBS check, we need to provide address history for the past **5 years**. Please **COMPLETE ALL DETAILS** (both UK and overseas) where you have lived in the past **5 years**. **FAILURE TO COMPLETE ALL SECTIONS WILL DELAY YOUR DBS.**

If you have a Transferable DBS, please complete page 4 ONLY. You DO NOT need to complete pages 2 and 3.

A transferable DBS means that you have registered online, and you are a member of the "DBS Update Service".

PAST ADDRESS (1):	
Full address:	
Country:	
Date from (month & year)	
Date to (month & year)	

PAST ADDRESS (2):	
Full address:	
Country:	
Date from (month & year)	
Date to (month & year)	

PAST ADDRESS (3):	
Full address:	
Country:	

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Date from (month & year)	
Date to (month & year)	

PAST ADDRESS (4):	
Full address:	
Country:	
Date from (month & year)	
Date to (month & year)	

PAST ADDRESS (5):	
Full address:	
Country:	
Date from (month & year)	
Date to (month & year)	

If you have further address information to provide, please ask for an additional sheet.

### Driving Licence Consent Form- UK Licence Holders ONLY

Due to the change by the DVLA, paper counter parts for driving licence's will not be a legal document as of 8th June 2015. Due to the nature of the role of a PA you are required to drive your client's car. Your driving details need to be verified using the information stored with DVLA. Please complete and sign below.

Full name	
Driving licence number:	
National Insurance Number (NINO):	
Postcode:	
UNIQUE CODE: <b>OFFICE USE ONLY</b>	



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I authorise Flexi Smart Staffing Solution to authenticate my driving licence details as stored with the DVLA, this is to include all relevant information about my driver record from the computer register of drivers they keep. This includes personal details, driving entitlements, endorsement details, disqualifications, convictions. It does not include medical information.

Full name	
Signature	
Date	

## Working Time Regulations

### Explanation:

The Working Time Regulation 4(1) states that working time in a period of seven days should not exceed, on average, 48 hours. Therefore, you are not obliged to work more than 48hrs a week. It is, therefore, on average, working time may exceed 48 hours per week and you can ask Flexi Smart Staffing Solution to agree to waive the 48-hour regulation. Signing this waiver does not affect your rights under the remainder of the Working Time Regulations.

### Agreement:

I agree with Flexi Smart Staffing Solution that: The 48-hour average weekly working time limit under the Working Time Regulations 1998 will not apply to me. This agreement will remain in force indefinitely and this agreement may be terminated by either by myself or by the employer giving not less than three months' notice in writing to the other.

I have read and understood all the above and freely give my agreement to it.

Signed by Employee: \_\_\_\_\_

Signed by Employer on behalf of Flexi Smart Staffing Solution \_\_\_\_\_

Date: \_\_\_\_\_



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### DECLARATION

I \_\_\_\_\_ Confirm that the information in this starter pack is correct, to the best of my knowledge.

I agree to Flexi Smart Staffing Solution using my photograph for my work ID card which relates to the role I hold.

I agree to keep my ID card secure during the period of my employment with Flexi Smart Staffing Solution and to return it to HR when my employment is finished.

I understand that it is the client's responsibility to arrange insurance to enable me to drive their vehicle and that I am responsible for taking all reasonable steps to ensure this cover is in place before driving the client's vehicle.

The companies Policies and Procedures are available on our website. I understand it is my responsibility to read these and any updated policies, ensuring I adhere to them during my employment.

Flexi Smart Staffing Solution promotes Safeguarding of adults at risk and the welfare of all children. You will be required to work with our clients who are vulnerable adults or children. During some assignments you will be working with families who have children or children visiting the family home. I agree that I will adhere to Flexi Smart Staffing Solution Safeguarding Policies and Procedures.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

#### Completed Forms

Please send your completed form: **via email to:** [admin@flexi-smartstaffing.co.uk](mailto:admin@flexi-smartstaffing.co.uk)

Thank you for taking the time to complete your application and your interest in Flexi Smart Staffing Solution.

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### For office use only

Driving Licence details checked	
Full Driving Licence	
Are there any penalty points on this licence	
Penalty point	
Are there any disqualification: Y/N	
Any additional	