

**APPLICATION**

**FORM**

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM RELEVANT TO YOU IN BLACK INK**

**RETURN TO:**

**RAINBOW PERSONNEL LIMITED**

**BARNETT HOUSE**

**53 FOUNTAIN STREET**

**MANCHESTER**

**M2 2AN**

**SCAN AND EMAIL TO:**

[**info@rainbowpersonnel.co.uk**](mailto:info@rainbowpersonnel.co.uk)

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| **SECTION 1: PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:**  **Mr □ Mrs □ Ms □ Miss □ Other □** | | | | | | | | | | | | **Forename(s)** | | | | | | | | | | | | | | | |
| **Surname:** | | | | | | | | | | | | **Maiden Name(s):** | | | | | | | | | | | | | | | |
| **Full Address:** | | | | | | | | | | | | **Date of Birth:** | | | | | | | | | | | | | | | |
| **Gender: Male □ Female □** | | | | | | | | | | | | | | | |
| **Do you hold a Full UK Driving Licence Y □ N □** | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Telephone:** | | | | **Home: Minicom □** | | | | | | | | | | | | | | | | | | | | | | | |
| **Fax:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile:** | | | | **Text Only □** | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **NEXT OF KIN** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | **Relationship:** | | | | | | | | | | | | | | | | | |
| **Contact No:**  **DAY**  **Minicom □ Text Only □** | | | | | | | | | | **Contact No:**  **NIGHT**  **Minicom □ Text Only □** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROOF OF ID & RIGHT TO WORK IN THE UK** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **We are required by law to check all prospective workers entitlement to work in the UK; therefore you are required to provide original documentation as proof of your ID and eligibility to work.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please complete the following** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you eligible to work in the UK** | | | | | | **Y □ N □** | | | **Do you have a valid Passport** | | | | | | | | | | | | | | | | **Y □ N □** | | |
| **Do you have a full UK Birth Certificate** | | | | | | **Y □ N □** | | | **Do you require a Visa to work in the UK** | | | | | | | | | | | | | | | | **Y □ N □** | | |
| **National Insurance No:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1: CONTINUED** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position Applied For:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROFESSIONAL INDEMNITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Complete ONLY if applicable**  **Do you have a Professional Indemnity Insurance Cover: Y □ N □** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indemnity Insurance Provider:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indemnity Insurance**  **Number:** | | | | | | | | | | | | | | | | **Expiry Date**  **DD/MM/YY** | | | | | | | | | | | |
| **PROFESSIONAL ASSOCIATION / BODY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Complete ONLY if applicable**  **Are you a member of any**  **Professional Association / Body Y □ N □** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Professional**  **Association/ Body** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Membership**  **Number:** | | | | | | | | | | | | | | | **Expiry Date**  **DD/MM/YY** | | | | | | | | | | | | |
| **LEAVE THIS SPACE BLANK**  **SECTION 2: EDUCATION HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please note that you will be required to show original certificates as proof of qualification if successful**  **Kindly put your most recent qualification (s) first in order** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | **University/ College/ School** | | | | | | | | | | | | | | | | | **Degree/ Diploma/ GCSE’s** | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **VOCATIONAL / OTHER TRAINING COURSES UNDERTAKEN**  **Original certificates will be required when successful.**  **\*continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | **Course Title** | | | | | | | | | | | | | | | | **Level Attained** | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **COMMUNICATION SKILLS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sign Language Qualification: please include Deaf-Blind manual if any and dates for each qualification.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3: EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(If necessary please continue on a separate sheet)**  **Kindly put the most recent employer first in order** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Name**  **Address & Contact Number** | | | | | | | **From / To**  **Month/ Year** | | | | | | | **Name of Supervisor** | | | | | | | | | | **Positions Held**  **Duties and Responsibilities** | | | |
|  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |
| **WORK AVALAIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Which period are you available to work: AM □ PM □**  **MON TUE WED THUR FRI SAT SUN**  **□ □ □ □ □ □ □** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How many hours are you prepared to work in a week? ---------**  **\*This is subject to shifts availability ( see terms of engagement)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Working Time Regulations: The law states that workers do not have to usually work more than 48hours a week an average, unless they choose to. This does not include travelling time unless it has been agreed by RAINBOW PERSONNEL.**  **If you still want to work more than 48hours in a week, please tick below.**  **I wish to work more than 48hours in a week Y □ N □**  **Please note you can change your choice of work hours by writing to us.**  **SECTION 4: REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Provide details of two (2)references: One (1) should be your current or most recent employer** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **REFERENCE 1** | | | | | | | | | | | | | | | | **REFERENCE 2** | | | | | | | | | |
