**POSITION APPLIED FOR: ……………………………….**

Consent: I (Full Name) ……………………………………..…………..DOB…………………… give my full consent to Midlands Knowledge and Care skills regarding my GDPR to share my information with the relevant professional organisation regarding my Job or qualification purpose. Signature:………………………………………. Date:……………………………….

1. **PERSONAL DETAILS** (PLEASE FILL IN BLOCK CAPITALS)

|  |  |
| --- | --- |
| Dr/Mr/Miss/Mrs/Ms (delete as appropriate) | Telephone Number (Home) |
| Forenames: | Telephone Number (Mobile) |
| Surname: | Email: |
| Date of Birth: | National Insurance Number: |
| Address: | Marital Status: |
| Postcode: |  |
| Nationality: |  |

1. **NEXT OF KIN**

|  |  |
| --- | --- |
| Name of Kin 1:  Relationship:  Address: | Telephone:  Email:  Postcode: |
| Name of Kin 2:  Relationship:  Address: | Telephone:  Email:  Postcode: |

1. **DRIVING LICENSE**

|  |
| --- |
| Do you have a clean, current Driving License?  No  Yes  If answered Yes above, is it a full UK Driving License?  No  Yes  No  Do you have any driving convictions/points?  Yes  No  Do you have a car/access to a car for commuting  Yes  or business use? |

1. **TRAININGS**

|  |
| --- |
| Details of training courses attended, and awards achieved, including dates, if appropriate |
| Do you have a relevant Qualification regarding your job role?  No  Yes  If Yes, please supply Copy of Certificate. |

1. **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | School / College | Subjects / Qualification Gained |
|  |  |  |  |

1. **FURTHER / HIGHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name & Address of Institution | Subjects / Qualification Gained |
|  |  |  |  |

|  |  |
| --- | --- |
| Employer/ Organisation | Employment dates |
|  | From: |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

**EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer) (Please provide us with 10-year work history/education without any gaps)

|  |  |
| --- | --- |
| Current/most recent employer/ Organisation | Employment dates |
|  | From: Month: Year |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Employer/Organisation | Employment dates |
|  | From: Month: Year |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Employer/Organisation | Employment dates |
|  | From: Month: Year |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

**To complete further 10-year work history, please use blank page on reverse.**

1. **CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| Do you have any criminal convictions? | Yes □ No □ |
| If Yes please give details on a separate sheet, this should exclude any spent convictions under  Section 4(2) of the Rehabilitation of Offenders Act 1974. | |

1. **VALID WORK PERMIT**

Do you have a valid work permit?

Yes □ No □ UK Citizen □ EEA □

1. **EQUAL OPPURTUNITIES AND DIVERSITY MONITORING FORM**

SAROIA STAFFING SERVICES Ltd. is firmly committed to promoting equality of opportunity, and is determined that everyone is treated fairly, recognising and respecting race, religion, ethnic origin, age, sexual orientation and gender. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness of our and procedures.

The following request for information is for monitoring and statistical purposes only. The information supplied will be   
and stored in the strictest confidence via your computer record. Disclosure of this information is strictly voluntary   
information will help us ensure equality of opportunity. If you do not wish to disclose any of the voluntary information,   
please tick the box 'Do not wish to disclose'.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | |
| **Date of Birth:** (DD/MM/YYYY) | | | | **Gender:** | **Male □** | | | **Female □** | |
| **Ethnic Origin Religious Belief/Faith** | | | | | | | | | |
| **(tick as appropriate) (tick as appropriate)** | | | | | | | | | |
| **White** | | British | | | |  | Muslim | |  |
|  | | Irish | | | |  | Buddhist | |  |
|  | | Any other White Background | | | |  | Hindu | |  |
| **Mixed** | | White and Black Caribbean | | | |  | Sikh | |  |
|  | | White and Black African | | | |  | Jewish | |  |
|  | | White and Asian | | | |  | Christian | |  |
|  | | Any other mixed Background | | | |  | Other | |  |
| **Asian or Asian British** | | Indian | | | |  | Do not wish to disclose | |  |
|  | | Pakistani | | | |  | None (Atheist) | |  |
|  | | Bangladeshi | | | |  |  | |  |
| **Black or Black British** | | Caribbean | | | |  |
|  | | African | | | |  |  | |
|  | | Any other Black Background | | | |  |  | |
| **Chinese or other ethnic group** | | Chinese | | | |  |  | |
|  | | Any other | | | |  |  | |
| **Not Stated** | | Do not wish to disclose | | | |  |  | |
| **Disability Monitoring** | | | | | | | | | |
| The Authority's Equal Opportunities and Diversity Monitoring requirement has been extended in line with current guidance to include recording voluntary declarations of disability.  What do we mean by a 'disability'?  The Disability Discrimination Act defines disability as: a physical or mental impairment with long term, substantial effects on ability to  perform day-to-day activities. The list given to the right is of conditions or impairments that may cause someone to describe themselves as 'having a disability'. This list is not exhaustive and should be used for guidance only. | | | Hearing, speech or visual impairments: (If you wear glasses,  contact lenses this is not considered a disability)  Co-ordination, dexterity or mobility: (E.g.: polio, spinal cord,  repetitive strain injury)  Mental Health: (E.g.: schizophrenia, depression)  Speech impairment: (E.g.: stammering)  Learning disabilities: (E.g.: Down's Syndrome)  Other physical or medical conditions: (E.g.: diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, car facial disfigurement, sickle cell, dyslexia etc.) | | | | | | |
| **Disability** | | | | | | | | | |
| Do you consider yourself to have disability? **Yes □ No □** | | | | | | | | | |
| **If ‘Yes‘ Please specify:** | | | | | | | | | |

1. **IDENTIFICATION DOCUMENTS FOR A NEW DBS APPLICATION ONLINE**

Please bring with you the documents listed below when attending the interview.

