



**Unit D Warwick House  
Perry Road, Harlow, Essex, CM18 7NF  
Company Number 06798221  
Phone: 01279 437 923 Fax: 01279 423 356  
Email: operations@blossomhealthcare.solutions**

Place Employee's Picture Here

**Employee's No: .....**

## **JOB APPLICATION FORM**

**Please ensure that you complete all parts of the form and that you sign and date all declarations. Please write clearly in block capitals**

***Applicant's Name:***

***Position Applied for:***

# PERSONAL DETAILS

Surname:.....Forename(s).....

Title (Mr/Mrs/Miss).....Date of Birth.....

Landline Phone.....Mobile Phone.....

Valid UK Driver's License? **YES/ NO** .....NI Number.....

Current Address.....

..... Post Code.....

If you have been at this Address for less than 5 Years, please provide previous addresses on Continuation Sheet.

## ***NEXT OF KIN DETAILS***

Name ..... Relationship.....

Address ..... Phone (Home).....

..... Phone (Mobile).....

Postcode ..... Email .....

Emergency Contact Name / Phone No: .....

## ***Declarations: Eligibility to Work in the UK***

Do you have a valid right to work in the UK? **YES**  / **NO**

### **What is your right to work?**

EU Citizen

Indefinite Leave to Remain

Limited Leave to Remain

Please state visa type & expiry date

Other, please specify:

## **DISCLOSURE & BARRING SERVICE CHECKS**

**SAFEGUARDING:** - Please note that you will be subject to an Enhanced DBS Check.

Because you are a health care worker you are not exempt from the Rehabilitation of Offenders Act 2010. This means that all convictions, cautions, reprimands and final warnings on your criminal record **MUST** be disclosed.

## **DISCLOSURE & BARRING SERVICE CHECKS continued**

1. Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police in the **UK** or in any other country? **YES**  **NO**

2. Are you aware of any police enquiries undertaken following allegations made against you, which may affect your suitability for this role? **YES**  **NO**

3. Are you aware of any pending investigations by the police in which you are involved? **YES**  **NO**

If you have answered **YES** to any of the above questions, please provide full details of the incident below:

Failure to provide details of convictions could result in dismissal or disciplinary action.

**Nature of Offence**

**Sentence Given**

**Date(s)**

I confirm that to the best of my knowledge, the details contained above are correct.

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

## EDUCATIONAL BACKGROUND & QUALIFICATIONS

Please show **all** your schools / colleges, commencing with the most recent.

Dates From    To	School / College / University	Name & Address of University / College	Qualifications

*Please continue on a separate page if necessary.*

### **EMPLOYMENT HISTORY**

- We need details of your **full employment history commencing with your most recent job.**
- Where applicable, please explain any breaks in employment history.

Dates From    To	Name & Address of Company	Position Held	Duties Performed

*Please continue on a separate page if necessary.*

### **Declaration of Truth**

I, the undersigned applicant, hereby confirm the truth of the contents of this application.

Signed ..... Date: .....

## REFERENCES

Please provide details of 2 referees who we may approach with regards to this job application. These referees must not be members of your family, friends or neighbours. One must be your present or most recent employer able to give us a reference on your work experience, character and suitability for the post applied for.

Please note; these references will be followed up verbally by telephone.

### Reference 1

**Note: This MUST be your most recent employer.**

<b>Name</b>	
<b>Position</b>	
<b>Company</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

### Reference 2

This may be either another professional or a character reference.

**Please note: You cannot use family members, friends & neighbours as referees.**

<b>Name</b>	
<b>Position</b>	
<b>Company</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

***If appointed, all employees undertake a 12 - 18 weeks Probation Period***

**Agreement: -** I accept that under no circumstances will I make a private arrangement, financial or otherwise, with a Service User introduced to me by Blossom Healthcare Solutions Ltd. Nor will I effect an introduction of a Service User to a third party, without first informing Blossom Healthcare Solutions Senior Management, in order that the Company's terms of business may be sent to that party.

**Name :( please print).....**

Signature:..... Date:.....

# Declarations

**Please read the following declarations carefully. Make sure that you sign and date all documents**

## Working Time Directive

Regulation 4 of the Working Time Directive requires that a worker's average time spent at work does not exceed 48 hours within 1 rolling week unless the worker hereby agrees to exceed this limit.

I hereby confirm that I am willing to opt out of the Working Time Directive. I understand that I can opt out of this agreement at any time providing I provide Blossom Healthcare Solutions Limited (BHCS) with one week's notice.

Signed: .....

Date: .....

