



# STAFF APPLICATION FORM

## PERSONAL DETAILS

Title:	<div>Please Affix 2x Passport-size Photographs</div>
First Name:	
Middle Name(s):	
Surname:	
Any Previous Names:	
Date of Birth:	
Gender:	Address:
Marital Status:	
Nationality:	
Do you have the Right to Work in the UK?	Post Town:
Yes <input type="checkbox"/> No <input type="checkbox"/>	County:
National Insurance Number:	Post Code:
Passport/VISA Expiring Date:	
Do you Own a Car?	Email:
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a Driving License?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Tel:
	Mobile:

CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list using most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		full or Part-time:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or Part-time:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or Part-time:	
Reason for leaving:			

QUALIFICATIONS & TRAINING

Secondary Education

School Name, Address and Date Attended	Qualifications Achieved

Further Education and Training

University/college/date attended	Courses	Subjects	Qualification

Occupational qualifications

College and date attended	Qualification

MEDICAL HISTORY

Have you ever suffered from any of the following?

Diabetes	Yes	No
Asthma/ Hay fever	Yes	No
Bronchitis/Pneumonia/Pleurisy	Yes	No
Epilepsy	Yes	No
Headaches/Migraine	Yes	No
Back problems	Yes	No
Recurrent infections	Yes	No
Are you taking any prescription drug?	Yes	No

If you have answered yes to any of the above questions please give details on separate paper and attach to this Application Form.

Have you ever been vaccinated, immunized or tested for/against any of the Following?

Varicella	Yes	NO
Tuberculosis including BCG	Yes	NO
Rubella (German Measles)	Yes	NO
Poliomyelitis	Yes	NO
Tetanus	Yes	NO
Typhoid	Yes	NO
Any Other Please State.	Yes	NO

Name Of GP:
Address:
Postcode:
Telephone:

REFERENCES

Vianatures Limited requires 2 professional references. It is essential that you have had professional dealings with both of your references within the last 2 years.

Referee 1

Name of Referee:	
Position:	
Work Address:	
Country:	Postcode:
Telephone Number:	Fax:
Email:	Mobile Number:

Referee 2

Name of Referee:	
Position:	
Work Address:	
Country:	Postcode:
Telephone Number:	Fax:
Email:	Mobile Number:

**OPT-OUT AGREEMENT**

**DEFINITIONS**

In this Agreement the following definitions apply: -

“Assignment” means the period during which the Temporary Worker is engaged in services to a Client.

“Client” means the person, firm or corporate body that has engaged the services of the Temporary Worker.

“Employment Business” means Vianatures Limited.

“Temporary Worker” means a Qualified Nurse, Care Assistant, Cleaner or other Temporary Worker.

“Working Week” means an average of 48 hours each week as calculated over any 17-week period.

**THE AGREEMENT**

The Working Time Regulations of 1998 state that a Temporary Worker shall not work on an Assignment with a client in more than the Working Week unless they agree in writing that this limit should not apply.

The Temporary worker, by signing the declaration below, agrees that the Working Week shall not apply to their Assignments.

The Temporary Worker can end this Agreement at any time by giving the Employment Business 14 day’s notice in writing. After the 14-day notice period has expired the Working Week shall apply immediately.

It should be noted, that any notice ending this Agreement does not mean that a Temporary Worker has ended an Assignment with a Client.  
These laws are governed by English Law and are subject to the jurisdiction of the English Courts.

**THE DECLARATION**

I have read and fully understand the above OPT OUT AGREEMENT.  
I hereby consent that the Working Week limit shall not apply to my Assignments I understand that I can end this Agreement by giving the Employment Business 14 day notice in writing

SIGNED: .....

PRINT NAME: .....

DATE: .....

NEXT OF KIN

NEXT OF KIN DETAILS

Full Name:	
Relationship:	
Home Telephone:	
Mobile Number:	
Address:	

DISCLOSURES

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitations of offender’s act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are „spent“ under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies and should be entered at the end of any particulars given in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessary be a bar to obtaining a position.

Have you ever been convicted of a criminal offence(s)?

YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions?

YES ☐ NO ☐

With an enhanced disclosure, under section 4.2 of the rehabilitation of offender’s act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago. Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES ☐ NO ☐

Have you ever been involved in court proceedings?

YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application in the space below or on a separate page.

**DECLARATION**

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature: .....

Date:

I consent to Vianatures Limited checking the details I have provided against the various data sources to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the DBS, regulatory bodies such as NMC or GSCC.

Signature: .....

Date:

Vianatures Limited retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed Application Form to us either by Email to **info@vianatures.co.uk** or by post to:

Vianatures Limited  
74 Broadway,  
Stratford,  
London,  
E15 1NG

BUILDING SOCIETY/BANK DETAILS			
Bank Name:			
Bank Address:			
Account Holder's Name:			
Sort Code:		Account Number	

I ..... authorise Vianatures Limited to pay my weekly wages into the above Bank Account and I will notify Vianatures Limited if changes occur to my details.

Signed: .....

Date: .....

Our registration process is as straightforward and simple as can be, however the sensitive nature of our sector necessitates thorough checks and sometimes this requires a bit more time.

**For any queries please contact us via:**

**Tel: 02085344290**

**Email: [info@vianatures.co.uk](mailto:info@vianatures.co.uk)**

**Web: [www.vianatures.co.uk](http://www.vianatures.co.uk)**