1. One (1) identification document showing your date of birth (Appendix I, Group 1) and
2. Two (2) identification documents showing your current address (Appendix I, Group 2)Two passport size photographs
3. Proof of N.I. number
4. A sworn affidavit from a solicitor (if necessary) for any employment we are unable to

reference you for within your 1O year work history up to and including 1996.

All documents must be originals. They will be photocopied and returned to you. Failure to supply these documents could result in a job offer being refused or dismissal if already employed.

**Group 1**

Valid passport (any nationality)

UK Driving License (either photo card or paper)

Original UK Birth Certificate (issued within 12 months of date of birth) (full or short form acceptable)   
Valid Photo identity card (EU countries only)

Documents showing leave to remain in the UK

**Group 2**

Non-original UK birth certificate (issued 12 months of date of birth) (full or short form acceptable)   
P45/P60 statement

Bank or Building Society Statement\*

Utility Bill (electricity, gas, water, telephone (NOT mobile phone contract bill) \*   
Valid lD License, Credit card statement\*

Store card statement\* , Mortgage statement\*\*

Valid insurance certificate\*\*Correspondence or a document from: The Benefits Agency; the Employment Services; The Inland Revenue; or a , Local Authority\*

Financial statement (Pension, endowment, ISA) \*\*   
Valid Vehicle registration document

Mail order, catalogue statement\*

Court Summons

National Insurance Number card   
Exam Certificates (e.g. GCSE, NVQ)   
Child Benefit Book\*\*

Connections Card

Certificate of British nationality   
Work permit/visa\*\*

\*Documentation should be less than three months old   
\*\*issued within 12 months

1. **REFEREES**

Please give the details of two work related referees, including your current or most recent post.

Referees will not be contacted without your prior approval.

**PREVIOUS EMPLOYER REFERENCE IS MANDATORY**

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company:  Address: | Company:  Address: |
| Telephone No.:  Email: | Telephone No.:  Email: |
|  |  |

**M.VERIFICATION OF INFORMATION:**

|  |
| --- |
| I certify that all information which I have provided is correct. I understand that any false  information given may result in a job offer being withdrawn.  **Name:**  **Signature: Date:** |

# This position is dependent on the Applicant successfully completing/providing the following Documentation:

**2 x References**

**2 x Proof of Addresses**

**Proof of ID**

**Proof of N.I. (Right to work in UK)**

**DBS and/or DBS Update Service Check**

**Health Questionnaire**

**Mandatory or other relevant Trainings or qualification**

**PRE-EMPLOYMENT HEALTH QUESTIONAIRE**

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

|  |  |  |
| --- | --- | --- |
| Sr. No. | Please answer **all** of the following questions. If you answer **‘Yes’** to any of the questions, **please give details as completely as possible on back page in the Important Notes section.** | Delete as appropriate |
| 1 | Do you consider yourself to have a disability or medical condition that requires any adjustments or allowances? | YES / NO |
| 2 | Have you ever had an operation or serious illness? | YES / NO |
| 3 | Have you been seen or treated by a doctor or any other health professional in the past two years (other than for minor ailments or vaccinations)? | YES / NO |
| 4 | Do you have diabetes? | YES / NO |
| 5 | Have you ever had epilepsy, fits or blackouts? | YES / NO |
| 6 | Have you ever had back / neck problems? | YES / NO |
| 7 | Do you have arthritis, joint or limb problems? | YES / NO |
| 8 | Have you ever suffered from depression, anxiety or other psychological problems? | YES / NO |
| 9 | Have you ever seen a doctor or health professional because of eating problems, or have you ever been diagnosed with an eating disorder? | YES / NO |
| 10 | Do you have any hearing loss or other ear problems? | YES / NO |
| 11 | Do you have any eyesight problem (which is not corrected by glasses or contact lenses)? | YES / NO |
| 12 | Are you colour blind? (colour blind candidates may require adjustments for work activities) | YES / NO |
| 13 | Do you have any allergies? | YES / NO |
| 14 | Do you have dyslexia or another specific learning difficulty? | YES / NO |
| 15 | Do you have any hay fever, asthma or other chest condition? | YES / NO |
| 16 | Do you have:  A cough which has lasted for more than 3 weeks?  Unexperienced weight loss and/or night sweats?  Unexplained fever?  Coughing up blood?  Feeling generally unwell? | YES / NO |
| 17 | Have you had TB or been in recent contact with open TB? | YES / NO |
| 18 | Have you ever had a skin problem? If so, which part of the body was / is affected? Have you ever reacted to rubber products (e.g. gloves or balloons)? | YES / NO |
| 19 | Have you ever had hepatitis or jaundice? | YES / NO |
| 20 | Do you have frequent diarrhoea or any other bowel disorder? | YES / NO |
| 21 | Are you taking any pills (other than the contraceptive pill), tablets or medicines at present? | YES / NO |
| 22 | Have you ever had a health problem caused by your work or study? | YES / NO |
| 23 | Do you smoke? If yes, how many per day\_\_\_\_\_\_\_? | YES / NO |
| 24 | Do you drink alcohol? If yes, how many units in an average week\_\_\_\_\_\_\_? | YES / NO |
| 25 | Do you have any condition or receive any treatment that effects how your immune system works? E.g. Cancer treatment, steroids or HIV? | YES / NO |
| 26 | Do you have a blood born virus e.g. Cancer treatment, steroids? | YES / NO |
| 27 | Have you had a Coronavirus Vaccination?  Have you had a Coronavirus Booster?  Do you have Proof of your Vaccination? | YES / NO  YES / NO  YES / NO |

|  |
| --- |
| **Important Notes:** |

**Signed by (Candidate):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dated:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_