OPS AGENCY

Occupational Personnel Services (OPS) Ltd

***Application Pack***

**Address:** 109E Downs Road

Clapton Business Centre

London E5 8DS

**Tel:** 02089862444, **Out of Hours Tel:** 07943625863

**Email:** jobs@occupationalpersonnelservices.com

**Website:** [www.occupationalpersonnelservices.co.uk](http://www.occupationalpersonnelservices.co.uk)



Dear Applicant,

Thank you very much for showing an interest in joining our team here at OPS Agency

Please find an application pack below, once you have completed the application form please send it to the address above.

We will also need the following **original** documentation should you be successful in getting through to the interview stage: -

**Passport** – Showing work status and VISA documentation

**NMC Pin Card and Statement of Entry** (Registered Nurses)

**Birth Certificate**

**Driving License**

**Marriage License** – If Applicable

**Utility Bill or Bank Statement** (must be less than 3 months old) – This is required to verify your current address for your DBS application.

**National Insurance Number** – NI Card or P60 showing your number

**Two passport photographs** – One of which will be used for your ID Badge

**Bank Details** - For Payroll

**All original training certificates** – If any (we can offer full mandatory training or refresher training from our own Training provider)

**Record of immunity** – Can be obtained by a blood test from GP/Occupational Health Depart.

**Please bring the full written results for the following: -** Hepatitis B,Varicella, Mumps,Hepatitis C,BCG Scar, Rubella, Measles.

Please make sure you have all your supporting documentation when attending your interview as this will ensure a swift application process.

We require two references one of which must be from your current employer. Please inform your referees that we will be sending a reference request form for them to complete.

Yours sincerely

**Recruitment team at OPS**

APPLICATION FORM

# **SECTION 1- PERSONAL DETAILS**

Full Name: …………………………………………………………………….Date of Birth: …………………….

Title: (Mr/Mrs/Miss/Ms) ……………………………………..N.I. No.: …………………………………………..

Address: …………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………

Postcode: ……………………………………Tel. No. (h):………………………………………………………...

Tel. No. (m): ……………………............Nationality: …………………………………………………………….

Email Address: ……………………………………………………………………………………………………..

Next of Kin: ………………………………………………………………………………………………………..

(Name/Address/Tel. No)……………………………………………………………………………………………

………………………………………………………………………………………………………………………

# **Section 2- EMPLOYMENT HISTORY**

**Please confirm your career history details for the last 10 years. Please list using most recent first.**

|  |  |
| --- | --- |
| Employer: |       |
| Address: |       |
| Phone number: |       |
| Date started: |       | Date left: |       |
| Job title: |       | Full or part time: |       |
| Grade: |       | Dept/Ward: |       |
| Reason for leaving: |       |

|  |  |
| --- | --- |
| Employer: |       |
| Address: |       |
| Phone number: |       |
| Date started: |       | Date left: |       |
| Job title: |       | Full or part time: |       |
| Grade: |       | Dept/Ward: |       |
| Reason for leaving: |       |

Have you ever been refused or dismissed from employment? **(Y/N)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved in a legal dispute? **(Y/N)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **SECTION 3- EDUCATIONAL DETAILS**

|  |  |
| --- | --- |
| Date Qualified: |  |
| NMC Pin Number: |       |
| Expiry Date: |       |
| Where did you train?: |       |

|  |
| --- |
| Please give details of training undertaken and qualifications obtained: |
| **Dates (from/To)** | **School/College** | **Subject** | **Qualifications Attained** |
|  |  |  |  |

# **SECTION 4- GENERAL INFORMATION**

Do you hold a full UK driving licence? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own means of transport? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of a National Professional body e.g. Unison? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Professional body?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a member of this organisation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state whether there is any additional information you believe to be relevant to your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **SECTION 5- REFERENCES**

**Please give details of two UK references. The first reference must be from a professional person within the community (e.g. Nurse, Company Director, Accountant etc.) and the second reference must be from your most recent employer. (Relatives, Family & Friends are not acceptable)**

