



PLEASE READ

Please note all fields with (*) are mandatory so you will not be able to progress without completion.
Once completed, please email or post the form back to us.
NOTE: Form not compatible with iMac and MacBook.

Personal Details (*)

Title:	Surname:
First name:	Middle name(s):
Date of birth:	<input type="radio"/> Male <input type="radio"/> Female
House name or no:	Date of residence:
Street:	Tel home:
Town:	Tel work:
County:	Tel mobile:
Postcode:	Country:
Email:	
What job/s are you applying for?	

Emergency Contact (*)

Name:	Tel home:
Relationship to you:	Tel mobile:
Email:	

Professional Registration (*)

Are you registered with any professional bodies? (Please tick)	
<input type="radio"/> HCPC (formerly HPC) <input type="radio"/> NMC <input type="radio"/> GMC <input type="radio"/> GPhC <input type="radio"/> RCCP <input type="radio"/> Other N/A	
If other, please name the professional body:	
Registration number:	Expiry/Renewal date:

Professional Indemnity Insurance

Insurance provider:	
Insurance policy number:	Expiry date:

Source

Where did you hear about us? (Please specify where relevant).	
<input type="radio"/> Trust Care Solutions website	<input type="radio"/> Search engine:
<input type="radio"/> Job board:	<input type="radio"/> Journal/Magazine:
<input type="radio"/> Exhibition:	<input type="radio"/> Other (please specify):
<input type="radio"/> Referral (please specify name):	

Employment History

MOST RECENT FIRST. Please list the last 10 years of your employment, including secondary school. It is important that you explain any gaps of employment of over 1 month in duration. In addition, please attach your current CV.

1. Employer's details

From (Month/Year):	To (Month/Year):
Employer:	Location (Ward/Dept.):
Job title:	Telephone no:
Grade/Band:	Email:

2. Employer's details

From (Month/Year):	To (Month/Year):
Employer:	Location (Ward/Dept.):
Job title:	Telephone no:
Grade/Band:	Email:

3. Employer's details

From (Month/Year):	To (Month/Year):
Employer:	Location (Ward/Dept.):
Job title:	Telephone no:
Grade/Band:	Email:

4. Employer's details

From (Month/Year):	To (Month/Year):
Employer:	Location (Ward/Dept.):
Job title:	Telephone no:
Grade/Band:	Email:

5. Employer's details

From (Month/Year):	To (Month/Year):
Employer:	Location (Ward/Dept.):
Job title:	Telephone no:
Grade/Band:	Email:

Professional References ^(*)

Please give the names and contact details of 3 professional referees from your current and most recent employment, which must cover the last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that Trust Care Solutions are unable to offer you work until satisfactory references have been obtained, and that Trust Care Solutions are required to obtain references for you on an annual basis. Please continue on a separate sheet if necessary.

Reference 1

Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	<input type="radio"/> Yes <input type="radio"/> No

Professional References (*)

Reference 2

Organisation:

Job title:

Ward/Dept:

Grade/Band:

Dates Employed (Month/Year):

Referee name:

Professional title:

Email:

Telephone:

Capacity in which known (i.e. Manager):

Can we contact prior to interview?

Yes No

Reference 3

Organisation:

Job title:

Ward/Dept:

Grade/Band:

Dates Employed (Month/Year):

Referee name:

Professional title:

Email:

Telephone:

Capacity in which known (i.e. Manager):

Can we contact prior to interview?

Yes No

Payment Details

National Insurance number:

Please visit www.trustcaresolutions.co.uk to select an umbrella company to work through.

Do you wish to nominate an umbrella company?

Yes (please name) No

Do you wish to work as a limited company?

Yes (please name) No

Please provide a copy of your: (please tick)

VAT Certificate

Companys Certificate of Incorporation

Corporation tax details

Certificate of Insurance

Company bank details

PAYE Registration numbers

Declaration of Criminal Record (*)

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered '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 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 and enclose a copy if held.

Yes No

4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation?

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

Disclosure no:	Date:
Company that conducted the check:	
If you have signed up for the DBS Update Service, please provide the details of your DBS number:	
Trust Care Solutions Ltd will undertake an Enhanced DBS check on your behalf. You will not be placed without having completed a current DBS check. Please contact your recruitment team to check the process for completing the DBS application online. Please enclose all ORIGINAL documentation (e.g. passport) as requested, not just photocopies. These will be returned to you immediately. Please note that at any stage whilst working for Trust Care Solutions Ltd we receive a DBS enhanced disclosure that highlights information you have not declared then you will be removed from your assignment.	

Declarations^(*)

Working Time Directive	
The Working Time Regulations 1998 require Trust Care Solutions Ltd to limit your average weekly working time to 48 hours unless you agree with Trust Care Solutions Ltd that the limit shall not apply to you:	
<input type="radio"/> I agree to limit my working week to no more than 48 hours <input type="radio"/> I disagree to limit my working week to no more than 48 hours	
Candidate Handbook	
Please download, print and sign the Candidate Handbook from our website. You will need to return this with the application pack.	
I can confirm that I received, read and understood each section of the Candidate Handbook:	
Before you start a temporary assignment	Policies and Procedures
Assignments	Appraisals and Training
Benefits of working for Trust Care Solutions Ltd	
<p>I can confirm that I have read this document fully and that all the information provided to Trust Care Solutions Ltd 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 Trust Care Solutions Ltd 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 1998.</p> <ol style="list-style-type: none"> I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform Trust Care Solutions Ltd. I acknowledge that I have been given a copy of the terms and conditions of service issued by Trust Care Solutions Ltd, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them. 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 Occupational Health Form. I acknowledge and confirm that Trust Care Solutions Ltd is authorised to apply for and obtain a Disclosure and Barring Service (DBS) check and references from any previous employers and educational establishments. 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 Trust Care Solutions Ltd may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to Trust Care Solutions Ltd. I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Working Time Regulations 1998 shall not apply to working with Trust Care Solutions Ltd unless specified above. I acknowledge that my personal details will be stored and handled correctly by Trust Care Solutions Ltd in accordance with the Data Protection Act 1998, 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). 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 Trust Care Solutions Ltd. 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 Trust Care Solutions Ltd. 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 Trust Care Solutions Ltd, I must inform Trust Care Solutions Ltd immediately. 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 Trust Care Solutions Ltd if I am under investigation or suspended by my professional regulatory body or employer at any point while working for Trust Care Solutions Ltd. I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Regulations) I will provide accurate information. I acknowledge that should I reach the 12 week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if Trust Care Solutions Ltd deem it necessary. I confirm that whilst working for Trust Care Solutions Ltd I am willing to work through any of the brands/subsidiary companies that form part of Trust Care Solutions Ltd of companies. I understand that I will be informed at the time of placement which company/ brand that I will be working for and will be provided with the relevant documentation to represent that company. 	
Signature:	
Print name:	Date: