

## APPLICATION PACK



**SYLYVE HOMECARE  
LIMITED**

Please complete the attached application form as much as you can and post or email with photocopies of the required documents to:

### Sylyve Homecare Limited

30, Buller Road, SS15 6BA, Laindon,  
Basildon, Essex. United Kingdom

Telephone: +44 7895 184445

+44 1702 412171

+44 7402 642918

Email: [consult@sylyvehomecare.co.uk](mailto:consult@sylyvehomecare.co.uk)

<https://www.sylyvehomecare.co.uk>

## **Required Documents:**

Personal Identification (Passport or other official documents showing your eligibility to work in the UK)

Two Proof of Address [Full Driving Licence, Utility bills, Bank Statements and must be within the last three months]

Immunisation Details [Rubella, Hepatitis B, Varicella, Tuberculosis, Tetanus]

Educational/Training Certificates

Recent Passport Sized Photograph x 2

National Insurance Number: NI Card, NI Letter or any other Official document containing your NI Number

P45/P60

Curriculum Vitae

DBS Certificate (Formerly known as CRB Disclosure)

On receipt of your application, it will be processed.

Once everything comes back fine, we shall arrange an interview for you and if you are found suitable for the position applied for, the next stage is for us to organise your induction training.

As a member of staff, we can always assure you of our support.

Please do get in touch with us, should you have any question, and we shall be glad to help.

Thank you for your interest in working for us.

### **Sylve Homecare Services**

**30, Buller Road, SS15 6BA, Laindon,  
Basildon, Essex.  
United Kingdom**

**Email: [consult@sylyvehomecare.co.uk](mailto:consult@sylyvehomecare.co.uk)**

## EMPLOYMENT APPLICATION FORM

Position Applied for \_\_\_\_\_

### Personal Details (\*)

Title: _____	Surname: _____
First Names: _____	Middle name(s): _____
Date of Birth: _____	Nationality: _____
House no / name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Street: _____	Date of residence: _____
Town: _____	Tel mobile: _____
County: _____	Tel home: _____
Postcode: _____	What job are you applying for: _____
Country: _____	E-mail Address: _____

### Professional Registration

NMC  Other  N/A

If Registered with NMC please complete the following

Pin Number: \_\_\_\_\_

Revalidation Date: \_\_\_\_\_

### Professional Indemnity

Provider: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Emergency Contact/Next of Kin (\*)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Tel mobile: \_\_\_\_\_ Tel home: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment History** (Please give the full details of work history for the previous **ten years**, explaining any significant breaks)

Name and address of <b>current</b> employer	Position held & salary	Responsibilities	Date

**Professional References**

Reference 1 (present/most recent employer)	Reference 2:
Name: Position: Employment address:  E-mail: Tel No: May we approach this referee prior to interview?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: Position: Employment address.....  E-mail: Tel No: May we approach this referee prior to interview?  Yes <input type="checkbox"/> No <input type="checkbox"/>

**Educational, Technical and Professional Qualifications**

Qualification:	Place where obtained:	Date from/to	Certificate attached?	Exam Results/Grades

**Declaration of Criminal Record (\*)**

- Have you ever been convicted of any criminal offence?    Yes                       No
- Do you have any criminal charges pending?                      Yes                       No
- Have you been suspended or are currently under  
Investigation by an NHS Trust or professional  
Body of organisation?                      Yes                       No

Please declare all criminal convictions, whether spent or not, charges, warnings, and cautions as defined by the Rehabilitation of Offenders Act 1974 [Exceptions] Order 1975 (as amended in 2013) by SI 2013 1198?

Please give the details if the answer is 'Yes' to any of the above:

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N.B. Any information disclosed will be taken into consideration but will not automatically prevent the progress of your application.

Disclosure no: \_\_\_\_\_ Date: \_\_\_\_\_

**Rehabilitation of Offenders Act 1974**

**Declaration and Data Protection Statement**

The information that you provide on this form and those obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. We may disclose your information to carefully selected third parties who may process data on our behalf or any of our clients for the purpose of ascertaining your suitability for a particular assignment. If you are appointed, the information will be used in the administration of your employment with us. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may check the information collected with third parties or with other information held by us. We may also use or pass them to certain third parties to prevent or detect crime or in other ways as permitted by law.

