

Employment History

Present / Last Employer Name and Address

Postcode:

Telephone Number:

Job Title:

Date Started:

Date Finished:

Description of Responsibilities:

Reason for Leaving:

Previous Employer Name and Address

Postcode:

Telephone Number:

Job Title:

Date Started:

Date Finished:

Description of Responsibilities

Reason for Leaving:

Previous Employer Name and Address

Postcode:

Telephone Number:

Job Title:

Date Started:

Date Finished:

Description of Responsibilities:

Reason for Leaving:

Professional References

Keystone Healthcare requires a reference from your present or most recent employer. By this we mean **actual employers not colleagues.**

Reference 1 (Present or most recent employer)

Name of referee:

Position:

Company Name:

Mailing Address:

Post Code:

Telephone Number:

Fax:

Email

Mobile Phone:

Reference 2 (Previous employer)

Name of referee:

Position:

Company Name:

Mailing Address:

Post Code:

Telephone Number:

Fax:

Email

Mobile Phone:

Reference 3 (Previous employer)

Name of referee:

Position:

Company Name:

Mailing Address:

Post Code:

Telephone Number:

Fax:

Email

Mobile Phone:

If you are unable to provide a second/third reference from previous employers, we may accept references from a professional person known to you but not family and friends.

Training and Development

Training and Professional Qualifications

Institution	Address	Qualification	Date

Mandatory Training

	Date Completed	Update Due
Food Hygiene		
Moving and Handling		
Health and Safety		
RIDDOR (Reporting of Injuries Deaths and Dangerous Occurrences Regulations 1992)		
COSHH (Control of Substances Hazardous to Health)		
Infection Control		
Fire safety		

Common induction standards

Have you completed Common Induction Standards? Yes No

Date of completion:

Assessing body:

We require evidence of all training/qualifications – please supply certificates

Declaration of Health

Please answer **all** questions

Surname:	First Name:	Occupation:
Height:	Weight	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your Parents still alive?	Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No	Father: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any family health Problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please give details:
Name of your General Practitioner:		
Address:		
		Post Code:
Tel Number:		

Do you have / or suffer from:	Yes / No details please use a separate sheet if required
Injury or Impediment	
Epilepsy / Fainting or Blackouts	
Nervous or mental Illness	
Infectious Disease	
Asthma or Respiratory Problems	
Operations in the Last 12 Months	

Sickness Record

How many working days have been lost due to sickness during the last 12 months?

Please give details:

Declaration: I declare that the information given herein is true to the best of my knowledge. Furthermore, I am not aware of any condition, medical or otherwise, which would limit or affect my employment or performance. I agree to willingly submit to a medical by Keystone Healthcare if required. I acknowledge the terms and conditions laid down by Keystone Healthcare and agree to abide by them.

Print Name: _____ Signed: _____ Date: / /

Confirmation: Based on the above information supplied by the temporary worker, I am satisfied that they are fit and able to carry out their professional duties and responsibilities.

Print Name: _____ Signed: _____ Date: / /

Rehabilitation Of Offenders Act

Because of the nature of the work for which you are applying, this work is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to the application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our recruitment and selection policy is available upon request. A criminal record will not necessarily be a bar to obtaining a position. Further guidance can be obtained by reference to the CRB's code of practice, a copy of which is available from our office or on the CRB website www.crb.gov.uk

Have you ever been convicted of a criminal offence? Yes No

Have you completed an enhanced CRB? Yes No

With an Enhanced Disclosure, under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

Do you have any spent or unspent criminal convictions? Yes No

Any Conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your ability for the role you are applying for.

Have you provided an original Enhanced CRB Disclosure Yes No

Disclosure Number:

Have you supplied additional information with this Registration form for any spent/unspent convictions, cautions or reprimands?

Yes No

Have you ever been involved in court proceedings? Yes No

You must complete the new CRB Disclosure form, even if you have one already with your current employer

Marketing Information

How did you hear about Keystone Healthcare?

Job Centre/Job Centre Plus Newspaper Advert Yellow pages Thomson Local

Keystone Employee (please give name)

Other (please state)

Equal Opportunities

Keystone Healthcare adheres to a policy that promotes equal opportunity. To ensure that the policy works effectively please complete the following.

Age: 16-24 25-34 35-44 45-54 55+

Gender: Male Female

Gender Identity (Optional): If you identify as a transsexual or transgender or as intersex please indicate which group you identify with. Transsexual Transgender Intersex

Ethnic Origin:

White: British Irish Other White

Asian: Bangladeshi Indian Pakistani Other Asian

Black: African Caribbean Other Black

Mixed: White and Black Caribbean White and Black African White and Asian
 Other Mixed

Other: Chinese Other Ethnic Groups Prefer not to say

Do you consider yourself to have a disability?

Yes No Prefer not to say

Religion: Bahia Buddhist Christian Hindu Jain
 Jewish Muslim Sikh Other Prefer not to say
 No Religion

Declaration

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU MAY THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE.

Please tick the boxes below in confirmation.

- I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.
- I consent to Keystone Healthcare checking the details I have provided in support of this application form against the various data sources in order to verify my identity and process this Registration. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB.
- Keystone Healthcare reserves the right to hold this registration form and any other data required to process your registration (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act.
- I consent to my personal information being shared as described above and I further consent to my personal file being made available to the Commission for Social Care Inspection (CSCI) Skills for Care (the workforce development organisation for social care) and Local Authority Social Services.
- I acknowledge the terms and conditions laid down by Keystone Healthcare and agree to abide by them.

Print Name:

Signed:

Date: / /
