

**What do we Offer?**

One Smile Health Care have a holistic approach, to care in a compassionate way, as we offer our candidates more choice, better benefits, flexible working hours, excellent rates of pay, training, weekly payments and bonus schemes. We simply require you to smile and represent us with a caring nature.

In order for your application for a healthcare assistant or staff nurse to be proceeded we also require the following documentation to be submitted with your completed application pack.

You will need to bring with you:

* Enhanced Disclosure from the Criminal Records Bureau (the agency will provide you with a CRB to complete. You will be advised of CRB application fee).
* Passport and work permit, or birth certificate if British.
* Two passport-sized photos.
* Contact names and business addresses of two referees at management level for whom you have worked during the last two years. One of these should be from your previous employer.
* Full bank details and proof of your National Insurance Number.
* Proof of current training
* Two documents for proof of address

For staff nurses applications you must provide the following extra information:

* Confirmation document from NMC
* Immunisation details and test results of Hepatitis B, Varicella, TB and Rubella immunisation

Unless this information is provided, candidate’s application forms will not be processed.

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| PHOTO |

 

 **Application Form**

**Please complete the application forms and return them to our office.**

**The Porter Building, 1 Brunel way, Slough,**

**SL1 1FQ . Berkshire, England**

**You may register any time between 10am and 6:30pm, Monday to Friday.**

(*Complete all sections with black pen*)

**Full Name:**

**Position applying for:**

**Data protection statement**

All personal information collected is for the purpose of recruitment, it is the agency’s strict policy to protect and keep secure all personal information collected. Forms of unsuccessful applicants will be destroyed after 5 months, whereas successful applicant’s information will be processed for the purposes of recruitment and satisfactory administration of the employer.

**Equality of opportunity statement**

The agency has an equal opportunity policy making sure that employee or potential employees are treated equally regardless of their gender, age, nationality, ethnic origin, colour religion, sexual orientation, marital status and disability.

**CONTACT DETAILS**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**HOME TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**TOWN/ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**DO HOLD A VALID DRIVERS LICENCE**: YES OR NO (please circle one)

 **GENERAL HEALTH**

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| --- | --- |
| ARE YOU IN GOOD HEALTH?YES NOIF NO, PLEASE GIVE BRIEF DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | HAVE YOU EVER BEEN IN SERIOUS ILLNESS OR INJURY? YES NOIF YES, PLEASE GIVE DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

  **EDUCATION HISTORY/ TRAINING**

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| --- | --- | --- | --- | --- |
| **NAME OF THE SCHOOOL/ COLLEGE/ UNIVERSITY** | **NAME OF TRAININGS** | **DATE OF ATTENDANCE**  | **THE STUDIED COURSE/ QUALIFICATION GAINED, e.g gcse’s A levels, NVQ degree etc)**  | **GRADE/LEVEL**  |
| **TRAINING PROVIDER** | **DATE** | **FROM**  | **TO**  |
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**EMPLOYMENT HISTORY**

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| --- | --- | --- | --- |
| **NAME OF EMPLOYERS, FULL ADDRESS INCLUDING POSTCODE** | **DATES OF EMPLOYMENT** | **POSITION HELD AND BRIEF SUMMARY OF DUTIES AND RESPONSABILITIES** | **REASONS FOR LEAVING/ LAST SALARY**  |
| **FROM**  | **TO**  |
| **MONTH/YEAR**  | **MONTH/YEAR**  |
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**ADDITIONAL INFORMATION AND SKILLS (optional)**

GIVE DETAILS OF ANY ADDITIONAL INFORMATION, WHICH YOU WOULD LIKE TO INCLUDE IN SUPPORT OF YOUR APPLICATION. SUCH INFORMATION MAY INCLUDE ACHIEVEMENTS AND SKILLS, WHICH YOU BELIEVE WILL BE USEFUL IN THE APPLICATION.