**Please note should you choose not to opt out of the Working Time Directive, it is your responsibility to ensure that you do not work in excess of 48 hours per week.**

1. I declare that all the information provided by me to BHCS is true and accurate and has not been presented in a way as to mislead or misinform. I agree that if I have given false or misleading information, have omitted or subsequently omit any information which may affect my ability to work in my chosen profession; BHCS may cease to offer me further placements with immediate effect.
2. I am not aware of any condition, medical or otherwise, which would affect or limit my performance or employment other than already provided, including information provided in the Health Declaration Form.
3. I hereby give permission for BHCS to;
  - apply for an Enhanced DBS Check or to verify my existing DBS certificate on the Update Service. I declare that I have not withheld any information which may be later disclosed by the DBS.
  - to obtain all my occupational health results and reports, qualifications and training information where necessary.
  - to contact the UKBA to perform a check on my Eligibility to work in the UK.
4. I acknowledge that my personal details will be stored & used by BHCS in strict accordance with the Data Protection Act 1998 & GDPR Regulations. I agree that all information provided to BHCS can be made available for audit/review by relevant third parties.
5. I hereby agree to immediately notify BHCS of any changes to my circumstances or personal information including but not restricted changes in my health, charges or investigations at work and changes to my DBS record.
6. I hereby agree that I will act in a professional manner at all times when representing BHCS and that I will fully co-operate with the instructions and duties allocated to me during each and every placement.
7. I acknowledge that it is my responsibility to ensure that my skills and knowledge are continuously updated through attending all scheduled BHCS Training arrangements including Mandatory & Essential Training and ensure my training record is updated and available to BHCS when required. I will always endeavour to carry out my duties and responsibilities to the best of my ability following BHCS policies and procedures.
8. I can confirm that I have been given a copy of the Terms and Conditions of Service issued by BHCS, that I have read these terms and agree to abide by them at all times.
9. I agree to abide by the Data Protection Act 1998 & the GDPR Regulations with regards to all information about BHCS, clients, candidates, service users, customers and any other third party who I interact with during my registration with BHCS. Furthermore, I will not discuss information either verbally or in writing and if I am unsure about how to treat any information I shall immediately contact BHCS Senior Management for clarification.
10. I can confirm that I have received the BHCS Staff Handbook and that I will abide by the code of conduct thereby set out. This code incorporates the code of conduct as set out by BHCS. I therefore agree that I will;
  - i. Respect Service Users /Customers of BHCS as individuals
  - ii. Obtain consent before I give any home support services/care
  - iii. Protect Confidential Information
  - iv. Co-operate with others in my team
  - v. Maintain my professional knowledge & competence attending all scheduled Training.
  - vi. Be trustworthy
  - vii. Act to identify & minimise risk to service users
  - viii. Abide by the rules & regulations of BHCS and take into consideration individual client settings.

Signed: .....

Date:.....

**BLOSSOM HEALTHCARE SOLUTIONS DBS FORM**

Please ensure you provide us with proof of either: your Passport, EU ID Card or UK Driver's Licence along with x2 Proof of Address documents not more than 3 months old and not mobile phone statement along with this form in order for us to process your application

<b>Title: Mr/Mrs/Ms/Miss/Dr/Other</b>	
<b>Surname:</b>	
<b>First Name (s):</b>	
<b>Maiden Name: (If applicable)</b>	
<b>Dates used to/from: (MM/YYYY)</b>	
<b>Any other Surnames Used: (MM/YYYY)</b>	
<b>Any other Forenames Used: (MM/YYYY)</b>	
<b>Date of Birth:</b>	
<b>Place of Birth: (Town and Country)</b>	
<b>Current Address:</b>	<b>Full Address:</b>
<b>Date moved to this address: (MM/YYYY)</b>	
<b>Passport Number:</b>	
<b>Passport Issue Date:</b>	
<b>Passport Expiry Date:</b>	
<b>Nationality:</b>	
<b>Previous Nationality (if applicable)</b>	
<b>Driver's Licence Number:</b>	
<b>Date of Issue:</b>	
<b>Job Title Applied for:</b>	
<b>Do you have any criminal convictions/ Cautions spent or unspent?</b>	

**Additional Address History - If you have lived in your current address for less than 5 years, please provide 5 years' continuous address history**

**(1)** Street Address: \_\_\_\_\_

City / Town \_\_\_\_\_

Postcode: \_\_\_\_\_

Country \_\_\_\_\_

Dates from/to: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_

**(2)** Street Address: \_\_\_\_\_

City / Town \_\_\_\_\_

Postcode: \_\_\_\_\_

Country \_\_\_\_\_

Dates from/to: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_

**(3)** Street Address: \_\_\_\_\_

City / Town \_\_\_\_\_

Postcode: \_\_\_\_\_

Country \_\_\_\_\_

Dates from/to: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_

**(4)** Street Address: \_\_\_\_\_

City / Town \_\_\_\_\_

Postcode: \_\_\_\_\_

Country \_\_\_\_\_

Dates from/to: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_