

# PANACHE

## Application Form

Position Applied For: \_\_\_\_\_ App No: \_\_\_\_\_

How did you hear about Panache? \_\_\_\_\_

### PERSONAL DETAILS

Title \_\_\_\_\_ Mr / Mrs / Miss / Ms / Dr / Other (Please Circle)

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Numbers Home \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Do you hold a current Driving Licence? Yes / No

Do you own a car? Yes / No

### PROFESSIONAL QUALIFICATIONS

Please complete the following section in as much detail as possible

Qualification	Establishment	Date Gained
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Including Grade Achieved

\_\_\_\_\_

\_\_\_\_\_

Please use a continuation sheet if necessary

Please give details of any further education courses attended (Including date gained and pass grade achieved)

\_\_\_\_\_

\_\_\_\_\_

### QUALIFIED NURSES

Please enclose a copy of your Statement of Entry with this Application Form

Are you a member of the RCN? Yes / No

Are you a member of any other professional body? Yes / No

If Yes, please state which body? \_\_\_\_\_

Please quote your membership number \_\_\_\_\_

**REFERENCES**

You must provide us with 3 written references in total.

**Option 1** 2 Professional (not character) References whereby ONE must be from your current or most previous employer and 1 character reference.

**Option 2** 1 Professional reference and 2 character references.

**1. Professional Reference - Current Employer**

Full Name	_____	Title	_____
Company Name	_____		
Address	_____		
		Post Code	_____
Contact Details	Telephone	Fax	_____

**2. Professional Reference - Other**

Full Name	_____	Title	_____
Company Name	_____		
Address	_____		
		Post Code	_____
Contact Details	Telephone	Fax	_____

**3. Character**

Full Name	_____	Title	_____
Company Name	_____		
Address	_____		
		Post Code	_____
Contact Details	Telephone	Fax	_____

**4. Character**

Full Name	_____	Title	_____
Company Name	_____		
Address	_____		
		Post Code	_____
Contact Details	Telephone	Fax	_____

**ADDITIONAL INFORMATION**

Please use the space provided below to inform us of any relevant information not previously covered in the application form. Please use a separate sheet if necessary.

**BANK DETAILS**

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

SORT CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ (8 Digit Number)

Name of Account Holder \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give a full employment history (most recent first) please ensure that you give dates in the format required and you complete the box below explaining any gaps in your employment history **from the day you left school.**  
**Please ensure that your dates follow this format: day/month/year**

**Title of Post**

Length of Service From        /        /        To        /        /

Full Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Main duties and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Title of Post**

Length of Service From        /        /        To        /        /

Full Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Main duties and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Title of Post**

Length of Service From        /        /        To        /        /

Full Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Main duties and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Please use a continuation sheet if necessary**

**PROTECTION OF CHILDREN**

All staff may at some point have access to Children and therefore by signing this Application Form, are giving permission for all relevant checks to be made by the Agency.

**REHABILITATION OF OFFENDERS ACT 1974**

Under certain parts of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1975 (Exception) Order 1975, applicants are not entitled to withhold any information regarding any convictions.

Do you have any criminal convictions or cautions? Whether or not considered 'spent'  
If YES, please provide details below (including dates)

YES / NO

**DATA PROTECTION ACT 1998**

By signing this Application Form you consent to Panache Professional Solutions Ltd maintaining and holding records about you on a computerised or manual system in accordance with the Data Protection Act 1998.

**WORKING TIME REGULATIONS**

By signing this application form you are excluded from the conditions of service of Panache Professional Solutions Ltd of any implied working time limits as referred to in the Working Time Regulations 1998.

**CONFIDENTIALITY**

All staff must agree to the following confidentiality agreement. By signing this application form, you agree that information concerning patients, their treatment and affairs is strictly confidential. Any breach of confidentiality may result in the termination of your engagement and could result in civil action.

**NEXT OF KIN**

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Numbers

Home \_\_\_\_\_

Other \_\_\_\_\_

If you know any person who would like to register with Panache please provide their contact details below:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

Position Applied for

CARE ASSISTANT / DOMESTIC / QUALIFIED NURSE

**DECLARATION**

I proclaim that the information I have provided on this form is complete and true to the best of my knowledge

Signed \_\_\_\_\_

Date \_\_\_\_\_