

The Link Nursing & Care Agency Ltd
 Pondwick House, Lutterworth Close, Bracknell, Berkshire, RG42 2NW

APPLICATION FORM SUPPORT WORKER

Please complete the form in CAPITAL LETTERS and use black ink

Personal Details			
Surname	First Names	Mr/Mrs/Miss/Ms	
Marital Status	Maiden Name	Date Surname Changed (if applicable)	
Nationality	Country of Birth		
Address			
.....			
Post Code	Date moved to this address		
Phone Number	Mobile Number	Email Address	
National Insurance Number/...../...../...../.....			
Do you hold a current UK driving licence	YES / NO	Do you currently have a car	YES / NO

Please complete this section if you are not a British Citizen	
Note under sections.15 to 25 of the Immigration, Asylum and Nationality Act.2006 we have a duty to prevent illegal working by carrying out document checks to confirm if a person has the right to work in the UK. <i>Full guide for employers on preventing illegal working in the UK: SBN: 978-1-78246-230-9 – Home Office (2013)</i>	
Do you hold a UK Residence Permit	Do you hold a work permit
YES / NO	YES / NO
Are there any UK Immigration control restrictions limiting your length of stay, conditions of stay or freedom to work in the UK? YES / NO If YES lease explain	

Work Preferences	
What hours are you looking for?	Nights Sleep-Overs Part-Time Full-Time AM PM Weekends
When are you availed to start?	
Will The Link Nursing & Care Agency Ltd be your ONLY / MAIN / SECOND employment (delete as applicable)	

References	
please note these must be professional references, not family, friends or a work colleague	
Name	Name
Position of Referee	Position of Referee
Address	Address
.....
Post Code	Post Code
Telephone Number	Telephone Number

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Where did you hear about The Link Nursing & Care Agency Ltd

Emergency Contact Information	
Person to contact	Relationship
Address	
.....	
Daytime phone number	Night time phone number

Employment Details	
Current or most recent employer:	
Name of employer	
Address	
.....	
Telephone Number	
Your current position	Date Commenced
Date left (if applicable)	Reason for leaving
Notice period required	
Brief description of duties and responsibilities	
.....	

Are you registered with a professional body YES / NO please state

Employment History			
Please include any occasions where you may have been unemployed			
Dates (DD/MM/YYYY)		Reason for Leaving	
From	To	Position Held	
Name and Address of employer:			
Brief description of duties & responsibilities:			
.....			
Employment History			
Please include any occasions where you may have been unemployed			
Dates (DD/MM/YYYY)		Reason for Leaving	
From	To	Position Held	
Name and Address of employer:			
Brief description of duties & responsibilities:			
.....			

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Dates (DD/MM/YYYY)		Reason for Leaving	
From	To	Position Held	
Name and Address of employer:			
Brief description of duties & responsibilities:			
Employment History			
Please include any occasions where you may have been unemployed			
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From	To	Position Held	
Name and Address of employer:			
Brief description of duties & responsibilities:			
Employment History			
Please include any occasions where you may have been unemployed			
Dates (DD/MM/YYYY)		Reason for Leaving	
From	To	Position Held	
Name and Address of employer:			
Brief description of duties & responsibilities:			
Employment History			
Please include any occasions where you may have been unemployed			
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From	To	Position Held	
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Brief description of duties & responsibilities:			
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From	To	Position Held	
Name and Address of employer:			
Brief description of duties & responsibilities:			

Rehabilitation of Offenders Act 1974

Do you currently hold a Disclosure and Barring Certificate YES / NO Certificate Number

By virtue of the Rehabilitation Act 1974 (Exceptions) Order 1975, the provisions of Section 4.4 of the Rehabilitations of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should include any "spent" convictions.

Have you ever been convicted of a criminal offence, cautioned, served a sentence or had a suspended sentence, however minor, however long ago?

YES / NO

If yes please explain

Guidance Notes

How a Conviction becomes Spent

The way in which a conviction can become 'spent' under the ROA will depend upon the sentence received for the offence, and the rehabilitation period that applies to that offence sentence. The principles apply to convictions in a criminal court, findings in a juvenile court, certain offences in service disciplinary proceedings and hospital orders under the Mental Health Act 1983.

The time required before the conviction is spent – the rehabilitation period – will be different depending upon the nature and length of the sentence, be it a term of imprisonment, a fine, a surcharge order, probation, or an absolute or conditional discharge. Relevant rehabilitation periods are set out below.

Unless otherwise stated, the rehabilitation period runs from the date of the conviction and will generally depend upon compliance with the sentence.

Relevant Rehabilitation Periods

- Sentence of imprisonment of more than two and a half years - **Never**
- Sentence of imprisonment of more than six months but no more than two and a half years - **10 years**
- Youth custody for more than six months but no more than two and a half years - **10 years***
- Corrective training for more than six months but no more than two and a half years - **10 years***
- Dismissal with disgrace from Her Majesty's service - **10 years***
- A sentence of Borstal training - **7 years**
- Prison for six months or less - **7 years***
- Dismissal from Her Majesty's service - **7 years***
- Sentence of imprisonment or detention in YOI or youth custody for six months or less - **7 years***
- Detention in respect of conviction in service disciplinary proceedings - **5 years***
- (Most) fines - **5 years***
- Sentence of young offender detention for over six months but not more than two and a half years - **5 years**
- Probation order or community order (person 18 or older) - **5 years**
- Probation order or community order (person under 18) - **Either 2 ½ years from conviction, or until the order ceases to have effect – whichever is the longer**

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- Hospital order under Mental Health Act 1983 - **Either 5 years, or 2 years after order ceases to have effect, whichever is the longer**
- Sentence of young offender detention for not more than six months - **3 years**
- Conditional discharge, binding over, care order, supervision order, reception order - **Either 1 year after making of order, or 1 year after the order ends, whichever is the longer**
- Absolute discharge - **6 months**
- Disqualification - **The period of disqualification**
- Cautions, Warnings and Reprimands - **Spent as soon as they are issued**
- Conditional cautions - **Spent as soon as conditions end.**

*Note: These periods are reduced by half if the offender was under eighteen at the date of conviction.

<http://www.yourrights.org.uk/yourrights/privacy/spent-convictions-and-the-rehabilitation-of-offenders/how-a-conviction-becomes-spent.html>

(2010)

Exceptions to the ROA

The exceptions are listed in Orders made by a relevant government minister under the ROA. They relate in particular to matters of national security, the care of those who are considered to be vulnerable and to the administration of justice.

- Any office or employment concerned with providing care services to vulnerable adults which would normally enable access to such vulnerable adults.

(2009)

<http://www.yourrights.org.uk/yourrights/privacy/spent-convictions-and-the-rehabilitation-of-offenders/exceptions-to-the-roa.html>

If you have any questions regarding the completion of this form please feel free to contact us.

Declaration

I declare that I have answered the above questions fully and honestly and I know of no reason why I may not be suitable for the duties introduced to me via The Link Nursing & Care Agency Ltd. I realise that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal. I also understand that my details will be held in a staff database for administrative purposes only.

Signature Date