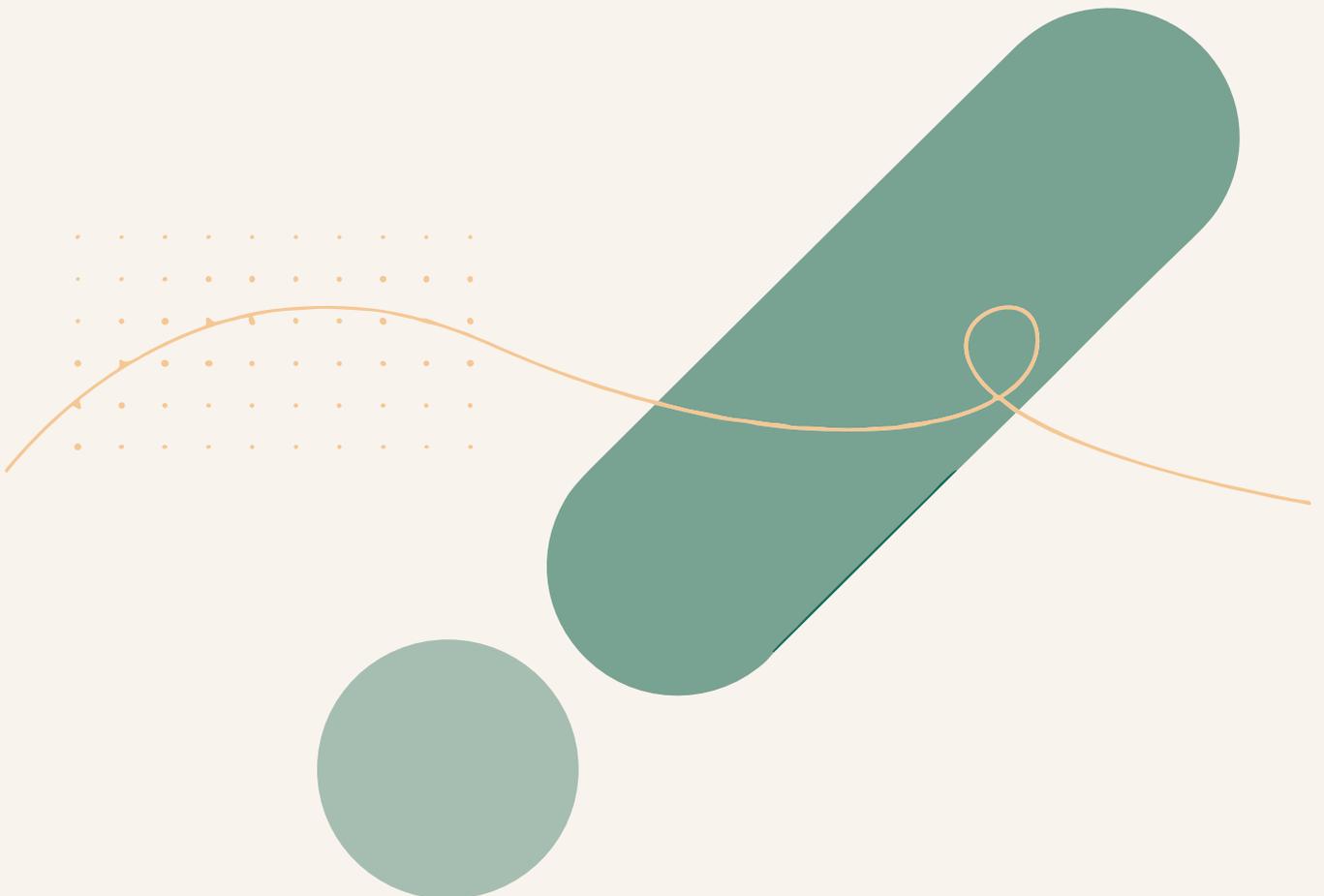




**BSF MIDLANDS**  
Providing quality care and support

# Job Application Form BSF Midlands



Position Applied for: .....

**PERSONAL DETAILS**

Title (Mr/Mrs/Miss/Ms/Dr) .....	Surname.....
Forename(S) .....	Marital Status .....
Address .....	Maiden Name .....
.....	DOB .....
.....	Religion .....
Postcode .....	Nationality .....
Telephone: Home .....	Do you require a work Permit: Y / N
Work .....	Permit Date (if yes) ..... / ..... / .....
Mobile .....	How did you hear about us? .....
.....	.....
Email Address .....	Do you hold a driving license? Y / N
National insurance No.....	Do you own a car? Y / N

**NEXY OF KIN DETAILS**

Title (Mr/Mrs/Miss/Ms/Dr) .....
First Name .....
Surname .....
Relationship .....
Address .....
.....
.....
Postcode.....
Telephone: Home .....
Work .....
Mobile .....
Email Address .....

