

YOUR DATA – What we do with it, how we store it and your consent

In order to register and work for Full Circle Employment Agency Ltd we will need to collect a variety of information on you which will include but not be limited to: your name, address, CV, all qualifications for the role, contact information including telephone numbers and email addresses, references from former employers, bank account details, National Insurance number, photographic ID, work permit if applicable, DBS details, medical information, details of unspent convictions and details of your limited company if you are one.

All of your data that we collect from you will be stored digitally on a secure computer or in paper files which are kept in locked cupboards. We will only store limited and necessary information about you on our Mobile phone which we need for out of hours emergencies, this will be: name, address, email, telephone numbers, date of birth and next of kin.

We have to hold this data about you to ensure we operate as a lawful employment business for the purpose of supplying temporary staff to our clients and therefore we must make sure you are eligible to live and work in the UK and have the necessary skills and qualifications to carry out the duties required by the clients. In the case where we may supply you to a school, Nursery or unit with vulnerable service users we may have to provide extra information to them which could include a copy of your DBS certificate. We will only ever share your information with a third party if it is necessary for the purposes of the work assignment and we will never give information such as your bank details. Each business we pass this information to is also legally bound to operate in a responsible manner under the General Data Protection Regulations.

Your information and data can be accessed by you at any point during your employment with Full Circle Employment Agency if you would like to view this then please write to us at the office address to request this.

Please note due to the nature of the business we will contact you by phone, email, SMS and post, this is necessary for the purposes of your employment with us.

After you leave our employment we will keep this information for a maximum of 5 years from the date you leave. At any point before this you may request for this information to be destroyed but we must keep your information for 6 weeks after your leave date. **If you do wish for this to happen then please notify us by email or write to us at Full Circle Employment Agency Ltd, Mansfield Business Centre, Ashfield Avenue, Mansfield, Nottinghamshire NG18 2AE** and we will do this upon receipt of your request however please bear in mind some information regarding payroll will have to be stored for the purposes of HMRC for the 5-year requirement and may have to be passed onto lawful enforcement agencies.

Our full privacy policy can be viewed on our website www.fullcirclecareagency.co.uk

Please sign and date this document to give your explicit consent for your personal data to be collected and used by us and for Full Circle Employment Agency Ltd to pass your details to third parties if required to do so for the purposes of recruitment.

Signed: _____

Print Name: _____

Date: _____

Application Form

Section 1: Personal Details

PLEASE COMPLETE ALL SECTIONS

Title Mr Mrs Miss Other (please state).....

Surname.....Forenames.....Middle Name.....

Maiden Name/Former Name.....Date Changed Name.....

Address.....

.....Postcode.....

Confirmation of date moved to current address.....(MM/YYYY)

If less than 5 years at current address previous address details:

.....

.....Postcode.....

Date resident at previous address.....(MM/YYYY) To.....(MM/YYYY)

Home Telephone Number.....Mobile Number.....

Email Address.....

Date of BirthPlace of Birth.....Nationality.....

National Insurance Number

Next of Kin.....Emergency Contact Number.....

Relationship to You.....

Do you hold a current driving licence? Yes No

Please state your means of transport.....

If Registered Nurse PIN Number.....Expiry Date.....Revalidation Date.....

Position Applied For.....

Have you ever been through a formal or informal disciplinary action as a result of your practices?

Yes No If yes please give details.....

Section 2: Education

PLEASE COMPLETE ALL SECTIONS

Name of School	Dates of Qualification	Qualification Obtained
.....	From.....To.....
.....	From.....To.....

Name of College	Dates of Qualification	Qualification Obtained
.....	From.....To.....
.....	From.....To.....

Name of University	Dates of Qualification	Qualification Obtained
.....	From.....To.....
.....	From.....To.....

Gaps in Education.....	From.....To.....	Reason
.....

Training Certificates including Mandatory Training

Administration of Medication	Date Taken.....	Expiry Date.....
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Peg Feed	Date Taken.....	Refresher Date.....
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Syringe Drive	Date Taken.....	Refresher Date.....
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Catheter Mail	Date Taken.....	Refresher Date.....
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Catheter Female	Date Taken.....	Refresher Date.....
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Sub Cuts	Date Taken.....	Refresher Date.....
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Moving and Handling	Date Taken.....	Expiry Date.....
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First Aid	Date Taken.....	Expiry Date.....
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Nutrition	Date Taken.....	Expiry Date.....
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Health & Safety	Date Taken.....	Expiry Date.....
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Safeguarding	Date Taken.....	Expiry Date.....
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Fire Safety	Date Taken.....	Expiry Date.....
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Infection Control	Date Taken.....	Expiry Date.....
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Section 3: Employment History

PLEASE COMPLETE ALL SECTIONS

Please enter your full work history and state any reasons for breaks in employment. Please start with your most recent position first. Continue on a separate sheet if necessary.

