



When applying to work with Pennine Social Care, you will need to provide the following original documents to us for compliance purposes:



Right to Work Documents (Passport, Biometric Residence Permit, etc.)



Either a paper copy of your National Insurance Number or your National Insurance Card



A valid DBS certificate dated in the past 3 years (must be registered online – if DBS is not registered online we will have to process a new DBS with a fee of £60)



Any valid training certificates less than a year old



Your NMC Pin Number (Nurses Only)



2 Documents for Proof of Address (Council Tax Bill, Bank Statement, Utility Bill, etc. issued in the last three months)



We will not accept digital copies or photographs of documentation. All original documents must be physically handed over to us for photocopying and inspection.



Pennine Social Care Ltd
 Company Number 08436885
 CQC ID 1-1135822928

First Floor Offices
 Rhodes Bank Chambers
 184-188 Union Street
 Oldham
 OL1 1PF

Registration Information for New Applicants

Thank you for requesting an Application form to join Pennine Social Care. As a local social care agency, working in partnership with supported living companies, local authorities, respite providers and local NHS care trusts, Pennine Social Care Ltd undertakes a detailed registration process.

In order to help us cover the cost of processing new applications, we require all new applicants for care or support work to pay an administration fee of £110.00 per person. The fee covers an enhanced DBS check (£60) and Mandatory Training (£50). We are committed to staff training and development plus on-going supervision.

When completing the application form, please provide two references from previous or current managers. Friends, relatives or work colleagues as your reference are not acceptable. Please chase up your references to speed up the application process. Each section of the Application form must be completed. Complete this form in CAPITAL letters using black ink.

DOCUMENT CHECKLIST – OFFICE USE ONLY

Document:	Check		If no to any, please give reason why:	Document Upload
Copy of Passport	Yes	No		
Copy of the Front Cover of Passport	Yes	No		
Copy of Visa / Permit Status (spouse copy where applicable to individual's status) - copy both sides	Yes	No		
Copy Birth Certificate	Yes	No		
Copy of Marriage Certificate (If applicable)	Yes	No		
Copy of National Insurance Card	Yes	No		
Copy of Driver's license (If applicable)	Yes	No		
Copy of Relevant training certificates	Yes	No		
Copy of evidence of vaccination status	Yes	No		
Copy of two proofs of address	Yes	No		
Copy of recent CV	Yes	No		
Professional Indemnity Insurance (If wishing to work self employed)	Yes	No		
Registered Nurses				
Pin Number and NMC statement of entry	Yes	No		
RCN Membership Card (front & back)	Yes	No		
RCN Membership Card (front & back)	Yes	No		
Evidence of additional qualification	Yes	No		
Portfolio	Yes	No		

If you have any pertinent questions about the application process, please contact us on:

Tel: **0161 626 0023 / 07753 227672**

Office Opening Hours:

Monday - Friday

10:00am to 5:00pm

Email: **admin@penninesocialcare.com**



A. YOUR PERSONAL DETAILS

Title (MRS, MISS, MS, MR or other title)

Surname or family name

First name(s)

Name preferred to be known by

All other surnames or family names (including maiden name & name changes)

Address

Postcode

Daytime phone number

Mobile number

E-mail address

Do you hold a current full UK driving licence?

YES ☐ NO ☐

B. YOUR NMC DETAILS

It is your responsibility to keep us updated with any changes to your personal details.

NMC pin number

NMC expiry date / /

NMC Part(s) of register

/

If you have any issues or investigations outstanding on your NMC Pin please let us know in writing via email to admin@penninesocialcare.com

Please tick here if you are currently on sick leave and provide details below:

YES ☐ NO ☐

C. YOUR PASSPORT DETAILS

National Insurance number:

Date of birth: / /

Your nationality:

Please tell us about your eligibility to work in the UK:

☐ I am eligible to work in the UK and do not require a work permit.

☐ I am already in possession of a work permit to work in the UK.

☐ I need to obtain a work permit to work in the UK.

If other please specify

D. EDUCATION AND QUALIFICATIONS

Professional qualification

Issuing College / University

Year of graduation

Any additional qualifications

E. YOUR EMPLOYMENT HISTORY

- Please supply details of your full history starting from secondary school to date or the past 10 years (whichever is shorter).
- Please explain any gaps in your history.
- Comprehensive CV is acceptable provided it lists your full history from secondary school, and details of the months & years.
- Please continue on a different sheet if required.

