	**For office use only** **Reference/ Staff No.:**_____ **Start Date:**_____

STANDARD APPLICATION FORM TO JOIN SIR HENRY CARE (Domiciliary)

Please fill in this application form online or in **BLACK INK**. Please check your form carefully before you submit it.

APPLICATION FOR EMPLOYMENT AS AGENCY WORKER IN UNITED KINGDOM

Details entered in this form will be used in the recruitment and job application process. Giving false information will disqualify you from registering with Sir Henry Care Ltd. In line with GDPR, we need to collect and store data about you to enable us to process your job application. A copy of our Privacy Policy can be obtained on our website: www.sirhenry.group.

*Sir Henry Care adheres to AccessNI Code of Practice. A copy is available on request or via this link: https://www.nidirect.gov.uk/publications/accessni-code-practice. Disclosure Information will not be used unfairly. A criminal record will not necessarily be a bar to obtaining a position. Sir Henry Care Ltd has policies on the recruitment of ex-offenders, Secure Handling, Use, Storage and Retention of Disclosure Information. Copies of these policies are available to all applicants with the application pack and on request.

Application Form to be submitted to: Office 7, 56 University Street, Belfast, BT7 1HB or email to: info@sirhenry.group

Position Applied for	

Personal Details

Title & Surname	
Previous Surname (if any)	
First Name (Middle Name/s)	
Date of Birth	
Gender	Male □ Female □ Other □
Marital Status	Married □ Single □ Divorced □ Other □
Country of Birth & Place of Birth	
Nationality	
Passport Number	
VISA Type	
National Insurance Number (if applicable)	
Home Address	Post Code:
Home Telephone No.	
Mobile Telephone No.	WhatsApp □Yes □No
Work Telephone No.	
Email Address	
NOK & Contact Number	

Do you have a UK Driver's Licence?	Yes □ No □ Endorsements, if any? _____ What transport access do you have? Car/Public Transport/Other If you use own vehicle for work do you have business insurance for it? Yes/no

Criminal Records Declaration: Care workers work with vulnerable people and we take our responsibility to protect them very seriously. Your appointment will depend on the satisfactory completion of a criminal records disclosure.	
Are you currently bound over, or do you have any convictions (unspent/spent) or caution/s, reprimands or warnings issued by a Court?	☐ Yes ☐ No
If yes, please give details. Please include the country where conviction was issued.	
To your knowledge are you currently the subject of criminal proceedings? (eg. Charged or summoned but not yet dealt with) or any police investigation? YES. NO If you answered 'yes' please provide details: NOTE – Because of the nature of the work for which you are applying, the provisions of **Rehabilitation of Offenders (NI) Order 1978** and **its Exceptions Order 1979.** In the event of employment, any failure to disclose convictions could result in termination of your employment.	
Do you have any statutory, regulatory or professional referrals pending?	☐ Yes ☐ No
If yes, please give details.	
Do you have any live disciplinary warnings or ongoing investigations?	☐ Yes ☐ No
If yes, please give details.	
Depending on the position applied for, an AccessNI Enhanced/Standard disclosure will be required. Enhanced AccessNI PIN to use when applying: **903642** Is there any reason why you cannot work in **Regulated Activity**? Please indicate: Yes No If yes, further information will be sought at registration.	

Do you suffer from any medical condition/s that requires you to take medication to a strict timetable?	☐ Yes ☐ No
If yes, you may be asked about this at the screening interview.	

At the time of application, are you an expectant mother or planning to start a family in 6 months?	☐ Yes ☐ No
If yes, you may be asked about this at the screening interview.	

How did you hear about Sir Henry Care?

Please tell us about the languages you can speak and/or write

Language	Speak	Write	Competent	Good	Excellent

Education & Professional Qualifications

Include in this section all the relevant qualifications (including Maths and English qualifications). All qualifications disclosed will be subject to a satisfactory check.				
Subject/Qualification	Place of Study	Start Date	Date Completed	Grade/Result

Training Courses Attended

Include in this section any relevant training/professional courses that you have attended. Include details of courses that you are currently undertaking.			
Course Title	Training Provider	Start Date	Date Completed

Membership of Professional Bodies (NMC, NISCC)

Include in this section any relevant professional registrations or memberships. The information you provide will be subject to a satisfactory check.

If you are registered with a professional body, please enter the relevant details below:			
Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

Membership of Trade Unions (RCN, Unison)

Include in this section membership of any trade unions

Trade Union Includes Indemnity Insurance □Yes □No	Membership Number	Membership Type	Expiry/Renewal Date

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	☐ Yes ☐ No
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	☐ Yes ☐ No

If applicable, please provide details of any conditions/restrictions you may have.