**EDUCATIONAL QUALIFICATIONS & TRAINING**

Qualifications	University/College	Commenced	Qualified

**EMPLOYMENT HISTORY**

To record a minimum of last 10 years history. Current/most recent first. Use a separate sheet if required.

Dates Employed Month / Year To and From	Name and Address of Employer	Position held and reason for leaving

## PROFESSIONAL REFERENCES

**You must provide references from your two most recent employers. All will be contacted so please inform the referee of the fact that you have given their details.**

Please give full name and address of two work referees, one of who must be your present (or if unemployed, your most recent).

Current / Most Recent Referee	
Name 1 .....	Name 2 .....
Position Held .....	Position Held .....
Address .....	Address .....
.....	.....
Postcode .....	Postcode .....
Telephone No .....	Telephone No .....
Email .....	Email .....
Fax No .....	Fax No .....
When may we approach referee .....	When may we approach referee .....
.....	.....

## BANK DETAILS FOR PAYROLL

Bank or Building Society Name .....
Account Holder Name .....
Sort Code ..... / ..... / .....
Account Number .....
Bank or Building Society Address .....
.....
Postcode .....

## MEDICAL QUESTIONNAIRE

Please answer the following questions by ticking the appropriate Yes/No box. If the answer to any of the questions is "Yes" then give details in the space provided. If Choice has concerns about your fitness to work, any offer of membership may be subject to a satisfactory medical report. **Please note: It is your responsibility to inform us immediately if any of the following information changes.**

Have you ever suffered from any of the following?	Yes / No	Details / Dates
Asthma or Hayfever		
Any degree of hearing loss		
Back injury/back pain/back problems or sciatica		
Bronchitis/pneumonia/pleurisy		
Chicken Pox		
Digestive or bowel disorder		
Dermatitis/skin sensitivity(allergies)		
Diabetes/thyroid or other gland trouble		
Epilepsy/frequent fainting		
Eye disease/injury or defect of vision not corrected by lenses		
Heart/circulation illness/hypertension		
Hepatitis/jaundice		
Psoriasis/Eczema		
Psychiatric illness/anxiety depression		
Rheumatism or arthritis		
Recurrent infections e.g. sore throats/ear infections		
Tuberculosis		
Height		
Weight		
No of days of sick in the last 5 years (please provide details)		
Are you registered disabled person?		
Do you have any deformity, which affect movement?		
Are you receiving medicines, pills or tablets from doctor or on prescription?		
Do you have any other physical disabilities other than listed above that could affect your assignment?		
How many units of alcohol do you drink per week?		

**IMMUNISATION STATUS**

Have you ever been vaccinated, immunised or tested for/against any of the following?	Yes / No	Details / Dates
Tuberculosis including BCG		
Heaf, Mantoux or Tina		
Rubella (German Measles)		
Rubella Antibody Test		
Hepatitis A		
Hepatitis B		
Hepatitis B Antibodies Test		
Tetanus		
Typhoid		
Whooping Cough		
Varicella		
Measles, Mumps or Rubella (MMR)		
Poliomyelitis (Polio)		

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975. Applications are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Also in conjunction with Health and Social Care Act 2008, you will be subject to a police record check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a care setting if you are on the DBS register. My information given will be completely confidential and will be considered only in relation for positions to which the Order applies.

Have you at any time been convicted of an offence? If yes please give details .....

.....

.....

.....

.....

I do not have any criminal convictions whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Signed: ..... Date: .....

**DECLARATION**

**I declare that to the best of my knowledge and belief the information given by me in this application is true and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately. I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature I authorise the organisation to request a DBS Register Check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS register status or criminal status changes at any time during my employment, such as being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, , referral to any register of barred Care Workers, or withdrawal of any registration required by my employment status.**

Signed: ..... Date: .....

Print: .....

## REGISTRATION REQUIREMENTS / APPLICANTS CHECKLIST

**To speed up your application process please bring the following items with you to interview:**

(ORIGINAL DOCUMENTATION REQUIRED NOT COPIES)

- Completed application form
- Passport and or Birth Certificate
- Proof of National Insurance Number – evidence form national insurance card, letter or P46 /45
- Proof of Address – 2 x utility bill no older than 3 months for example, council tax or water rates, gas or electricity or bank statement or credit card statement
- Driving Licence – photo card and endorsement sheet
- Car Insurance
- MOT certificate
- CV showing at least the last 10 years work history, detailing dates from and to , showing month and year and explanation of any gaps in history
- DBS cost



# BSF MIDLANDS

Providing quality care and support



## CONTACT

### Head Office Address

BSF Midlands Ltd  
68A Berkeley Road  
North  
Coventry  
CV5 6NX

### Phone & Mobile

Phone: 024 7666 6507  
Mobile: 073 7930 5531

### Online

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Website: [www.bsfmidlands.co.uk](http://www.bsfmidlands.co.uk)