

NAME.....

REGISTRATION DATE.....

GRADE.....



# rostercare

## Application Pack

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Email: [derby@rosterhealthcare.co.uk](mailto:derby@rosterhealthcare.co.uk)  
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**PERSONAL DETAILS**

**MANDATORY, PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FORNAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: (Your Payslips will be sent to this address) \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NATIONAL INSURANCE NUMBER: \_\_\_\_\_

**NEXT OF KIN:**

CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

DO YOU HOLD A FULL CURRENT DRIVING LICENCE YES  NO

IF YOU HAVE ANY ENDORSEMENTS PLEASE GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

WHAT TRANSPORT DO YOU HAVE ACCESS TO? CAR  MOTORCYCLE  BICYCLE

PUBLIC TRANSPORT  OTHER

**TO BE COMPLETED BY NON-BRITISH AND NON-EEA NATIONALS ONLY**

DATE OF ENTRY INTO THE UK: \_\_\_\_\_

DO YOU REQUIRE A WORK PERMIT? YES  NO

IF YES, WHAT TYPE AND EXPIRY DATE: \_\_\_\_\_

**BANKING DETAILS:**

BANK/BUILDING SOCIETY: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

SORT CODE: \_\_\_\_\_ BUILDING SOCIETY REF: \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

IS THIS YOUR PERSONAL ACCOUNT? YES  NO

PAY TYPE: PAYE  LIMITED COMPANY  THIRD PARTY

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give details of your FULL employment history. A minimum of 10 years is required. Please start with your most recent.

All gaps of a month or more must be accounted for. Please complete on a blank sheet of paper if required.

Have you ever been dismissed from Employment?      YES       NO

Employer: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

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**EMPLOYMENT HISTROY CONT.**

Employer: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

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Please use the below sections to complete any breaks in employment.

Date From (DD/MM/YY) \_\_\_\_\_ Date to (DD/MM/YY) \_\_\_\_\_

Reason: \_\_\_\_\_

Date From (DD/MM/YY) \_\_\_\_\_ Date to (DD/MM/YY) \_\_\_\_\_

Reason: \_\_\_\_\_

Date From (DD/MM/YY) \_\_\_\_\_ Date to (DD/MM/YY) \_\_\_\_\_

Reason: \_\_\_\_\_

Date From (DD/MM/YY) \_\_\_\_\_ Date to (DD/MM/YY) \_\_\_\_\_

Reason: \_\_\_\_\_

**OFFICE USE ONLY:**

**NOTES:**

**QUALIFICATIONS & REGISTRATION.**

Professional Qualifications

Name of Professional Body	Membership Grade	Was Membership gained by a qualification	Date Achieved

Further/Secondary Education

Name of School/College	Subject	Qualification (GCSE etc)	Grade	Date Achieved

**Availability**

Please indicate the days and hours that would suit you.

MON		TUES		WED		THURS		FRI		SAT		SUN	
-----	--	------	--	-----	--	-------	--	-----	--	-----	--	-----	--

DAYS	
NIGHTS	

**FOR RGN/RMN'S ONLY**

Please provide the following information:

PIN Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Any Condition on Practice? \_\_\_\_\_

Did you train in the UK or Overseas? \_\_\_\_\_

**REFERENCES**

Rostercare require references from your two most recent employers. This must be from a senior member of staff not a work colleague. Please include location addresses as this is essential to obtain the reference. All references must relate to clinical employment.

If you cannot provide two professional references a character reference can be obtained but this cannot be friends or family. It must be from a representative that has known you for at least 3 years and be a standing member of the community.

Name of Referee: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (DD/MM/YY): \_\_\_\_\_ End Date (DD/MM/YY) \_\_\_\_\_ To Date \_\_\_\_\_

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

County: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_

Name of Referee: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (DD/MM/YY): \_\_\_\_\_ End Date (DD/MM/YY) \_\_\_\_\_ To Date \_\_\_\_\_

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

County: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_

**REFERENCES CONT.**

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My Signature below authorises my former, current and professional references to release information regarding my employment record within their organisation and to provide any additional information that maybe necessary for my application for employment to Rostercare whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Roster from any and all liability arising from their giving or receiving information about my employment history and my suitability for employment.

I also give authorisation for Rostercare to obtain feedback and references from my supervisors over the course of my employment.

This form may be photocopied or reproduced, and these copies will be as effective as a release or consent as the original which I sign.

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

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

**Date:** \_\_\_\_\_

**DISCLOSURE AND BARRING SERVICE CHECK REQUIREMENTS**

Do you have a Valid DBS? YES NO

If YES is this registered on the Update Service YES NO

Have you ever been cautioned or convicted of a criminal offence? YES NO

If YES Please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Safeguarding**

Have you ever been involved in a Safeguarding Investigation? YES NO

Are you currently involved in a Safeguarding Investigation? YES NO

If YES please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORKING TIME REGULATIONS**

The Working Time Regulations (1998) state that an employee cannot be expected to work in excess of 48 hours unless agreed with Rostercare.