| **NAME** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **JOB TITLE** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **ADDRESS** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **POSTCODE** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **TEL. NO.** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **FAX** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **EMAIL** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **SECTION 5: GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROFESSIONAL MISCONDUCT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever been under the subject of any professional misconduct proceeding or disciplinary action from an employer or is there one pending or threatened against you either in the UK or abroad? Yes □ No □. If yes please give details below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCESS TO OUR SERVICE AND WORK** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have any health issues or disability which may make it difficult to access our service and work? Yes □ No □. If yes please give details below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you require any reasonable adjustments in order to access our recruitment service and to attend interview? Yes □ No □. If yes, please specify:**  **SECTION 5: CONTINUED** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REHABILITATION OF OFFENDERS ACT 1974** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Rehabilitation of Offenders Act 19174 (c.53) enables certain criminal convictions to be ignored after a rehabilitation period. By virtue of the Exception Order 1975 certain professionals and employment are exempt from the Act so individuals are not allowed to withhold details of any previous convictions which one ‘spent’ and / or ‘unspent’. As part of the recruitment process ALL applicants will be required to undertake an enhanced DISCLOSURE AND BARRING SERVICE (DBS) check. Therefore all convictions, cautions, reprimands, bindovers and final warnings must be declared.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have any ‘spent’ and/or ‘unspent’ criminal convictions YES □ No □**  **If yes, please give full details below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I hereby understand that in order to work with RAINBOW PERSONNEL I am required to complete an enhanced DBS check and details maybe discussed with relevant clients. I do understand that it is my responsibility to pay for the enhanced DBS check at a cost of £50** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DBS Application Form –you will be asked to complete at interview or provide an Update Service ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 6: PAYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The following information is required to ensure that your wages are paid correctly. Are you engaged as follows:**  **PAYE □ Umbrella Company □ Self Employed □ Ltd Company □** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Bank or Building Society:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Number:** | | | | | | | | | | | | | **Sort Code:** | | | | | | | | | | | | | | |
| **Account Name:** | | | | | | | | | | | | | **Reference/ Roll Number:** | | | | | | | | | | | | | | |
| **Self Employed: Please provide Unique Tax Reference (UTR) number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ltd Company: Please provide Certificate of Incorporation and VAT Certificate** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 7: HEALTH DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide the latest dates of Vaccinations/ Immunisations**  **Complete this section ONLY if it is applicable to your role** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | **Yes** | **No** | | | | **Date** | | | | | |
| **Measles** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Mumps** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Rubella( German Measles)** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Tetanus** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Tuberculosis** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Chicken Pox- have you had the disease** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Typhoid** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Cholera** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Diphtheria** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Yellow Fever** | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| **Hepatitis B** | | | | | **Date of last injection** | | | | | | | | | | | | **Booster 1st** | | | | | | **2nd** | | | **3rd** | |
|  | | | | | **Date of last blood test** | | | | | | | | | | | | | | **Result ( titre value)**  **IUL** | | | | | | | | |