DATE FROM	DATE TO	EMPLOYER'S NAME AND ADDRESS	PRINCIPLE DUTIES	GRADE	REASONS FOR LEAVING
mm/yy	mm/yy				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				

F. YOUR PROFESSIONAL EXPERTISE

Please tick up to 5 boxes, with the clinical areas you have expertise in:

<input type="checkbox"/> A&E	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Clinics
<input type="checkbox"/> Community	<input type="checkbox"/> Diagnostic Imaging x-ray	<input type="checkbox"/> Elderly Care
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> General Wards	<input type="checkbox"/> Gynaecology
<input type="checkbox"/> HDU	<input type="checkbox"/> Health Visitor	<input type="checkbox"/> Homecare
<input type="checkbox"/> ITU	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Medical
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Neonatal
<input type="checkbox"/> NICU	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Occupational Health	<input type="checkbox"/> ODP	<input type="checkbox"/> Oncology
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Paediatric A&E
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Palliative	<input type="checkbox"/> PICU
<input type="checkbox"/> Practice Nurse	<input type="checkbox"/> Prison	<input type="checkbox"/> Radiology
<input type="checkbox"/> Recovery	<input type="checkbox"/> Renal	<input type="checkbox"/> Dialysis
<input type="checkbox"/> SCBU	<input type="checkbox"/> Surgical	<input type="checkbox"/> Theatre
<input type="checkbox"/> Triage	<input type="checkbox"/> Urology	<input type="checkbox"/> Walk in centre
<input type="checkbox"/> Dieticians	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Radiographers
<input type="checkbox"/> Occupational Therapists	<input type="checkbox"/> Physiotherapists	<input type="checkbox"/> Podiatrists
<input type="checkbox"/> Orthoptists	<input type="checkbox"/> Speech and Language Therapists	<input type="checkbox"/> Pathologists
<input type="checkbox"/> Biomedical Scientists	<input type="checkbox"/> Cytologists	<input type="checkbox"/> Dental Service Staff
<input type="checkbox"/> Genetic Counsellors	<input type="checkbox"/> Health Scientists	<input type="checkbox"/> Medical Technologists
<input type="checkbox"/> Optometrists	<input type="checkbox"/> Pharmacy Staff	

G. YOUR PROFESSIONAL CONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

YES ☐ NO ☐

If "YES" please supply details:

H. REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 197 applies. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies. We may have to disclose information regarding convictions to our clients prior to booking.

☐

Have you at any time been convicted of an offence?

YES

☐

NO

If you answered 'Yes', please provide details below

I. ADDRESS HISTORY FORM

Any individual paid by Pennine Social Care must complete an address history form to give us a list of all addresses where you have lived for the last 5 years. This is required for DBS (Disclosure and Barring Service) purposes. You must disclose all addresses including anywhere you have lived in the United Kingdom or any other countries, along with approximate dates (to the nearest month) when you lived at each address. If you have more previous addresses than will fit on this form, please continue on the back of the page.

The form will be returned to you if essential information (marked *) is omitted.

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS AND SIGN THE DECLARATION THEN PASS THE COMPLETED FORM TO THE MANAGER.

FULL ADDRESS INCLUDING POSTCODE	APPROX. DATE YOU MOVED IN	APPROX DATE YOU MOVED OUT

DECLARATION

Signed:

Date:

J. YOUR BANK DETAILS

We pay your wages directly into a bank account.

Name of bank

Branch name

Account holder name

Address

Postcode

Sort code

Account number

I wish to be paid through a Ltd. Company and enclose details.

☐

I am on P.A.Y.E (Please enclose P45 if we are your main employer)

☐

(You will be paid as P.A.Y.E until you provide all your documentation to the office)

Read all the following statements carefully and tick the one box that applies to you.

A. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

☐

B. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

☐

C. I have another job or receive a state or occupational pension.

☐

K. YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address

Postcode

Daytime phone number

Mobile phone number

Name

Relationship to you

Address

Postcode

Daytime phone number

Mobile phone number

It is your responsibility to keep us updated with any changes to your next of kin details.

L. YOUR REFERENCE DETAILS

- Please supply the names and work addresses of at least two clinical professional referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months in duration.

- The second needs to be a previous employer unless you have been employed more than 3 years then it must be someone from your current or most recent employer.

NB: If you cannot provide two in date senior references, you cannot register.

May we contact your referees prior to an interview?

☐ YES☐ NO

Clinical Reference 1

Name

Position

Address

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Start Date (mm/yy)

End Date (mm/yy)

Clinical Reference 2

Name

Position

Address

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Start Date (mm/yy)

End Date (mm/yy)

Clinical Reference 3

Name

Position

Address

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Start Date (mm/yy)

End Date (mm/yy)

M. HEALTH DECLARATION

The following questions are to assess your physical state and ensure you can fully carry out your duties of care to the client without any doubt as to your capacity.