**Reference No. 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference No. 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **SECTION 6- DISCLOSURE & BARRING SERVICE**

**Please note – This section MUST be completed**

**Criminal Convictions - The Rehabilitation of Offenders Act 1974.**

As OPS Care Agency meets the requirements in respect of exempted questions under the Rehabilitation Of Offenders Act 1974, all applicants who are offered employment will be subject to an Enhanced DBS check from the Disclosure & Barring Service before the appointment is confirmed. Furthermore, OPS Agency complies with the Code of Practice ‘Employing People with Conviction’ (a copy of which can be forwarded to you) and therefore recognises that a conviction will not necessarily be a bar to obtaining employment.

Do you any have objections to a DBS Check? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a DBS check in the past? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide the certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Note: Your answer to the above question may affect your suitability to the job being offered as certain positions (i.e. Registered Nurses and Nursing Auxiliaries are required by law to have an Enhanced DBS Check)**

# **SECTION 7- MEDICAL HISTORY**

**Please provide answers to all of the following questions.**

Do you suffer from any of the following conditions?

 **Yes No** If ‘Yes’ please provide details

1) Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Epilepsy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Dermatitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Back trouble \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Gastric problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Depression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Chest pain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Yes No**

Are you aware of any illness, condition or surgical intervention, which may affect

your ability to perform your normal daily tasks?

Are you aware of any hearing or sight defects, which may affect your performance at work?

Do you understand the need for infection control procedures in the prevention of

MRSA?

Have you ever been screened for MRSA or knowingly worked within an MRSA

environment?

Are you taking any prescribed medication? If so what? (Please expand below)

Are you under the care of a Consultant for any further investigations at this time?

**Please provide details of any major illness/sickness in the last five years, or please expand if answered ‘Yes’ to any of the above questions.**

**(Please also advise us if you have any condition which may affect your employment e.g. pregnancy)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide details on a separate sheet of paper if necessary.**

# **SECTION 8- FIRE/HEALTH AND SAFETY**

**YOUR RESPONSIBILITIES**

All employees have the responsibility to co-operate with supervisors and managers to achieve a healthy and safe workplace and to take reasonable care of themselves and others. In particular, it shall be the duty of every employee whilst at work:

To take reasonable care of the health and safety of himself/herself and of other persons who may be affected by his/her acts or omissions at work

As regards any duty or requirements imposed on his/her employer or any other person by or under any of the relevant statutory provisions; to co-operate with him/her so far as is necessary to enable that duty or requirement to be complied with, and

Not to interfere with, or misuse, anything provided for his/her health and safety or welfare and to use any such equipment only as instructed by any training received.

**Please ensure you read this section and sign the declaration section relating to this policy in Section 11.**

# **SECTION 9- PROFESSIONAL AND HEALTH CERTIFICATION**

Please provide dates that you completed your last training courses and had your last vaccinations for the following list:

1. **Manual Handling** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Hep B Immunisation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **CPR/BLS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Mantoux/Heaf** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **SECTION 10-DIVERSITY QUESTIONNAIRE**

**THIS INFORMATION IS NOT FOR USE IN THE SELECTION PROCESS**

Dear Applicant,

Thank you for your interest in this vacancy and for applying to work at OPS Care Agency

Please find attached a diversity-monitoring questionnaire which we should be very grateful if you would take a few minutes to complete and return with your application. The questionnaire is voluntary and seeks information on gender, ethnicity and disability. You may wonder why we ask for this information, and we hope the following explanation of OPS Care Agency’s equal opportunity and diversity policies may answer any question you may have.

OPS Care Agency is committed to providing equal opportunities for all, with everyone in OPS Care Agency treated equally, whatever their race, colour, ethnic or national origin, sex, marital status, responsibility for children or dependents, disability, sexual orientation, religious or political beliefs. We welcome applications from all sections of the community.

To this end, we constantly monitor and review our recruitment processes to ensure that it adheres to our commitment and policy; and to ensure that no-one is disadvantaged at any stage of our recruitment process. One way of monitoring is through the collection and analysis of statistical information. We collect diversity data on a voluntary basis on applications made to OPS Care Agency. The information you give us is treated as confidential and will be kept separate from your application.