| **NB: Proof of Vaccination/ Immunisation will be required at Interview** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 8: CONFIDENTIALITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Completing and signing this application form implies your acceptance to adhere to RAINBOW PERSONNEL‘s confidentiality and data protection policy.**  **By virtue of the nature of your engagement with our Clients you may be privy to certain information which may be of the greatest importance to us and our Clients.**  **Under no circumstance are you allowed to divulge such information to any third party or colleague without the said authority of Clients and RAINBOW PERSONNEL.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 9: EQUAL OPPORTUNITY STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rainbow Personnel is governed and adheres to the Equality Act 2010. As an Equal Opportunities employer we are committed to ensure all employees, temporary job seekers and applicants have a fairer opportunity to go through our stringent recruitment process.**    **We are committed not to hold any of the following against any individual. Discrimination based on Age, Disability, Gender, Race, Religion and Beliefs, Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Sex and Sexual Orientation.**  **To enable us to monitor the effectiveness of our policy, we would be grateful if would complete the monitoring section below.**  **ALL INFORMATION PROVIDED ARE KEPT CONFIDENTIAL AND ARE FOR STATISTICAL GATHERING ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUAL OPPORTUNITY MONITORING FORM**  **(Please tick as appropriate)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENDER** | | | | | | | | **ETHNIC ORIGIN** | | | | | | | | | | | | | **RELIGION/ BELIEF** | | | | | | |
| **□ Female** | **□ Male** | | | | | | | **□ African** | | **□ White UK** | | | | | | | | | | | **□ Atheism** | | | | | | **□ Judaism** |
| **SEXUAL ORIENTATION** | | | | | | | | **□ Asian** | | **Other (please specify)** | | | | | | | | | | | **□ Buddhism** | | | | | | **□ Muslim** |
| **□ Person of Opposite Sex** | | | | | | | | **□ Black UK** | | **□ Declined** | | | | | | | | | | | **□ Christianity** | | | | | | **□ Sikhism** |
| **□ Person of Same Sex** | | | | | | | | **□ Caribbean** | |  | | | | | | | | | | | **□ Hinduism** | | | | | | **□ Other (please specify)** |
| **□ Same and Opposite Sex** | | | | | | | | **□ Mixed Race UK** | |  | | | | | | | | | | | **□ Islam** | | | | | | **□Declined** |
| **□ Non Above** | | | | | | | | **DISABILITY** | | | | | | | | | | | | | **□ Jainism** | | | | | |  |
| **□ Y** | | | **□ N** | | | | | | | | | |
| **□ Declined** | | | | | | | | **State the nature of Disability** | | | | | | | | | | | | |  | | | | | | |
| **SECTION 10: DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I confirm that the information I have given on this form is true and correct to the best of my knowledge. I understand that from time to time Rainbow Personnel may require me to update this information.**  **I understand that all my details from the application will be stored on a computer or in a paper file marked Private and Confidential. If unsuccessfully my application will be destroyed after six (6) months.**  **I will inform Rainbow Personnel quickly of any changes to the information provided on this form that may affect my right to work, health, awaiting prosecutions or convictions, whilst I am still registered with Rainbow Personnel.**  **I authorise Rainbow Personnel to apply for work references on my behalf.**  **I authorise Rainbow Personnel to pay any wages due into the bank or building society account detailed in this application.**  **I authorise Rainbow Personnel to forward my CV/Profile to any prospective Clients that they deem suitable for relevant / applied positions similar to those I am looking for.**  **I consent to Rainbow Personnel processing the information given on this form, including any sensitive information as may be necessary during the recruitment and selection process.**  **I consent to Rainbow Personnel releasing information to a third party solely for the security reasons as and when required.**  **I fully understand that providing false information is an offence which could result in my application being rejected or my appointment being terminated, and this amounts to a criminal offence.**  **Applicants Signature: Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **APPLICANT INTERVIEW CHECKLIST** | |
| **When attending an interview please ensure you bring along the following original documents which are applicable**. | |
|  | |
| **Valid Passport with Visa (if applicable) or** |  |
| **UK Full Birth Certificate** |  |
| **National Insurance (NI) Number (HMRC Form/ Letter)** |  |
| **2- Passport Size Photographs (within the last six (6) months)** |  |
| **2- Utility Bill as proof of address ( mobile phone/ internet statements are not acceptable)** |  |
| **All Educational Certificates** |  |
| **All Currently Valid Training Certificates** |  |
| **Statement of Entry (Qualified Nurse)** |  |
| **Pin Card** |  |
|  |  |
| **Disclosure and Barring Service Required Information** |  |
| **Proof of Immunisation- Hep B (All injections & titre levels), MMR, TB** |  |
| **Indemnity Insurance Certificate** |  |
| **Professional Association / Body Letter or Certificate** |  |
| **Unique Tax Reference (UTR) Number (Self Employed Only)** |  |
| **Certificate of Incorporation (Limited Company Only)** |  |
| **VAT Certificate (Limited Company Only)** |  |
| **Bank/ Building Society Details** |  |