Doctor's Name		Immunisation or Vaccination	Yes	No	Date Completed
Surgery		Hepatitis B			
Full Address		Tuberculosis (BCG)			
		Tetanus			
		Typhoid			
		MMR (Measles, Mumps, Rubella)			
Post Code		Poliomyelitis (Polio)			
Tel No.		Varicella (Chickenpox)			

M. HEALTH DECLARATION

Do you smoke? If yes how many / week		
What is your weekly consumption of alcohol?		
Have you ever had or suffered from any of the Following? *Please provide honest and accurate information*		
	YES	NO
Chest pain, heart condition or blood pressure problems?		
Tuberculosis, asthma, bronchitis or chest complaints?		
Epilepsy, fits, fainting or dizziness?		
Ulcers, stomach problems, bowel problems or hernia?		
Rheumatism or arthritis?		
Typhoid, paratyphoid or dysentery?		
Diabetes, typhoid or other gland troubles?		
Bladder or kidney trouble?		
Allergies?		
Skin trouble or dermatitis?		
Varicose veins?		
Any infections or communicable disease?		
Hay fever or sinus trouble?		
Medical condition(s) that may affect your performance?		

Medical condition(s) that may affect your attendance?			
Any illness, accidents, operations in the past two years?			
Any physical disabilities, and / or defect of sight or hearing?			
Any back injury or trouble?			
Do you intend to work night shifts on a regular basis?			
Have you ever had a stay in hospital over 2 weeks?			
Do you have any problems with vision and / or headaches?			
Depression, mental illness or nervous breakdown?			
Are you currently taking medication on a strict timetable?			
Any hearing loss or ear problems?			

N. HEALTH QUESTIONNAIRE TO ASSESS IF YOU ARE FIT TO WORK NIGHTS

The purpose of this questionnaire is to make sure that you are suited to working at night. All the information you provide will be kept confidential.

About you

Job Title:

Surname:

First and second name/s:

Sex: M [] F []

Date of birth:

Permanent address:

National Insurance number:

Health conditions

Do you suffer from any of the following health conditions?

Diabetes? Yes [] No []

Heart or circulatory disorders? Yes [] No []

Stomach or intestinal disorders? Yes [] No []

Any condition which causes difficulties sleeping? Yes [] No []

Chronic chest disorders (especially if night-time symptoms are troublesome)? Yes [] No []

Any medical condition requiring medication to a strict timetable? Yes [] No []

Any other health factors that might affect fitness at work? Yes [] No []

If you have answered 'yes' to any of the above questions, you may be asked to see a doctor or nurse
I, the undersigned, confirm that the above is correct to the best of knowledge

Signed: Date:

EMPLOYER'S ASSESSMENT

Your employer should complete the next section with their assessment.

After reviewing the questionnaire, my assessment is that you:

☐ can work nights

☐ can not work nights

☐ should see a doctor or nurse for a medical examination to assess whether you can work nights

Signed: Date:

O. YOUR DECLARATIONS

1. HEPATITIS B

I have been advised at the registration office of the importance of having the Hepatitis B vaccine.

I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.

I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

Signed

Date

2. TERMS & CONDITIONS

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (DBS).

I undertake to inform Pennine Social Care should I be convicted of an offence in the future.

I undertake to inform Pennine Social Care immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.

I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

I am clear that Pennine Social Care cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary nurses /Support Workers / Healthcare Assistants, of which I have been given a copy.

Signed

Date

3. INDUCTION

I have received a copy of the Induction information letter and can confirm that I have received, read, understood and will comply with the Agency Worker Handbook at all times. I am aware that the latest version of the Handbook is available on our website.

Signed

Date

4. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Pennine Social Care not less than One months' notice. I understand that my registration with Pennine Social Care can be terminated at any time following unsatisfactory work reports.

I consent to work

☐

I do not consent to work-

☐

Signed

Date

5. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed

Date

6. DATA PROTECTION

I agree that Pennine Social Care retain the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the General Data Protection Regulation.

Signed _____

Date _____

7. RESPONSIBILITY OF COMPLIANCE

Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your file is in date at all times. If any of your compliance items lapse, it may cause the suspension and/or termination of your placement.