Name of Employer.....	Position Held.....
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Address.....	From.....To.....
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Main Duties.....

Reason for Leaving.....

Name of Employer..... Position Held.....
Address..... From.....To.....
Main Duties.....
Reason for Leaving.....

Name of Employer..... Position Held.....
Address..... From.....To.....
Main Duties.....
Reason for Leaving.....

Name of Employer..... Position Held.....
Address..... From.....To.....
Main Duties.....
Reason for Leaving.....

Name of Employer..... Position Held.....
Address..... From.....To.....
Main Duties.....
Reason for Leaving.....

Section 4: References

Please supply the name and contact addresses of 3 referees. One of these must be from your current or most recent employer.

Name..... Company Name.....
Address.....Postcode.....
Job Title..... Dates of Employment From..... To.....
Email..... Contact Telephone Number.....

Name..... Company Name.....
Address.....Postcode.....
Job Title..... Dates of Employment From..... To.....
Email..... Contact Telephone Number.....

Name..... Company Name.....
 Address.....Postcode.....
 Job Title..... Dates of Employ From..... To.....
 Email..... Contact Telephone Number.....

Bank Details (if Limited Business Bank Details Required) and Public Liability Insurance

Name of Account Holder/Business Name.....
 Name of Bank/Building Society.....
 Sort Code.....Account Number.....
 If Limited Company, Public Liability Insurance Company Name.....
 Policy Number.....Date Expires.....

Section 5: Skills and Training

Please tick areas you have experience:

NURSES ONLY	Yes	No	CARERS/SENIOR CARERS ONLY	Yes	No
Bladder Wash Outs			Personal Care		
Syringe Drives			Undress/Bath/Shower/Wash		
Tracheotomy			Care for in Bed/Dress/Wash/Feed		
Peg Feeds			Shaving		
Sub Cuts			Mouth Care		
Catheters - Male			Care of Hair/Fingernails/Feet		
Catheters - Female			Feeding a Service User		
Implementing Care Plans			Use of Bedpan/Commode		
Assisting Carers with Daily Duties			Emptying Catheter Bags		
Terminal Care			Continence Assistance		
Mental Health			Use of Moving, Bathing & Handling Aids		
Evaluation Care Plans			Use of Hoists		

Training

Full Circle Care Agency actively encourages all employees to achieve their maximum potential. We provide opportunities and guidance for everyone to develop their skills and qualifications.

We will host all Mandatory Training courses in-house twice a year. These courses are funded by Full Circle Care Agency. However, if you wish to receive your training certificate then this will be charged at £10 per certificate.

It is imperative that you remain compliant throughout your employment with Full Circle Care Agency. If you are not compliant then your contract may be terminated.

Revalidation

We will obtain feedback from your assignments and provide you with a copy these so that they can be used as part of your revalidation portfolio. Each year we will host Peg Feed and Syringe Drive training for your medical skills update.

If you require any one-to-one Nurse discussions then we can arrange a Nurse to do this with you at the office.

I acknowledge my responsibility to attend courses which I verbally agreed to attend and been booked on. I agree to give one weeks' notice if I am unable to attend.

Signed.....Date.....

Section 6: Policies and Procedures

PLEASE COMPLETE ALL SECTIONS

DBS

In view of the nature of your employment, it is exempt from provision of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the rehabilitation of Offenders Act 1974 (Exemption) order 1975. Your employment is therefore subject, at all t, to having no criminal conviction-spent or otherwise-which may affect your suitability for employment within the health industry. As such, it is an express term of your contract that you most disclose any convictions you incur during your employment with Full Circle Care Agency. The employer cannot guarantee your continued employment if is deemed that a conviction against you impacts upon your validity to remain working within the health industry. Furthermore, failure to disclose convictions, will lead to the disciplinary action being taken and could result in your dismissal.

Have you ever been convicted or cautioned of any offence?

Yes No

Please note that this application will require a criminal background check by the Disclosure Barring Service disclosure procedure as enhanced level. A charge of £52.98 is required if you require Full Circle Care Agency to obtain a DBS Form on your behalf.

It may be the case that you already have a DBS Form that is valid and it is your responsibility to refresh this on an annual basis with the DBS Update Service.

Do you agree to Full Circle Care Agency carrying out a DBS check on you?

Yes No

Do you agree to pay Full Circle Care Agency £52.98 for a DBS Check?

Yes No

Do you authorise Full Circle Care Agency to check your DBS status online on an annual basis?

Yes No

Signed..... Date

Code of Conduct & Confidentiality Policy

I agree that during the time I am engaged by Full Circle Care to work in any capacity of work

- a) I will not disclose to any person, any information obtained whilst attending an assignment which is confidential.
- b) I will hold in trust and confidence for Full Circle Care all such information and never use it other than for the benefit of Full Circle Care.

c) I have read, understood and shall adhere to the terms of engagement

Signed..... Date

Rehabilitation of Offenders Act 1974

Do you have unspent criminal convictions Yes No

If YES, please list your convictions and their dates below.

