Nexus Programme Ltd

Provider of Residential & Supported Living Services

NEXUS PROGRAMME LTD

APPLICATION FORM

Head Office:

Nexus Programme Ltd

Old Bournewood Stores

Bournewood,

Hamstreet,

Ashford, Kent.

TN26 2HN

Telephone: 01233 733908

Email: Robert_OD.NPL@Yahoo.com

Website: www.nexusprogrammeltd.co.uk

Nexus Programme LTD Application

Position Applied For	
Full Time / Part Time	

Personal Details

First Name	
Middle Name	
Surname	
Previous Surnames	
Dates surname changed	

Date of Birth	
National Insurance Number	

Address Line 1	
Address Line 2	
Address Line 3	
City	
County	
Postcode	

How long have you been at the current address?	
Previous Address?	
How Long?	

Home Number	Mobile Number	Email Address

Delete as Appropriate			
Own Transport		Full / Provisional licence	
How long have you held full licence?			

List any Driving Licence Endorsements & Dates:

Education

School / College / University	Examinations Passed / Qualifications Gaines

Training History / Professional Status

Date of Graduation	Location / Details	Notes

Short Courses Attended

Subjects:	Location:

Employment History

Current / most recent first. Information must cover the whole of your working life since leaving school to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please the sheet(s).

Name & Address of your most recent/last employer	
E-mail Address	
Date Employed	
Nature of Business	
Position held & reason for leaving	
Salary / Hourly Rate	

Name & Address of Employer prior to the Employer Listed above	
E-mail Address	
Date Employed	
Nature of Business	
Position held & reason for leaving	
Salary / Hourly Rate	

Name & Address of Employer prior to the Employer Listed above	
E-mail Address	
Date Employed	
Nature of Business	
Position held & reason for leaving	
Salary / Hourly Rate	

Continue on a separate sheet if required.

Assistance with Interview & Assessment

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example: large print forms? Or additional time to complete forms?	
If yes, give details	

Any offer of Employment may be made subject to a satisfactory medical report.

GP's Name	
Telephone Number	
Address:	

Your GP will never be contacted without your permission.

Next of Kin

Full Name	
Relationship	
Telephone Numbers	
Address	

Identity Details

Nursing & Midwifery Council PIN Number (Nurses Only)	
National Insurance Number (All applicants)	

Capacity to work in the EU

Delete as appropriate	
Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	
If yes, provide details	
If you are successful in the application, would you require a work permit prior to taking up employment?	

NOTE: Minimum age Legislation dictates that Care Workers in general must be 18yrs old or Older.

Please inform the interviewer immediately if you do not meet these specifications.

Referees

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or Most Recent Employer

Name	
Address	
Post Code	
Telephone Number	
Job Title	
Email Address	

Previous Employer

Name	
Address	
Post Code	
Telephone Number	
Job Title	
Email Address	

Character Reference

Name	
Address	
Post Code	
Telephone Number	
Job Title	
Email Address	

Criminal Record

Workers are subject to the Health and Social Care Act 2012, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the DBS register(s)

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Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, AND warnings / cautions in the space provided below:

SIGNATURE and DECLARATION—IMPORTANT—READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I Understand that if any of the information supplied by me is found to be falsely declared, my contract May have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be Subject to receipt of TWO satisfactory references, one of which must be from a previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people.

By my signature, I authorise the organisation to request a DBS Register Check and a Criminal Records Check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register Status or criminal status changes at any time during my employment, such as by being charged with an offence (Including motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status

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Signature		
Date		

Employment Continuity

It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.

Use the "timeline" below to place in order all stated instances of employment and other activities (such as training) and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory.

The period considered must be the whole working life of the applicant, to date.

Example	N/A

If at any time during your employment your Health and fitness status changes you must inform Our HR Manager within 48 hours.

This includes any medication introductions or withdrawals that could impair your working performance.

APPLICANTS DECLARATION—READ AND UNDERSTAND BEFORE SIGNING,

1. **I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue, or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.**

2. **By my signature, I give authority to the employer to contact my GP for further details regarding any health issues that could potentially affect your working performance**

3. **I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for work.**

Print Name	
Signature	
Date	