Rostercare wishes to have an agreement with each candidate. Rostercare propose an agreement (which shall apply until termination of notice) on the basis that:

- 1. The 48-hour limit on average weekly working will not apply to the candidate
- 2. You may terminate the agreement (to ensure you only work 48-hour time limit) by giving the Branch Manager a 3 month written notice.

Under the regulations, Rostercare must keep records relating to the candidate’s working times. This is the case whether you reach an agreement with Rostercare about waiving working time limits.

If you accept the proposal from Rostercare, please delete the following and sign below. This document will then be a record of agreement between the candidate and Rostercare.

I agree to the above information and the 48-hour regulation can be exceeded.

I disagree to the above information and wish to work under 48 hours on an average week.

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



## EQUAL OPPORTUNITIES

This information is not part of your application and will not be used in any part of the selection process. Rostercare strives to be an equal opportunities employer and has a clear policy in terms of challenging discriminatory practices. In order to have accurate information about our performance we would be grateful if you would complete this monitoring form. The information will be stored confidentially.

**Gender:** Man  Woman  Non-binary  Prefer not to say

If you prefer to use your own term, please specify here .....

### Have you ever identified as transgender?

Yes  No  Prefer not to say

### Your sexual orientation

Bisexual  Gay man  Gay woman/lesbian  Heterosexual/straight  Other (specify if you wish): ..... Prefer not to say

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54   
55-59  60-64  65+  Prefer not to say

### Marriage & Civil Partnership

Single  Married/in a registered same-sex civil partnership  Separated  Divorced  Widowed  Prefer not to say

### What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

#### **White**

English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

#### **Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:

#### **Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

#### **Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

#### **Other ethnic group**

Arab  Prefer not to say

Any other ethnic group, please write in:

### What is your religion or belief?

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

### Do you consider yourself to have a disability or health condition?

Yes  No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

## NIGHT WORKER HEALTH ASSESSMENT FORM

The information that you supply on this questionnaire will be held in confidence by Rostercare as part of your occupational health record in accordance to the Working Time regulations.

The following medical conditions could possibly affect your health and ability to safely carry out night work or could be made worse by night work.

Do you suffer from any of these conditions?	Yes	No
a) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart or circulatory problems?	<input type="checkbox"/>	<input type="checkbox"/>
c) Stomach or intestinal problems, such as ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
d) Any medical condition which causes difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
e) Chronic chest disorders where night time symptoms may be particularly troublesome?	<input type="checkbox"/>	<input type="checkbox"/>
f) Any medical condition requiring medication on a strict timetable?	<input type="checkbox"/>	<input type="checkbox"/>
g) Any medical condition where the timing of meals is particularly important?	<input type="checkbox"/>	<input type="checkbox"/>
h) Any mental health problems which may be affected by night work?	<input type="checkbox"/>	<input type="checkbox"/>
i) Any other medical condition which may affect your ability to work safely at night?	<input type="checkbox"/>	<input type="checkbox"/>
j) Are you a new or expectant mother? (optional question)	<input type="checkbox"/>	<input type="checkbox"/>
k) If you have worked at night before, did this cause any ill health?	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' to any of the above, please give details i.e., when condition developed, is this new, how severe, its effect on you, how well controlled and treatment so far.

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.....

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Do you believe that any of these are made worse by night work? Yes  No  If 'yes', please give details:

.....

.....

Would you like to discuss these with an Occupational Health Adviser? Yes  No

### Declaration

I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside Rostercare, but an opinion about my fitness for night work will be issued to management.

Signed: .....

Date: .....

**GDPR DISCLAIMER & DECLARATION**

Rostercare is a recruitment business which provides work-finding services to work-seekers/candidates. In order for us to perform our contract with you, Rostercare must process personal data so that it can provide these services – in doing so, the company acts as a data controller.

**We may use the personal information collected for the following purposes:**

- To provide you with temporary recruitment, work finding and related services such as administration, payroll and employment.
- In order to fulfil a contract with you
- To comply with legal or regulatory requirements
- To protect the legitimate interests of Rostercare or third parties

We may use your personal information to pass on to clients, employers and payroll providers that we contract with to provide you with work-finding services. This may be by email notifications or other communications such as mail, telephone, SMS on this basis that such use is necessary for the propose of the legitimate interests pursued by us, or in order for us to perform our contract with you. You may be contacted directly by these companies for the purpose of work-finding services, employment or payroll services.

We do not share personal information with third parties unrelated to the recruitment/work-finding services, employment or payroll services.

Full details of our Privacy Notice are available publicly on our company website.

**DECLARATION**

I understand that may details will remain on file to be considered for any current or future positions. I will inform the company if I wish for this to change.

I declare that I have answered the questions honestly and fully. I realise that any false or incomplete statements on my part could result in my registration or temporary work being withdrawn. I acknowledge my personal data will be used as outlined above in accordance with the company’s full Privacy Notice.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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