Once the recruitment exercise has been completed, the diversity questionnaires will be analysed and the ethnic origin data for the successful applicant(s) will be transferred to OPS Care Agency’s diversity ethnic origin database. Access to this database and its use is strictly controlled by the Code of Practice on Ethnic Origin Data.

The information you provide about disabilities will help us to consider the service and facilities needed throughout OPS Care Agency.

If you have any questions on any aspect of this questionnaire, please contact the **Operations Manager, on 07943625863**

Thank you for your time in reading this note and for your co-operation in completing the questionnaire.

OPS Care Agency is an equal opportunities employer and therefore we want to ensure that all applicants are treated equally whatever their race, colour or ethnic origin. Your answer will be treated confidentially. Please feel free to return your completed questionnaire in a sealed envelope with your name, job references and ‘monitoring form’ clearly marked on the front of the envelope. Please attach securely to your application.

Please choose **ONE** section from A to E and then tick the appropriate cultural background. (The options given are in line with guidance issued by the Commission for Racial Equality and reflect the question in the 2001 Census on your ethnic group)

|  |  |
| --- | --- |
| **Q1. WHAT IS YOUR ETHNIC GROUP** **(A) White**  | **(C) Asian or Asian British**  |
| British  | Indian  |
| Irish  | Pakistani  |
| Any other White background  | Bangladeshi  |
| (specify if you wish)  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any other Asian background  |
|  (specify if you wish)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(B) Mixed**  | **(D) Black or Black British**  |
| White and Black Caribbean  | Caribbean  |
| White and Black African  | African  |
| White and Asian  |
| Any other Mixed background  | Any other Black background  |
| (specify if you wish)  | (specify if you wish)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(E) Chinese or other ethnic group** |
| Chinese Any other (specify if you wish)  |
| **Q2. DISABILITY**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Q3. GENDER**  |
| Do you consider yourself disabled?  | Please specify, are you:  |
| Yes  | No  | Male  | Female  |

# **SECTION 11-GUARANTEED INTERVIEW SCHEME**

In recognition of our commitment to Equality and Diversity, OPS Care Agency supports the principles that underpin the Positive About Disabled People Scheme and is working toward meeting the five commitments in the scheme to:

Offer an interview to all disabled applicants who meet the advertised essential criteria for any advertised post and consider them on their abilities;

Ensure that disabled employees can develop and use their abilities;

Make every possible effort to see that disabled people stay in employment;

Take action to ensure that all employees develop the appropriate level of disability awareness; and

Review the commitments and to plan ways to improve

To this end, we commit to interview anyone with a disability whose application meets the minimum criteria for the post. By ‘minimum criteria’ we mean that you must provide us with evidence in your application for which demonstrates that you generally meet the level of competence required, as well as meeting any of the qualifications, skills or experience defined as essential.

**What do we mean by disability?**

The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities.

**How do I apply?**

Simply complete the declaration below and send it in with the main application form. Please do let us know if there are any special arrangements you need for your interview. We will try to provide access, equipment or other practical support to ensure that if you have a disability you can compete on equal terms with non-disabled people.

**DECLARATION**

**I consider myself to have a disability as defined above and I would like to apply under the Guaranteed Interview Scheme.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return the completed form with your application form, using a sealed envelope if you prefer, marking it clearly on the outside ‘GIS’, and firmly attaching it to your application.*

**ANY FALSE DECLARATION OF DISABILITY TO OBTAIN AN INTERVIEW WILL SUBSEQUENTLY INVALIDATE ANY OFFER OF A POST**

# **SECTION 12- ADDITIONAL INFORMATION/CHECKLIST**

On receipt of a satisfactorily completed application form, Occupational Personnel Services Ltd will provide/send the following:-

1. To assist you with your CRB application for an enhanced CRB. The charge for this will be **£55.00** (TO BE CREDITED TO Occupational Personnel Services Ltd BUSINESS ACCOUNT. PLS REQUEST FOR ACCOUNT DETAILS).

