



Immaculate Healthcare Services Limited  
1<sup>st</sup> Floor, 10-17 Sevenways Parade,  
Gants Hill, Ilford Essex IG2 6JX  
Tel: 0208 550 1444 Fax: 0208 550 1333

## REGISTRATION FORM

Position Applied For .....

Surname..... (Mr/Mrs/Ms) First Name.....

Address.....

..... Post Code.....

Tel No (Home)..... (Work)..... (Mobile).....

Date of Birth..... Age..... Religion.....

UKCC No (if applicable)..... Nationality .....

National Insurance Number.....

Please list any other additional spoken languages .....

Do you require a Work Permit to work in the UK?  Yes  No

Do You Drive?  Yes/No  Do You Have a Car?  Yes/No

In the case of an emergency, please give us details of next of kin:

Full Name..... Relationship to You.....

Address.....

..... Post Code .....

Their Contact Number (AM) ..... (PM) .....



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**Work Record- Most recent employment first (including any periods abroad or unemployed)**

<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>POST</b>	<b>DUTIES</b>	<b>PAY RATE</b>	<b>FROM</b>	<b>TO</b>	<b>REASON FOR LEAVING</b>

**Other Relevant Experience/Voluntary Work/Training/Placements/Skill/Languages etc**

<b>From</b>	<b>To</b>	

**Education Record**

<b>NAME AND ADDRESS OF PLACE OF STUDY</b>	<b>FROM</b>	<b>TO</b>	<b>QUALIFICATION</b>



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**References** (Please provide the name and address of one professional referee who has been previous employer and one Character Referee. Please ensure you give telephone and fax numbers for each referee).

Name.....	Position.....
Organisation.....	
Address.....	
Post Code.....	
Tel..... Fax.....	
Name.....	Position.....
Organisation.....	
Address.....	
Post Code.....	
Tel..... Fax.....	

I declare that all the information I have given in this application is correct and that I am in sound physical and mental health and well able to complete the duties which I agree to accept. I understand that my application is subject to satisfactory references and medical questionnaire. I fully understand that should after any offer of work through the Agency, any statement above be found materially incorrect then my registration with the Agency may be terminated without notice or other reason given.

**Signed.....Print Name.....Date.....**

**REHABILITATION OF OFFENDERS ACT 1974 - Please answer all SIX questions.**

*Because of the nature of the work for which you are applying it is considered to be exempt from the provisions of the Rehabilitation of the Offenders Act 1974 by virtue of Exemption Order 1975 No.1023. Applicants are required to give details of ALL convictions for criminal offences including those, which would otherwise be considered as 'spent' by virtue of the said act. Failure to give details of convictions, or bindovers could result in deregistration. Information given will be considered only in relation to this application.*

1. Do you have any convictions, cautions or bindovers? If not write "None" If so give details.....
2. Have you ever had disciplinary action taken against you? If so give details.....
3. Are you at present the subject of criminal charges or disciplinary action? If so give details.....
4. Do you consent to Immaculate requesting a CRB check and any appropriate references on your behalf?.....
5. Have you been CRB checked in the last 3 years?.....
6. If so by whom?.....Please supply a copy if available

**Signed.....Print Name.....Date:**



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## Social Care Experience

FIRST NAME.....SURNAME.....

PROFESSION.....

Please give details on the amount of experience you have: (If not listed, please enter details)

TYPE OF EXPERIENCE	YES	NO	LENGTH OF EXPERIENCE
Children			
Learning Difficulties			
Homeless			
HIV			
Hospital Worker			
Family Centre Worker			
Senior Manager			
Adolescents			
Mental Health			
Sensory impairment			
Child Protection Worker			
Fostering / Adoption Worker			
Unqualified Social Work Asst			
Elderly			
Physically Disabled			
Drug / Alcohol Abuse			
Generic / Duty Field Worker			
Juvenile Justice Worker			
Education Social Worker			
Please enter below any others			

1. Are you working at the moment?.....
2. How much notice do you need to give in your current job? .....
3. From when and how long are you available for?.....
4. What is / was your most recent hourly pay rate.....
- 5 Do you have a transport of your own?..... Can you work full time (i.e.5 days a week)?.....
6. How did you hear of Immaculate?.....
7. What further training/employment are you considering? .....
8. Which geographical areas could you work in? .....

Signed..... Print Name..... Date.....



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## MEDICAL QUESTIONNAIRE

**SURNAME.....FIRST NAME.....**

1. Please indicate whether you have suffered from any of the following illnesses by entering YES or NO:

BACK STRAIN	... ..	TYPHOID/DYSENTRY	... ..
TUBERCULOSIS	... ..	DIABETES	... ..
GASTRO-ENTERITIS	... ..	EPILEPSY/BLACKOUT	... ..
ALLERGIES	... ..	HEART DISEASE	... ..
BRONCHITIS OR ASTHMA	... ..	HIGH BLOOD PRESURE	... ..
CHEST PAIN OR SHORTNESS OF BREATH	... ..		
ANY SERIOUS ACCIDENT OR OPERATION	... ..		
ANY OTHER CONDITION OR DISABILITY	... ..		

2. If you have answered YES to any of the above conditions, please give details:

ILLNESS OR CONDITION..... YEAR ... / ... / .. ...  
 HOW LONG WERE YOU ILL WITH IT? .....  
 TREATMENT GIVEN .....

3. Have you been vaccinated against HEPITITIS B? .....DATE.....

4. Have you suffered from diarrhoea, sore throat, or skin trouble within the last month?  
 .....

I certify that I am at present in good physical and mental health. I declare that the above information is true and correct to the best of my knowledge and that I have omitted no relevant details. I undertake to inform the agency of any serious changes to my health. I understand that if false statements are knowingly made this may result in my deregistration from the agency.

**SIGNED.....DATE.....**

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### Working Time Regulations Act 1998

#### Waiver Declaration

I ..... (print your name), hereby waive my legal rights . Under 'the working time regulation act 1998" and request to work in excess of 48 hours per week averaged over the number of weeks I am employed on a particular contract. I undertake to inform Immaculate if I take up a night shift employment with another employer, which may affect the standard of my performance or create a conflict of interest.

If I wish to change my working conditions and work 48 hours or less per week, then I must give a minimum of 7 days and up to a maximum of 3 months notice to my employer

**SIGNED.....PRINT NAME.....DATE.....**



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## **EQUAL OPPORTUNITY** **RECRUITMENT FORM**

Immaculate Healthcare Services Limited is an equal opportunity employer and our recruitment is done on a fair and equitable basis, irrespective of age, race, sex, disability, religion, gender etc. In order to monitor the effectiveness of our equal opportunity policy, we request all applicants to provide the information below.

**Please Note:** Ethnic minority questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups.

The commission for Racial Equality recommends the categories used in the 1991 Census as follows: *(please tick one only for each question)*

1. Are you? Male  Female
2. Are you? Married  Single  Separated  Divorced
3. I would describe my ethnic origin as follows:

Black African \_\_\_\_\_

Black Caribbean \_\_\_\_\_

Black other (please specify) \_\_\_\_\_

Bangladeshi \_\_\_\_\_

Chinese/Vietnamese \_\_\_\_\_

Mediterranean (please specify) \_\_\_\_\_

Indian \_\_\_\_\_

Pakistani \_\_\_\_\_

White \_\_\_\_\_

Other (please specify) \_\_\_\_\_