



Application Form

Please complete all sections in **BLOCK CAPITALS**.

Position applied for: Home Care Worker Health Care Assistant Support Worker Live in career

Recruitment Privacy Consent Statement

For **ISS** to provide you with work you are required to fill in the application below, by submitting this application you are consenting to the use your personal data provided to us, in relation to the role that you are applying for. You are also consenting us to hold your personal data within our candidate database for reference to future roles with **ISS**, and to contact you regarding any such roles.

Any data submitted will be used for recruitment purposes, and any other sales or marketing activities which we feel would be relevant to you. We may share your information, such as personnel and health information with our clients and other third parties, such as government bodies, to provide you with work placements and to allow the monitoring of our compliance to contractual and legislative requirements.

As an applicant who has supplied their personal details you have the right to request, that your personal data be removed from our systems by emailing hr@integratedsupportserviceltd.com if however, you commence work with the Company, then we retain the right to decline any request to be removed, as we may need to retain your personal data for regulation purposes.

I consent to **ISS** holding and processing my personal data as specified in the statement above.

I do not consent to **ISS** holding and processing my personal data as specified in the statement above

Name: Date:

Signature:

Personal Details

Title: Mr. Mrs. Miss Ms. Mx.

Where did you hear about **ISS**?

Surname:

Forenames:

Any other Surnames
you have been known by:

.....

Likes to be known as:

Nationality:

National Insurance No:

Full Address:

..... Post Code:

Tel No: Mobile No:

Preferred time of contact: Daytime Evening

E-mail Address:

Work Experience and Education

Please give details of your **complete** employment history, including reasons for any gaps, starting with present position:

Name and Address of Employer	Position	Date from	Date to	Grade	Reason for leaving
<i>Present / last employer</i>					

Other:

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Education/Training:

Name of Establishment:

Address:

Date of Attendance: From To

Qualifications and Grades	Qualifications and Grades	Qualifications and Grades

Additional / Professional Qualifications

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Rehabilitation of Offenders Act 1974 and Criminal Records

By virtue of the Rehabilitation of Offenders Act 1974 (Exemption) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 **do not apply** to any employment which is concerned with the provision of health services, and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should therefore list all offences on a separate sheet even if you believe them to be "spent" or "out of date" for some other reason.

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

Have you ever been cautioned or issued with a formal warning for any criminal offence? YES NO

If you have answered "yes" please attach details, including dates and mitigation on a separate sheet which will be referred to and assessed by our DBS panel.

DBS, The Disclosure and Barring Service, is the executive agency of the Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS disclosure information. NHS Trusts and Private Sector hospitals and nursing homes insist on agencies making informed recruitment decisions which require criminal record checks to be made on all staff. It is a condition of proceeding with your application that you apply for a DBS disclosure. The Disclosure will be compared with the information given above and any inconsistencies could affect your registration with us. We may share your DBS information with our clients and other third parties, such as government bodies, to provide you with work placements and to allow the monitoring of our compliance to contractual and legislative requirements. By signing the below, you confirm you're in agreement with the above and agree to **ISS** processing your DBS information and storing a copy of your DBS certificate.

Signed: Dated:

References

Please give the names of two professional people of a senior grade / position to you, including your present or most recent employer, whom we may approach for a reference (*not relatives or friends*). They must be able to provide a credible comment on your ability to undertake the duties of the post applied for. By signing below and providing the names of two referees you are consenting to **ISS** sharing your personal details with the referees for them to verify your identity.

Home addresses of referees are not acceptable.

Reference 1

Name:.....Position:.....Company Name

Work Address (not home):

.....Postcode:.....

Tel No:.....Fax No:.....How long has this person known you
in a professional/work context?

Email(employeronlypersonalemails)

Was this person senior to you? YES NO

Reference 2

Name:.....Position:.....Company Name

Work Address (not home):

.....Postcode:.....

Tel No:.....Fax No:.....How long has this person known you
in a professional/work context?

Email(employeronlypersonalemails)

Was this person senior to you? YES NO

Reference Permission Form

I hereby give my permission for **ISS** to contact my referees to confirm my dates of employment and to establish my suitability for the role which I have applied for.

Candidate Name (Print):

Candidate Signature:.....

Date:

Notes

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