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* DO YOU HAVE TO GIVE NOTICE TO ANY PRESENT EMPLOYER

YES or NO (*please circle one*)

* IF YES HOW MUCH NOTICE?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFEREES**

PLEASE GIVE DETAILS OF THE NAMES/ ADDRESS OF TWO RELATED REFEREES. ONE OF THE REFEREES SHOULD BE YOUR CURRENT EMPLOYER, IF YOU ARE PRESENTLY UNEMPLOYED OR SELF-EMPLOYED, YOUR LAST EMPLOYER.

|  |  |
| --- | --- |
| NAME, FULL ADDRESS AND POSTCODE | NAME, FULL ADDRESS AND POSTCODE |
|  |  |
| EMAIL ADDRESS:TELEPHONE NUMBER: | EMAIL ADDRESS:TELEPHONE NUMBER: |
| RELETAIONSHIP TO YOU |  | RELETAIONSHIP TO YOU |  |
| MAY WE CONTACT THE ABOVE PERSON NOW  | YES |  | NO |  | MAY WE CONTACT THE ABOVE PERSON NOW | YES |  | NO |  |

**CRIMINAL RECORD DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DO YOU HAVE ANY PENDING CRIMINAL CONVICTIONS? | YES |  | NO |  |
| IF YES, PLEASE GIVE DETAILS |

**ASYLUM AND IMMIGRATION ACT 1996**

UNDER THE ASYLUM AND IMMIGRATION ACT 1996, IT IS A CRIMINAL OFFENCE FOR THIS AGENCY TO EMPLOY A PERSON AGED 16 OR OVER WHO IS SUBJECT TO IMMIGRATION CONTROL:

* THAT PERSON HAS A CURRENT AND VALID PERMISSION TO BE IN THE UK, AND THAT PERMISSION DOES NOT PREVENT HIM OR HER FROM TAKING THE JOB IN QUESTION
* THE PERSON COMES INTO A CATEGORY BY THE HOME SECRETARY WHERE SUCH EMPLOYMENT IS ALLOWED

ANY EMPLOYMENT OFFERED WILL BE SUBJECT TO THE SUCCESSFUL APPLICANT PRODUCING APPROPRIATE EVIDENCE THAT THE ASYLUM AND IMMIGRATION ACT IS NOT BEING CONTRAVENED.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ARE YOU ELIGIBLE TO WORK IN THE UK? | YES |  | NO |  |



 **PERSONAL DECLERATION**

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION AND THAT SUBMITTED IN ANY ACCOMPANYING DOCUMENTS IS CORRECT, AND I GIVE PERMISSIO FOR ANY ENQUIRIES THAT NEED TO BE CONFIRMED, SUCH AS QUALIFICATIONS, EXPERIENCES, AND DATES OF EMPLOYMENT.

* I GIVE PERMISSION FOR THE PROCESSING OF THE PERSONAL DATA CONTAINED IN THIS FORM FOR EMPLOYMENT PURPOSES
* I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN DISMISSAL.

|  |  |
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| SIGNED:  | DATE: |



 **CONFIDENTIALITY AGREEMENT**

**One Smile Health Care is committed to ensuring strict confidentiality of all employers. Please read and sign this agreement, which will be held in your employee file.**

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any employee when out of practice. . Examples of inappropriate disclosures include:

* Employees discussing or revealing personal health information or other confidential information to friends or family members.
* Employees discussing or revealing personal health information or other confidential information to other employees without a legitimate need to know.

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my employment with One Smile Health Care is to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfil my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed.

I am familiar with the guidelines in place at One Smile Health Care pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of One Smile Health Care is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of One Smile Health Care is grounds for disciplinary action, up to and including immediate dismissal.

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and fully understood the One Smile Health Care.**

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

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Bank Details**

In order for the One Smile Health Care Ltd to pay you, Please provide a bank account detail you wish your payment to be submitted.

|  |  |
| --- | --- |
| Name  |  |
| Name and Bank Address  |  |
| Sort Code |  |
| Account Number  |  |
| Date  |  |
| Signature  |  |