Signed _____

Date _____

P. Equal opportunities monitoring self-classification form



This information is being gathered to achieve improvements in Pennine Social Care's equal opportunities policies. We hope you will help us by completing the form. The data will be used only for monitoring purposes and will not be taken into account in assessing information on your application form. The data will be treated as confidence

Job Title:		Location:	
Title: Mr/Mrs/Miss/Ms/Dr		Surname:	
Forename(s)			
D.O.B		Marital Status:	
What is your ethnic group? Choose one section from A to F, and then tick the box to indicate your cultural background.			
A. White British/Scottish/Irish/Welch European Other white background, Please state.....		B. Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> British	
C. Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black British <input type="checkbox"/> Other Mixed background, please state		D. Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> British <input type="checkbox"/> Other Asian backgrounds, please state	
E. Chinese or Other ethnic group Chinese <input type="checkbox"/> Other ethnic group, please state		F. Unknown, I do not know my ethnic group <input type="checkbox"/> Withheld, I do not wish to indicate my ethnic group <input type="checkbox"/>	
Disability N.B. The information in this section will be disclosed to the recruiting manager if you are short-listed for an interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental health impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. Do you need a work permit to work in the UK? Y/N		Nationality / Passport Held:	
Do you consider that you have a disability?			

Does the nature of your disability lead you to require any special equipment/facilities etc. in your work place? Y/N-If yes please explain

Signed:

Date:

Q. INDUCTION INFORMATION

Thank you for choosing Pennine Social Care as your agency of choice. We endeavor to meet your work requirements whenever possible.

Pennine Social Care is a professional organization specializing in providing high quality Nurses and Support Workers/Healthcare Assistants to a wide range of health institutions.

Our continuing success depends on how well we work together as a team. To achieve this, there have to be agreed rules, guidelines and standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policy and Procedures. Copies of these are given to you on induction and are available on our website.

The amount of work that we receive, depends not only on us, but also on your performance. Therefore we have some basic expectations of you which are listed in your terms of engagement, and are summarized below;

- Arrive on time for any placements, preferably 10 minutes early. If you are running late, you must ring the client and us as soon as possible and advise us of this.
- Please perform your duties professionally and willingly at all times as you are our representative at the client.
- Provide adequate notice if you cannot make your shift so a replacement can be arranged. At the earliest opportunity.
- **Pennine Social Care will only pay on receipt of an authorised timesheet.** Please ensure you Submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by **Sunday 23:59pm (Sunday Midnight)** for payment on Friday. You can email your timesheet at **timesheets@penninesocialcare.com**

Any office visit is strictly by **APPOINTMENT ONLY**. Please ring the office during office times to book an appointment.

MONDAY TO FRIDAY

10:00 AM TO 5:00 PM

If for any reason you are unhappy with any aspect of the service that Pennine Social Care has provided, Please contact the Registered manager on **0161 626 0023**

Please read the Terms and Conditions of employment. This information should provide you with all of the reference material you may require. Please feel free to ask your contact within the company if there is anything that you are unsure of, as we are always here to help.

Thank you and welcome aboard.

UNIFORM REQUEST

Type of uniform required (please tick):

Polo Shirt ☐
 Regular Tunic ☐
 Dress Tunic ☐

R. DOCUMENTATION CHECKLIST FOR OFFICE USE ONLY



Please sign and date as each part of documentation is received. Only original copies should be seen and copies taken. All training certificates should be within 12 months and if not available, make referral for training before placements.

Documents	Date Received / Confirmed		Authorised Signature
Original Passport <i>*Original document*</i>	No: Issue Date:		
Front Cover of Passport			
Work Permit Status or Student Status <i>*Use immigration manual*</i>			
Proof of Address			
National Insurance Card	No:		
Second Proof of Address/ Second Photo ID			
Two Passport Size Photographs			
Immunisation to include Hep B			
Occupational Health Certificate			
DBS at Enhanced level & ISA Check	Date Sent		
	Reference No		
	Date Returned		
Equal Opportunity Form Signed			
Confirmation of NMC PIN No: <i>(Registered nursing staff only)</i>			
Induction Pack Provided to Staff Member			
P45 / P46 / Most Recent Pay Slip			
Bank Details			

Staff Handbook Signed		
Terms & Conditions Signed		
I.D. Badge & Uniform Provided		
Proof of Professional Indemnity Cover		
Police check from country of origin if you have been in the UK less than 6 months		

REFERENCES (For office use only)

FIRST REFERENCE		SECOND REFERENCE	
Date Sent Off		Date Sent Off	
Date Received		Date Received	
THIRD REFERENCE		ISA	
Date Sent Off		Date Received	
Date Received		Reference No	