Date	Conviction	Details

The information you give will be treated in the strictest confidence and only taken into account where, in the reasonable opinion of Full Circle Care, the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if a conviction is not declared but later comes to light.

In order to protect the public, the post for which you have applied from Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Act (exceptions) Order 9175, it is not therefore in any way contrary to the Act to reveal any convictions you have had which would otherwise be considered 'spent' in relation to this application. Any such information will be kept in strictest confidence and used only in consideration of the suitability of the application for a position where such an exemption is appropriate

I confirm that the information is true and correct and shall inform the company of any changes which may arise.

Signed..... Date

48 Hour Limitation Waiver

The Working Time Regulation 1998 declares that a worker shall not work in excess of 48 hours per week, for a period of 17 consecutive weeks, unless they agree to do so in writing, and of their own volition.

Consent of the Worker

The worker hereby gives their consent that the Working Week stipulation shall not apply.

Withdrawal of Consent of the Worker

The worker may end this consent to withdraw from the regulation governing the Working Week by giving due notice of 3 months, in writing, to a Director of Full Circle Care.

By signing below, the worker agrees to opt out of the Working Time Regulation 1998. If the worker does wish to comply, they must leave it blank.

Signed..... Date

Equal Opportunities Monitoring

The following categories are based on those used in the 2001 Census. Please note that the questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic groups described. Please tick below which best describes your ethnic group:

WHITE	BRITISH	
	IRISH	
	OTHER (PLEASE STATE)	
MIXED	WHITE & BLACK CARIBBEAN	

	WHITE & BLACK AFRICAN	
	WHITE & ASIAN	
	OTHER (PLEASE STATE)	
ASIAN OR ASIAN BRITISH	INDIAN	
	PAKISTANI	
	BANGLADESHI	
	OTHER (PLEASE STATE)	
BLACK OR BLACK BRITISH	BLACK CARIBBEAN	
	BLACK AFRICAN	
	OTHER (PLEASE STATE)	
CHINESE OR OTHER ETHNIC GROUP	CHINESE	
	OTHER (PLEASE STATE)	

Asylum & Immigration Act 1996

Under the Asylum & Immigration Act 1996, all employees must provide a copy of a form of identification confirming their eligibility to live and work in the UK. Please see the list of acceptable forms of identification at the back of this Registration Pack and provide suitable legible documents

Please state which ID to accompany application:.....

Any non-EU/EEA citizens must also provide full documentary evidence of their eligibility to work in the U.K, including a copy of Workers Registration Scheme Card and Certificate, if applicable. Copies of all documents will be held on file, in the strictest confidence.

Section 7: Health

PLEASE COMPLETE ALL SECTIONS

Do you suffer from any ailments that may affect your ability to work?

Yes No

(if yes please provide precise details).....

Please answer yes or no to the following questions. If you answer yes please give brief details on another sheet.

Have you suffered any of the following?

Backache /back injury? Yes No

Joint pain/joint injury? Yes No

Hepatitis Yes No

High Blood Pressure? Yes No

Anxiety or depression? Yes No

Allergies-Specify? Yes No

Impaired eyesight? Yes No

Diabetes? Yes No

Do you smoke? Yes No

Are you receiving any treatment or taking any medication of any kind at present? Yes No

If yes, please give details.....

Are you awaiting surgery.....

No of days off work sick in the last year.....

Did you claim sickness benefit?.....Date FromTo.....

Additional: Immunisation Information

	Date Immunisation Given	Date booster required
Polio
Tetanus
Hepatitis B
Rubella
BCG(Tuberculosis)

Section 8: Final Statement and Declaration

I declare that all the information given on this application form is true in every aspect.

I understand that my acceptance on to Full Circle Care Agency register may only be gained after relevant checks are made. Satisfactory references are received and I have attended an interview.

Any information about me and my application may be shared within Full Circle Care Agency. It will not be shared with any other parties unless it is in direct relation to my application and in accordance with the Data Protection Act 1988.

Signed.....Date.....

Any employee found to be under the influence of alcohol at work, illegal substances or sleeping on a waking night then you will be immediately suspended from work, which may, after investigation, lead to dismissal of employment. In the event where legal substances discovered the police will be informed.

I agree that if found stealing from my workplace, drinking alcohol on the premises or found to be under the influence of alcohol whilst at work or sleeping on duty I will be immediately suspended.

Signed.....Date.....

Print Name.....

PLEASE RETURN THIS APPLICATION TO THE OFFICE

Full Circle Employment Agency Limited
T/A Full Circle Care Agency
Ashfield Avenue
Mansfield
Nottinghamshire
NG18 2AE

01623 404224

nadja@fullcirclecareagency.co.uk