



TEMPORARY WORKER – Health Care Assistant (HCA)/Support Worker (SW)/Registered Nurses (RN) (Please mark the area of interest)

Personal Details

Title (Mr/Mrs/Ms/Dr)	_____	Address	_____
First Name	_____		_____
Known As	_____	Town/City	_____
Middle Name(s)	_____	County	_____
Last Name	_____	Postcode	_____
Maiden Name	_____	Date moved to this address:	Month _____ Year _____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Email:	_____
Date of Birth	_____	Tel: Home	_____
Nationality	_____	Tel: Mobile	_____
Marital Status	_____	How Did You Hear of Us:	_____

PLEASE ATTACH A LIST OF PREVIOUS ADDRESS FOR 5 YRS

Status in UK (Do you have the right to remain in the UK? Yes/No, if yes specify below)

State if you are British/EU/Non-EU (State the type of Visa where necessary and when it expires)

National Insurance No

Passport No

Passport Expiry Date

Driving License

Yes ☐ No ☐

Own Transport

Yes ☐ No ☐

Contact Availability: We are open 24 hours a day

Please specify times at which you are not to be contacted

Is it ok to contact you at work

Yes ☐ No ☐



CAREER HISTORY

Please confirm your career history details for the last 5 years. Please list using most recent first.

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

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full/part time:	
Grade:		Dept/Ward:	
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QUALIFICATIONS & TRAINING

Please give details of training undertaken and qualifications obtained: e.g. NVQ Health & Social Care



You should supply any certificates such as ENB or Diplomas etc -please note that we require manual handling/CPR certifications that have been updated in the last 12 months.

MEDICAL HISTORY

Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma/Hay fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bronchitis/Pneumonia/Pleurisy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Headaches/Migraine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Psychiatric Illness/Anxiety/Depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dermatitis/Psoriasis/Eczema	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurrent infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hepatitis/Jaundice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you taking any prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered yes to any of the above questions, please give details on separate paper attached to the back of the application form.

REFERENCES

Dayspring Care requires two (2) references, one of which must be a professional.

It is essential that you have had professional dealings with one of your referee within the last 2 years.

Professional Reference

Name of Referee:	Place of Work
Position	
Work Address:	
Country:	Postcode:
Telephone Number:	Fax:
Email:	Phone:



Character Reference

Name of Referee:	Place of Work
<hr/>	
Position	
<hr/>	
Work Address:	
<hr/>	
Country:	Postcode:
<hr/>	
Telephone Number:	Fax:
<hr/>	
Email:	Mobile Phone:
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OPT-OUT AGREEMENT

DEFINITIONS

In this Agreement the following definitions apply:

“Assignment” means the period during which the Temporary Worker is engaged in services to a Client.

“Client” means the person, firm or corporate body that has engaged the services of the Temporary Worker.

“Employment Business” means Dayspring Care Agency.

“Temporary Worker” means a Qualified Nurse, Care Assistant, Support Worker or other Temporary Worker.

“Working Week” means an average of 48 hours each week as calculated over any 17 week period.

THE AGREEMENT

The Working Time Regulations of 1998 state that a Temporary Worker shall not work on an Assignment with a client in excess of the Working Week unless they agree in writing that this limit should not apply.

The Temporary worker, by signing the declaration below, agrees that the Working Week shall not apply to their Assignments.

The Temporary Worker can end this Agreement at anytime by giving the Employment Business one-month notice in writing. After the one-month notice period has expired the Working Week shall apply immediately.

It should be noted, that any notice ending this Agreement does not mean that a Temporary Worker has ended an Assignment with a Client.

These laws are governed by English Law and are subject to the jurisdiction of the English Courts.

THE DECLARATION

I have read and fully understand the above OPT OUT AGREEMENT.

I hereby consent that the Working Week limit shall not apply to my Assignments.

I understand that I can end this Agreement by giving the Employment Business One-month notice in writing.



Signed :

Print Name:

Date:

NEXT OF KIN

Next of Kin Details

Full Name :

Relationship to Temporary Worker :

Home Telephone :

Mobile Number :

Address :

ANY OTHER OR SPECIAL NOTES



DISCLOSURES

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitation of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence?

YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions?

YES ☐ NO ☐

With an enhanced disclosure, under section 4.2 of the rehabilitation of offender's act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago.

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES ☐ NO ☐

Have you ever been involved in court proceedings?

YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application on a separate page.

IF YOU HAVE A CONVICTION/CAUTION RELATING TO A VIOLENCE OR THEFT OFFENCE, WE WILL BE UNABLE TO PROGRESS WITH YOUR APPLICATION.

DECLARATION

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature: _____

Date: _____



I consent to Dayspring Care Agency checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the DBS, regulatory bodies such as NMC or GSCC.

Signature: _____

Date: _____

Dayspring Care 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.

The following documents must be submitted in addition to the completed application form:

VALID PASSPORT ID
 BRP (RESIDENT PERMIT)
 NI LETTER
 PROOF OF ADDRESS (2 copies) (bank statement, council letter, water or electricity bill, etc)
 PASSPORT PHOTO
 CV
 CURRENT DBS
 MANDATORY TRAINING
 CPI SAFETY INTERVENTION (MAPA) CERTIFICATE
 COVID 19 CERT
 NEXT OF KIN DETAILS (mobile number included)
 REFERENCES (2) (at least one professional reference)

Please send the completed application form to the following address:

The Manager
 Dayspring Care Agency
 111 Sunbeam Studio, Sunbeam Street
 Wolverhampton
 West Midland
 WV2 4PF

Phone: 07706046780/07446180817

Email the completed application form to admin@dayspringcareagency.co.uk



ADDITIONAL INFORMATION/CHECKLIST

On receipt of a satisfactorily completed application form, Dayspring Care Agency will provide/send the following:

1. Assist you with your DBS application for an enhanced DBS. The charge for this will be **£60.00** (cheques/cash to be made payable to Dayspring Care Agency Ltd)

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

Valid Passport	<input type="checkbox"/>
Valid Visa/Work Permit/Certificate of British Nationality (if applicable)	<input type="checkbox"/>
National Insurance Number	<input type="checkbox"/>
2 additional forms/proof of Identity & Address - (Driving Licence or copy bills etc.)	<input type="checkbox"/>
Training Certificates including:	
Moving and Handling (practical)	<input type="checkbox"/>
BLS / ILS / ALS	<input type="checkbox"/>
Complaints Handling	<input type="checkbox"/>
Conflict Resolution (inc management of violence & aggression)	<input type="checkbox"/>
Fire Safety	<input type="checkbox"/>
Information Governance (including Caldicott Protocols and Data Protection)	<input type="checkbox"/>
Health & Safety at Work (including COSHH and RIDDOR)	<input type="checkbox"/>
Infection Control (including MRSA and C-Diff)	<input type="checkbox"/>
Lone Worker Training (if applicable)	<input type="checkbox"/>
Food Hygiene (if applicable)	<input type="checkbox"/>
Full CV	<input type="checkbox"/>
Addresses covering the past 5 years and dates of residency	<input type="checkbox"/>
2 Passport sized photos	<input type="checkbox"/>



College Details & Term Dates (if Student)

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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.