By signing this application form, we will be assuming that you agree to the processing of sensitive personal data, as [described above], in accordance with our registration with the Data Protection Commissioner.

I declare that the information set out in this form is true and correct. I understand and agree that if I submit any false or misleading information, this may result in any offer of employment with the Company being withdrawn, or, if already accepted will lead to dismissal.

I hereby authorise **Sylve Home Care** to collect all information it may require in connection with my application for employment.

I confirm that I have read and understood the Conditions of Engagement offered by the Company and agreed to comply with them and to be bound by them.

I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business. I understand that my application is subject to the receipt of satisfactory references, **DBS** (Disclosure & Barring Service) checks, and my **ISA** (Independent Safeguarding Authority) Register status.

I agree to inform **Sylve Home Care** of any changes to the information I have supplied.

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

**Your Bank details are required for the payment of your wages:**

**Bank &Address**.....

**Account Name**.....

**Sort Code:** .....**Account Number** .....

Please answer the following questions by ticking the appropriate YES/NO box. If the answer to any question is YES then *please give details in the space provided below*. It is your responsibility to inform us immediately if any of the following information changes. Have you ever had in your life, including childhood, any of the following?

**DESCRIPTION OF ILLNESS**

	Yes	No
Heart/Circulation Illness/hypertension.....		
Blood Disorders e.g. Anaemia, Haemophilia.....		
Eye Disease/Injury or Defect.....		
Asthma, Hay Fever.....		
Bronchitis, Pneumonia, Pleurisy.....		
Diabetes.....		
Epilepsy, Frequent Fainting Attacks.....		
Headaches, Migraine.....		
Psychiatric Treatment.....		
Dermatitis, Psoriasis, Eczema, Skin Sensitivities.....		
Chicken Pox.....		
Hearing Loss, Frequent Ear Infections.....		
Hepatitis / Jaundice.....		
Bladder Kidney Infection.....		
Gynaecological Problems, Painful Periods.....		
Gastric Ailments, Ulcer.....		
Back Pain, Sciatica or Deformities of the spine.....		
Varicose Veins.....		
Do you have any deformities which affect movements?.....		
Are you receiving any medication from a Doctor?.....		
Have you ever been treated at hospital?.....		
Are you registered Disabled Person.....?		

Weight:                      Height:

Please provide the **Name and Address of your GP (General Practitioners):**  
 .....  
 .....

I declare that all the following statements are true and complete to the best of my knowledge and belief. I hereby give **Sylvyve Home Care** the permission to contact my General Practitioner to obtain further information should it be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other details:  
 .....  
 .....  
 .....  
 .....  
 .....

**EQUAL OPPORTUNITY QUESTIONNAIRE**

**Sylvyve Home Care** aims to be an equal opportunity employer and recruitment agency and seeks to ensure that job applicants are interviewed and/or put forward for vacancies solely based on merit, irrespective of race, disability, age, gender, in order to monitor the effectiveness of our policy. We request all job applicants to provide the information requested below.

Thank you for your co-operation. The information given is for statistical monitoring purposes only.

Candidate's Name: \_\_\_\_\_

Please make sure that you read all the categories listed below and then, tick/ circle the appropriate code number:

I am female

I am Male

I consider myself to have a disability

Note: According to the Disability Discrimination Act 1995. 'Disability' includes any physical or mental impairment which may have a substantial and/ or long-term adverse effect on your ability to carry out some or all normal activities of the job for which you are applying.

Please make sure you read all the categories listed below and then tick the appropriate code numbers that best describe your ethnic origin. Ethnic origin could be the origin of your role bearers, so it is not necessarily the same as nationality.

I am white of European origin

I am white of other origin (please specify)

I am Asian

Of Indian Origin

Of Pakistani Origin

Of Bangladeshi Origin

Of Chinese Origin

Of other origin (please specify)

I am Black

Of Caribbean origin

Of African origin

Of other origin (please specify)

I am of another origin (please specify)