

<b>Branch Details</b>
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### Registration Form

Please complete all sections in **CAPITAL LETTERS** and return with required documents

#### Personal Details

Surname (Mr/Mrs/Miss/Ms):	Forenames:
Have you ever been known by another name: <b>YES/NO</b> If yes please specify	
Permanent Address:	
Postcode:	
Home Phone:	Work Phone:
Mobile Phone:	Email:
Date of Birth:	National Insurance Number:
Do you hold a full Driving License? <b>YES/NO</b>	Do you have the use of a car: <b>YES/NO</b>
Can you communicate in languages other than English? <b>YES/NO</b>	
If YES please specify? _____	
Nationality:	

#### Overseas Applicants

For non British and non EU Nationals only

Date of entry into the UK:	
Do you require us to apply for a work permit on your behalf:	Yes <span style="margin-left: 100px;">No</span>
Do you have a Visa to work in the UK	Yes <span style="margin-left: 100px;">No</span>
If yes, what type and expiry date?	

#### Emergency Contact

Name:	Relationship:
Address:	
Telephone Day:	Evening:

#### Type of Employment Sought

Full Time	Part Time*	Weekends	Day Times	Evenings
Please specify type of work sought:				
Geographical areas preferred:				
When can you start?	Length of availability:			
*If Part time, please specify days/times you would like to work:				

## Employment History/References

You must give details of ALL previous employment and account for any periods in between roles, e.g. unemployment, voluntary work etc. Please continue on a separate sheet if necessary. Whilst we require a minimum of two references, should these not cover the last three years, please provide further names and addresses to cover this period. One referee must be your Line Manager from your current or most recent, employer (Social Work Students may use Course Tutor/Practice teacher as requested below). Please ensure you use block capitals and continue on a separate sheet if necessary.

Date of Employment	Name & Address of Employer	Business & Responsibilities	Salary/SCP
From To MM/YY: MM/YY:	Tel. No: Contact Name & Position of Referee:  May we contact this person? Y/N Reason for leaving:	Position Held:   Notice Required:	
From To MM/YY: MM/YY:	Tel. No: Contact Name & Position of Referee:  May we contact this person? Y/N Reason for leaving:	Position Held:	
From To MM/YY: MM/YY:	Tel. No: Contact Name & Position of Referee:  May we contact this person? Y/N Reason for leaving:	Position Held:	
From To MM/YY: MM/YY:	Tel. No: Contact Name & Position of Referee:  May we contact this person? Y/N Reason for leaving:	Position Held:	

## Further Education & Training

Organising Body	Dates of Employment	Qualifications Obtained/Expected

## Summary of Experience

Any other relevant information (eg Voluntary Work, Life Experience, Special Skills). Please continue on a separate sheet if necessary


## Health & Disciplinary Details

How many days have you lost through illness in the last two years?
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Please give details of any serious injuries or hospital treatment within the last five years:

If you have been retired on health grounds you will need to provide proof that you are fit to work

Have you ever been in the subject of disciplinary action:	Yes	No
If Yes, please give details:		

## Data Protection Acts 1984 & 1998

I declare that all the information I have given is correct. I understand that if I knowingly make false statements I could be subject to police investigation and prosecution. I have read, understood and agreed to the Everyday Care conditions of service, of which I have been given a copy. I understand that my registration is subject to at least two satisfactory references and satisfactory result after checking with the Criminal Records Bureau. I undertake to inform you immediately I am engaged through your introduction, including the offer of permanent employment following temporary assignment. I am aware that personal data (including where relevant, sensitive personal data) relating to myself, whether obtained from myself or from any other source, will be retained by Everyday Care and/or any of its associated and/or subsidiary companies indefinitely for the purposes of providing me with permanent employment or training. I acknowledge that this may require my personal data to be forwarded to third parties or other organisations within the Everyday Care.

I hereby confirm that my personal details may be held and disclosed in the manner contained herein.

Applicant's signature .....

Date: .....



**Declaration**

I confirm that the information given in this application is, to the best of my knowledge, true. I am permitted to work in the UK. I have read, understood and agree to the conditions of work for temporary social workers and carers, of which I have been given a copy. I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau.

I undertake to inform Everyday Care should I be convicted of an offence in the future. I undertake to inform Everyday Care immediately if I am engaged through Everyday Care introduction, including the offer of permanent employment following a temporary assignment. I agree to respect the confidentiality of clients and any other information I may have access to at all times.

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Everyday Care, not less than three months written notice.

Your registration with Everyday Care can be terminated at any time following unsatisfactory work reports.

**Applicant's Signature** ..... **Date:** .....

**Everyday Care  
Use Only**

ID Confirmed

Consultant's Notes

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

SENT	INT	DOH	P/C
REF1	REF 2		

## Equal Opportunities

Everyday Care an equal opportunity employer and recruitment agency. and seeks to ensure that job applicants are interviewed and/or put forward for vacancies solely on the basis of merit, irrespective of race, religion, disability, age, gender, sexual orientation or dependents. In order to monitor the effectiveness of our policy, we request all job applicants to provide the information requested below. Thank your for your co-operation. The information given is for statistical monitoring purposes only.

Please make sure that you read all the categories listed below and then tick the appropriate boxes.

I am female	01 <input type="checkbox"/>
I am male	02 <input type="checkbox"/>
I have dependents: e.g financially dependent children, non-working spouse/partner, elderly relatives, sick relatives or partner	03 <input type="checkbox"/>
I consider myself to have a disability	11 <input type="checkbox"/>

NB. According to the Disability Discrimination Act 1995, 'disability' includes any physical or mental impairment which may have a substantial and/or long-term adverse effect to carry out some or all of the normal activities of the job for which you are applying.

Please make sure you read all the categories listed below and then tick the appropriate box that best describes your ethnic origin. Ethnic origin could be the origin of your forebearers; so it is not necessarily the same as nationality.

I am White	a. of European origin	21 <input type="checkbox"/>
	b. of other origin (please specify)	22 <input type="checkbox"/>
I am Asian	a. of Indian origin	31 <input type="checkbox"/>
	b. of Pakistani origin	32 <input type="checkbox"/>
	c. of Bangladeshi origin	33 <input type="checkbox"/>
	d. of Chinese origin	34 <input type="checkbox"/>
	e. of other origin (please specify)	35 <input type="checkbox"/>
I am Black	a. of Caribbean origin	41 <input type="checkbox"/>
	b. of African origin	42 <input type="checkbox"/>
	c. of other origin (please specify)	43 <input type="checkbox"/>
I am of another origin (please specify):		51 <input type="checkbox"/>

Please tick the appropriate box for your age group

16-20	61 <input type="checkbox"/>
21-35	62 <input type="checkbox"/>
36-50	63 <input type="checkbox"/>
50+	64 <input type="checkbox"/>