



I Care Plus Ltd
117 Beresford Street
Manchester M14 4RY
info@icareplus.co.uk

APPLICATION FOR REGISTRATION

Name: _____

Post Applied For: _____

DBS Application Request Form No.: _____

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK OR BLUE INK

ONLY Personal Details:

Title: Mr / Mrs / Ms / Miss		Surname:	
Forename(s):			
Present address:			
Post Code:		Home Tel No.:	Mobile No.:
Email Address:			

National Insurance Number:	
Date of Birth:	Nationality:

Next of kin (to be notified in an emergency) Name:	
Address:	
Relationship:	
Home Tel No.:	Work Tel No.:

Do you have any criminal convictions, spent or otherwise?	YES	NO
Give details if yes:		
Have you received any cautions from the police?	YES	NO
Give details if yes:		

Do you hold a current driving licence? Yes [] No []
Do you own a vehicle? Yes [] No []

FOR NON-BRITISH AND NON-EC NATIONALS ONLY	
Nationality:	Date of entry into UK:
Do you require a work permit? Yes [] No []	Expiry Date:

Qualified Staff Only:

Qualification	NMC Pin Number	Expiry Date

Employment History:

Include your present and previous employment; including voluntary work for the last **fifteen years**, in reverse date order, starting with your present or most recent position.

Name & Address of Employer	Dates From/To	Position	Duties & Work Achievements

If applicable, please use the space below to provide all details of the reasoning for any gaps in employment (continue on a separate page, if necessary): _____

Education:

List details of all education, further education and training undertaken (or presently taking):

Name of School, College or University	Date From	Date To	Qualifications Gained

Are you currently a student: YES/NO

Training Courses attended:

Please give the date you last attended:

Manual Handling Update
Basic Life Support
Basic Fire Awareness

Please read and sign:

I declare that to the best of my knowledge and belief the information given is true. I understand that knowingly giving false information will disqualify me from registration with i Care Plus Ltd.

I undertake to inform i Care Plus Ltd immediately, if I am offered employment by a Customer. I understand that the information I have given above and during the interview process, may form the basis of a computerised personal record system to which access is governed by the Data Protection Act 1984.

Applicant's signature: _____

Date: _____

Health Record:

Have you at any time, suffered from any of the following that required treatment?

MENTAL HEALTH PROBLEM:
(e.g. depression, anxiety, self-harm/injury)

NO: [] YES: []

Details: _____

BACK TROUBLES

NO: [] YES: []

Details: _____

ALLERGIES

NO: [] YES: []

Details: _____

SKIN COMPLAINTS/CONDITIONS
(e.g. Eczema)

NO: [] YES: []

Details: _____

ILLNESS RELATED TO HEART OR LUNGS

NO: [] YES: []

Details: _____

Do you have any form of
EPILEPSY or DIABETES?

NO: [] YES: []

Details: _____

Please give details of any illness or
treatment/operation during the last year

NO: [] YES: []

Details: _____

At present, are you receiving any
treatment or medication of any kind?

NO: [] YES: []

Details: _____

Have you been overseas during
the past 6 months?

NO: [] YES: []

Details: _____

Do you smoke?

NO: [] YES: []

Have you seen your GP in the
last 12 months?

NO: [] YES: []

Details: _____

Please state the last date of
VACCINATION or IMMUNISATION for:

Rubella: _____

Tetanus: _____

Hepatitis B: _____

Tuberculosis: _____

Poliomyelitis: _____

Any others: _____

I declare that to the best of my knowledge, and believe the information given is true.

Signature: _____

Date: _____

OFFICE USE ONLY

Is this person physically and mentally fit for the purpose of work? YES NO

Signed: _____

PROOF OF .I.D.

What to bring with you to the interview

Item required	Check
NMC Pin and Statement of Entry	
2 Proofs of Identity: your Passport and one of the following – Driving Licence, Birth Certificate or Marriage Certificate. If you do not have a Driving Licence, you must bring a utility bill with your current address on	
Evidence of eligibility to work in the United Kingdom (overseas nationals only)	
2 x professional references: one from your current or most recent employer. For qualified staff with less than 5 years experience, one referee must be from your training college.	
2 x recent passport photographs of yourself	
Evidence of training received and qualification(s) gained	
Evidence of immunisation against the following: must be produced for photocopying in the office: <ul style="list-style-type: none">• TB• Hepatitis B• Polio• Diphtheria• Rubella	
DBS: Your application is subject by law to be checked against disclosure (i.e. criminal information). You are therefore required to complete and return it to the office the provided form at a cost of £75.00. Please note that you will be unable to undertake any employment through i Care Plus Ltd.	

IMPORTANT

Please remember to bring all the items above with you to the interview. We will not be able to place you in any employment until we have all items.

Delays in your information will greatly increase the delay in work.

References:

One of your referees should be your current or most recent employer. The referees should also consist of the following employer contacts.

Human Resources Reference – This individual should be someone within the HR department who can provide information about when you started working there, the number of days you were absent etc. If you are a student you can provide contact details of a teacher at your school, college or university.

Senior Clinical Reference – This individual should be someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post.

Personal references such as friends, families or relatives are not satisfactory. Please note we can only accept business addresses, home addresses will not be accepted.

Current Employer

Manager's Name:	In what capacity do you know the referee?
Company Name:	How long have you known the referee?
Company Address:	
	(Mobile numbers are not acceptable) Tel No:
	Fax No:
Post Code:	Email:

Past Employer (from within last 3 years)

Manager's Name:	In what capacity do you know the referee?
Company Name:	How long have you known the referee?
Company Address:	
	(Mobile numbers are not acceptable) Tel No:
	Fax No:
Post Code:	Email:

Where did you hear about i Care Plus Ltd?

Have you ever used the services of other agencies? If yes please state which:

Disclosure Barring Service

When submitting your DBS could you please remember:

Make sure you use black ink.

In Section D, the dates MUST cover 5 years – this includes any overseas addresses.

You must provide evidence of identity – there must be original copies as photocopies are not acceptable. This evidence can be: one document from Group 1 plus any other two documents from Group 1 and Group 2, or five documents from Group 2.

GROUP 1
Valid passport (any nationality)
UK Driving Licence (either paper or photo card)
Original UK Birth Certificate (issues within 12 months of date of birth – full or short form accepted)
Valid photo identity card (EU countries only)
GROUP 2
Marriage Certificate
Non-original UK birth certificate (issued 12 months of date of birth – full or short term acceptable)
P45/P60 Statement
Bank or Building Society statement
Utility bill (electricity, gas, water, telephone)
Valid TV Licence
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 (e.g. pension, endowment, ISA)
Valid vehicle registration document
Mail order catalogue statement
Court Summons
Valid NHS Card
Addressed payslip
National Insurance Number Card
CHILD Benefit book
Connexions Card
Certificate of British Nationality
Work permit/Visa
Council Tax statement
Exam Certificate (e.g. GCSE, NVQ)

Starter/Update Form

Title:	Mr/ Mrs/ Miss/ Ms (please circle appropriate)		
Name:			
Address:			
Town:		Postcode:	
Home Telephone No.:			
Mobile No.:			
Email Address:			
Date of Birth:			
National Insurance No.:			
NMC Number:		Expiry Date:	

Bank/Building Society Name:			
Bank Address:			
Town:		Postcode:	
Sort Code:			
Account Number:			
Building Society Roll No.:			

Next of Kin Name:			
Relationship to you:			
Address:			
Town:		Postcode:	
Telephone No.:			