Employment History: Current or most recent Employer

Please record below the details of your current or most recent employer **(ENSURE NO GAPS)**

Employer Name			
Address (**please include country**)			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Suitability for the job: The position for which you are applying requires physical effort (including sitting, standing, carrying, walking, moving and handling people), mental effort (including dealing with emergencies and short-notice changes to work in a fast-paced environment) and possible emotional/psychological effort (including dealing with bereavement and challenging behaviour in a potentially stressful environment). Do you have any health conditions that would prevent you from meeting these intrinsic requirements for which the company might need to make reasonable adjustments? **YES/NO.** (If yes, please be aware that we may need to discuss these with you at your interview).

If you answered 'yes', please provide brief details:

Previous Employment

Please record below the details of your previous employment, (minimum 3 years), beginning with the most recent. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	

Reason for Leaving
Description of your duties and responsibilities

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			
You can add additional employers/supporting information here			
Please give your reasons for applying to Sir Henry Care. This can include relevant clinical careskills,knowledge, experience.			
Please indicate your preference of area (post codes) you would like to work in:			
What kind of work/shift patterns are you interested in? ☐ Days ☐ Nights ☐ Earlies ☐ Lates ☐ Any of the above ☐ Other (please give details)			
Training Certificates			

Please attach all valid certificates of training. Mandatory training must be completed prior to assignments. You can avail use of our training platform. Training records/ work experience will be made available to Clients as per regulatory requirements.

We aim to provide the highest standard of care and practical support with daily activities of living whilst supporting individuals to live independently in their own homes. Please tick all care tasks that you have experience and competence in:

- assistance with personal care☐
- assistance with toileting needs ☐
- assistance with retiring to bed☐
- assistance with administration of medication (including collection from pharmacy) ☐
- live in care/ sit in service☐
- overnight care☐
- household cleaning/house keeping/home help☐
- shopping/errands☐
- companionship/social outings☐
- meal preparation & serving☐
- assistance with eating & drinking☐

Please use this space for additional skills/competencies

All Registered Nurses please indicate all care tasks that you have experience in: Here's a short list to start you off:

Assessment of ADLs	respiratory observations
admitting a service user	cardiovascular observation
care planning	neurological observations
administration of medication	gastrointestinal observations
male & female cathererisation	psychological observations
epilepsy/seizure management	wound care
charge-nurse	renal observations
tracheostomy	risk assessment
oral suction	PEG tube care
trachea suction	care of syringe driver
IM/SC injection	enema/suppository administration
bladder washout	IV medicine/fluids administration
intermittent catheterisation	care of the deceased
palliative care	discharge planning
ordering medicines	multidisciplinary meetings
record keeping	restraint/MAPA/CPI
dealing with aggressive behaviours	mental health order
transfer of service user to hospital	dealing with a complaint

Please use this space for additional skills/competencies

🔍 **Reference Requirements for Employment** (RQIA Compliance)

Please provide the names and full contact details of individuals who have agreed to supply references covering at least the past three years of your employment or training history.

- **If you have been employed within the last three years**, you must supply references from your **two most recent employers**. These referees must be your **line manager** or a person in a position of authority who can comment on your **work performance, competence, personal attributes, and suitability** for the role.
- **Professional references must be submitted from a professional email address** (e.g. company domain) or be officially stamped by the organisation.
- **If you have not been employed for a significant period**, you should provide:
- One reference from your **last known employer**, and
- One **character reference** from a reputable individual within your community (e.g. doctor, solicitor).
- **Please note:** Character references from friends, family members, or personal acquaintances are **not acceptable**.

All references will be verified. You **MUST CONTACT** your referees sharing their details. Referees may be contacted **prior to interview**, All references must be submitted from a **work-related email address or bear an official stamp**. Ensure that you provide **complete and accurate contact details** for each referee.

1st Reference

Surname/Family name		First Name	
Title			
Job Title			
Employment Name & Address			
Telephone		Fax	
Employment Email (indicate if personal)			
Relationship (not family/friends)		Can the referee be contacted prior to interview?	☐ Yes☐ No

2nd Reference

Surname/Family name		First Name	
Title	-		
Job Title			
Employment Name & Address			
Telephone		Fax	
Employment Email (indicate if personal)			
Relationship (not family/friends)		Can the referee be contacted prior to the interview?	☐ Yes ☐ No

You can use this space for additional information you feel can be useful for your application.

DECLARATION AND CONSENT

I confirm that all information provided in this application is accurate, complete, and truthful to the best of my knowledge. I understand that any intentional omission, falsification, or misrepresentation may result in the rejection of my application, exclusion from the placement process, or termination of employment.