**Please bring this Application Form to your interview along with the following ORIGINAL documentation for us to view and take copies. Without this information we cannot progress with your application.**

|  |  |
| --- | --- |
|  | Please Tick Boxes |
| NMC pin card and your statement of entry  | [ ]  |
| Valid Passport  | [ ]  |
| Valid Visa/Work Permit/Certificate of British Nationality (if applicable) | [ ]  |
| National Insurance Number Card | [ ]  |
| 2 additional forms/proof of Identity & Address - (Driving Licence or copy bills etc.) | [ ]  |
| Full Immunisation record :  |  |
|  Hep B | [ ]  |
|  MMR 1  | [ ]  |
|  MMR 2 | [ ]  |
|  Varicella | [ ]  |

|  |  |
| --- | --- |
|  Hep B (IVS) HBSAg | [ ]  |
|  Hep C (IVS) | [ ]  |
|  HIV (IVS) | [ ]  |
| Training Certificates including: |  |
| Moving and Handling (practical) | [ ]  |
| BLS / ILS / ALS | [ ]  |
| Complaints Handling | [ ]  |
| Conflict Resolution (inc management of violence & aggression) | [ ]  |
| Fire Safety | [ ]  |
| Information Governance (including Caldicott Protocols and Data Protection) | [ ]  |
| Health & Safety at Work (including COSHH and RIDDOR) | [ ]  |
| Infection Control (including MRSA and C-Diff) | [ ]  |
| Lone Worker Training (if applicable) | [ ]  |
| Food Hygiene (if applicable) | [ ]  |
| IV Certificate (if applicable)Full CV  | [ ] [ ]  |
| Addresses covering the past 6 years and dates of residency | [ ]  |

|  |  |
| --- | --- |
| 2 Passport size photos | [ ]  |

**We will also need details of your Bank / Building Society account for our Payroll Department**

We try to make our registration process as swift and painless as possible but we are sure that you understand that owing to the sensitive nature of your profession that our checks have to be thorough



# ***SECTION 13 -* BANK DETAILS FORM**

All details will be treated in the strictest confidence and in line with the current Data Protection Act. Please advise the Payroll Department as soon as possible if there are any changes to these details.

|  |  |
| --- | --- |
| **Bank/Building Society** |  |
| **Branch Address** |  |
| **Post Code** |  |
| **Sort Code (6 digits)** |  |
| **Account Number (8 digits)** |  |
| **Building Society Roll/Ref Number (if applicable)** |  |
|  |
| **National Insurance Number** |  |
|  |
| **P45 and/or Starter Checklist Attached** | Yes No  |
|  |
| **Employment Start Date** |  |
|  |
| Have you worked for **Occupational Personnel Services (OPS)** before? (dates/ details) |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signature**  |  |

# ***SECTION 14 -* DECLARATION**

1. I understand that if I am charged or cautioned after signing this declaration, I must inform OPS.
2. Have you ever been subject to disciplinary action or are currently being investigated Yes, No due to alleged misconduct?
3. I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by OPS , which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.
4. 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 Questionnaire.
5. 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 OPS may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to OPS
6. I acknowledge and confirm that OPS is authorised to apply for and obtain a Disclosure and Barring Service Check (including the online status update service check if app) and references from any previous employers and educational establishments.
7. I acknowledge that my personal details will be stored and handled correctly by OPS 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).
8. 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 OPS.
9. 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 OPS.
10. 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 OPS, I must inform OPS immediately.
11. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. GMC) or being investigated by my current or previous employer. I will inform OPS if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for OPS.
12. I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.
13. 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 OPS deem it necessary.
14. I give my permission for OPS to run a Right to Work check with the Home Office if I provide them a Biometric Residence Card for my Right to work in the UK.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

OPS Care Agency retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

**Please send the completed application form to the following address: -**

The Registration Manager

Occupational Personnel Services Ltd

109 Downs Road

Clapton Business Centre

London

E5 8DS

**Alternatively** – Upload your application via email to admin@occupationalpersonnelservices.com