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| **Personal Details** |  |
| Forename(s): | Surname: |
| Title: MRS | National Insurance No: |
| Address: | Home/Mobile Tel: |
| Postcode: | Date of Birth: |
| Do you have a current driving license? | Are you an EU Citizen? |
| Do you hold a British/EU Passport?  Passport number :  Registration Title: | Passport Expiry Date: |
| Registration Number:    DBS Certificate No: | Expiry Date:    DBS Expiry Date:  Are you on the Update Service? |

At Total Care Options our target is to find the perfect social work roles for you, in order to strengthen and heighten your career. This will also ensure that you are not put forward for anything that wouldn’t be suitable for you. Specialising within qualified social work roles we can find your dream position.  
  
In order for us to provide our service, we will need you to supply some personal details which will allow us to find you your perfect role.   
  
**ALL information provided is kept in confidence, handled and processed within GDPR guidelines.**

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| **Contact Preferences** Due to recent changes in the data protection laws across Europe we will require your consent in order to contact you regarding job/career opportunities. Please use the following options to express how you want to be contacted. Telephone/SMS □  Email □ I do not wish to be contacted via any methods □ |

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| Reference Details (1)    Position Title: | Dates employed (MM/YY): |
| Organisation:   Referee’s Name:   Email: | Referee’s Position:   Contact Telephone: |
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| Reference Details (2)   Position Title: | Dates employed (MM/YY): |
| Organisation:  Referee’s Name:   Email: | Referee’s Position:   Contact Telephone: |
|  |  |
| Reference Details (3)   Position Title: | Dates employed (MM/YY): |
| Organisation:  Referee’s Name:  Email: | Referee’s Position:  Contact Telephone: |
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| Reference Details (4)   Position Title: | Dates employed (MM/YY): |
| Organisation:  Referee’s Name:  Email: | Referee’s Position:  Contact Telephone: |
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| Reference Details (5)   Position Title: | Dates employed (MM/YY): |
| Organisation:  Referee’s Name:  Email: | Referee’s Position:  Contact Telephone: |

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| **Declaration of Criminal Records & Professional Conduct** Due to the nature of the work for which you are applying, under the provision of this section of the Rehabilitation of Offenders Act (1974) applicants are required to give information about any 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.Are you currently aware of any allegation to which the police are undertaking investigation? Yes □ No □  Have you received a police caution, reprimand/warning, or ever been convicted by the courts? Yes □ No □  If you have answered **yes** to any of the above questions, please provide details below**:** Have you ever been or are you currently under disciplinary action due to an alleged misconduct?Yes □ No □ Please confirm that you authorise Total Care Options Ltd to carry out routine checks via the update service on your DBS and HCPC registration**.** Yes **□** No □  **Signed** **Date**   **Print Name**    **Disqualified for Caring for Children Regulations (1991)** 1. You have had a child/children who have been made the subject of a care order under the Children Act 1989. The Children and Young Persons Act 1969 and any subsequent amendments to these Acts, including further legislation.  2. You have a child/children who has/have been the subject of the following; a Supervision Order that as a requirement he or she lives in Local Authority accommodation; have been made the subject of an improved school order; a fit person order; parental rights or trainee school order.  3. You had your parental rights and powers removed in respect of a child/children or they have been made the subject of a supervision requirement under Scottish Law.  4. You have had a child/children who has been made the subject of an order, which removed them from an adoption placement.  5. There has been an order removing a child/children from your care who was a foster child.  6. You were someone who was concerned with the management or had financial interest in a private or voluntary home which has been de-registered, has been refused registration or there has been a cancellation of the registration.  7. You have been prohibited from privately fostering a child/children or consent has been withheld for the care and maintenance of that child/children.  8. You have had a registration refused in respect of day-care or child-minding or had registration cancelled under past or present legislation.  9. You have committed one of the offenses set out in the schedule to the Disqualification for Caring for Children Regulation 1991.These offenses include offenses against children and any offense involving injury or threat of injury to another person. You will be asked to supply details of ANY offenses as part of the process or recruitment.  Please confirm by checking the box below that none of the statements above are applicable to you. Unfortunately, if you do not confirm this section, you will not be considered for employment & assignments with Total Care Options Ltd.  I can confirm that none of the above are applicable to me   Please confirm by checking the box below that none of the statements above are applicable to you. Unfortunately, if you do not confirm this section, you will not be considered for employment & assignments with Total Care Options Ltd.  **I can confirm that none of the above are applicable to me** □X |
| **Signed** **Date:**   **Print Name:** |

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| **Next of Kin** Name:   Address:   Relation:   Contact Number: |
| **Declaration**  I can confirm that the information given in this application is the, to the best of my knowledge. I am permitted to work in the UK. I undertake to inform Total Care Options Ltd should I be convicted of an offence in the future. I undertake to inform Total Care Options Ltd 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 Clients and any other information I may have access to, at all times.  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 Total Care Options Ltd not less than three months’ notice. Your registration with Total Care Options Ltd can be terminated at any time following unsatisfactory work reports.  Name: Date:  Signed: |