Where applicable, I grant Sir Henry Care Ltd permission to verify my educational and training qualifications, professional registration details, and any other information relevant to my application.
I freely consent to the processing and sharing of my personal data by Sir Henry Care Ltd with stakeholders and other relevant parties, in accordance with the General Data Protection Regulation (GDPR). This includes, but is not limited to, the forwarding of my CV, profile, and references to clients and potential employers, and the use of my information for audit purposes.

I acknowledge and accept that, should a client wish to employ me directly during or following a temporary assignment, Sir Henry Care Ltd reserves the right to charge an introduction or transfer fee, or to negotiate an extension of the hiring period, after which the client may employ me without further fees.

I undertake to promptly inform Sir Henry Care Ltd of any changes that may affect my ability to work, including health-related issues, pending prosecutions, or criminal convictions arising during my registration for temporary or permanent work.

I understand that Sir Henry Care Ltd may request a criminal record check through AccessNI (for Northern Ireland) or the Disclosure and Barring Service (DBS), and that relevant information may be shared with potential employers where necessary.

I agree to comply with all terms and conditions of engagement, including attendance at induction, orientation, and shadowing sessions prior to commencing work. I will uphold the confidentiality and non-disclosure policies relating to Sir Henry Care Ltd, its clients, and agency workers. I also agree to being contacted and/to engage with stakeholders including RQIA

I also consent to Sir Henry Care Ltd conducting appropriate online searches and retaining any information deemed necessary for employment purposes. I agree to returning Sir Henry Care uniform when asked to. I agree to show my identity badge prior to an assignment.

Finally, I declare that I have read, understood, and agree to abide by the contents of the Staff Handbook and all relevant policies provided or explained to me.

Signature			
Print Name		Date	

Employee Information Sheet

Full name	
Home Address	
Mobile/ Landline	
Email address	
Date of Birth	
Start Date	
National Insurance Number	
Student Loan?	
P45 received?	
Pension Scheme	Yes (mandatory/government regulation to join for anyone aged 22>, however you can withdraw afterwards should you wish). You simply follow the instructions on your welcome email from NEST Pensions Company.
Emergency contact Full Name and Phone Number	
Present Circumstances Please tick one:	
	A) This is my first job since last 6 April and I have not been receiving taxable Jobseekers Allowance, Employment and support 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 received taxable job seekers allowance. ESA or Taxable Incapacity Benefit. I do not receive a state or occupational pension
	C) I have another job or receive a state or occupational pension
Other info: Bank Name: Sort Code: Account:	

I confirm that the details given on this form are correct. I confirm that this is the bank account I wish to have my salary paid into. I agree that my employer may pass this information for payroll purposes.

Signature:_____ Date: _____

Key Information Document – PAYE

This document sets out key information about your relationship as a work-seeker with us, as an employment business, including details about pay, holiday entitlement and other benefits.

The Employment Agency Standards (EAS) Inspectorate is the government authority responsible for the enforcement of certain agency worker rights. You can raise a concern with them directly on 020 7215 5000 or through the ACAS helpline on 0300 123 1100, Monday to Friday, 8am to 6pm.

General Information

Name of employment business:	Sir Henry Care Ltd
Type of contract you will be engaged under:	Employment contract
Who will be responsible for paying you:	Sir Henry Care Ltd
How often you will be paid:	Weekly
Expected or minimum rate of pay:	No less than national minimum wage
Deductions from your pay required by law:	PAYE tax, employee NI contributions, employee pension contributions (auto Enrolment; can be cancelled afterwards) and student loan.
Any other deductions or costs from your pay (to include amounts or how they are calculated):	None
Any fees for goods or services:	None
Holiday entitlement and pay:	Statutory minimum annual leave entitlementof 5.6 weeks/28 days (pro-rated accordingly).
Additional benefits:	Any collective facilities provided by a hirer onday one of an assignment under the Agency Workers Regulations 2010

Representative example of your pay

These figures are estimated based on a 40-hour week using the National Minimum Wage.

Example for weekly pay:	£348.80
Deductions from your wage required by law:	Income tax: £21.68 National Insurance: £19.93 Pension: £17.44
Any other deductions or costs from your wage:	None
Any fees for goods or services:	None
Example net take home pay:	£289.75

I can confirm that I have read and understood the contents of this key information document and a copy has been offered to me.

Signature:_____

Print Name: _____ **Date:** _____

THIS PAGE IS FOR OFFICE USE ONLY
Application form assessed by

Name. Position

On the basis of the completed application form, is the applicant suitable to progress to a selection interview? YES. NO

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If "NO" please explain why:

Applicant Rejection communicated to applicant: YES. NO

Applicant invited to interview (if successful)
Signed: Date