





## Employment History

Present /Last Employer Name and Address

Postcode:

Telephone Number:

Job Title:

Date Started:

Date Finished:

Description of Responsibilities:

Reason for Leaving:

Previous Employers	Date Started	Date Finished
<p>You <b>must</b> give details of all previous employment <b>since leaving school</b> and explain any gaps between employers</p>		
<p>Continue on a separate sheet if necessary</p>		

## Professional References

Prudent Health Services requires **two** references from your present or most recent employers. By this we mean **actual employers not colleagues**.

*If you are unable to provide a second reference from previous employers, we may accept references from a professional/person known to you but not family and friends*

### Reference 1 (Present or most recent employer)

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Name of referee:	Position:
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Company Name:
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Mailing Address:
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Post Code:
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Telephone Number:	Fax:
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Email	Mobile Phone:
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### Reference 2 (Previous employer)

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Name of referee:	Position:
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Company Name:
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Mailing Address:
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Post Code:
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Telephone Number:	Fax:
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Email	Mobile Phone:
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## Training and Development

### Training and Professional Qualifications

Institution	Address	Qualification	Date

### Mandatory Training

	Date Completed	Update Due
Food Hygiene		
Moving and Handling		
Health and Safety		
RIDDOR (Reporting of Injuries Deaths and Dangerous Occurrences Regulations 1992)		
COSHH (Control of Substances Hazardous to Health)		
Infection Control		
Fire safety		
Medication		
Safeguarding		
First Aid		

Have you completed Common Induction Standards?  Yes  No

Date of completion:

Assessing body:

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**We require evidence of all training/qualifications—please supply certificates**

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## Declaration of Health

Information contained within this document is governed by the Data Protection Act 1998. The information is assessed by our Occupational Health provider, who will approve your fitness to practice. The information will be disclosed for the administration of your application and as part of the process in placing you in temporary or permanent work. Only authorised Prudent Health Services employees and their Occupational Health providers will have access to this information until you have confirmed that you wish your details to be sent to a potential employer or third party in order, to find you work. Please ensure the health statement is completed fully and return as soon as possible

### Medical History

Do you now, or have you ever, suffered from or received treatment for the following? If your answer to any of these questions is YES please give details in the space overleaf, attach additional paper if required	
1. respiratory symptoms, disorders, or diseases?(including asthma, tuberculosis, bronchitis, allergies)	No /Yes
2. skin symptoms, disorders or diseases? (including eczema, dermatitis, allergies)	No /Yes
3. psychological/psychiatric symptoms, disorders or diseases? (including anxiety, depression, stress, alcohol/drugs /substance misuse or dependence anxiety, episodes of disorientation, agitation, episodes of self-harm, violence, aggression)	No /Yes
4. back or neck symptoms, disorders or diseases?	No /Yes
5. impairment or disability of the upper or lower limbs?	No /Yes
6. uncorrected vision problems? (including recurring eye infections, tunnel vision)	No /Yes
7. hearing problems?(including recurring ear infections, hearing deficits)	No /Yes
8. neurological symptoms, disorders or diseases?(including epilepsy, dizzy spells, blackouts)	No /Yes
9. cardiovascular symptoms, disorders ,or diseases?(including high blood pressure, angina, blood disorders or diseases)	No /Yes
10. gastrointestinal symptoms, disorders, or diseases?(including diarrhoea, vomiting, Crohns, Irritable Bowel Syndrome, Diverticulitis, food borne diseases)	No /Yes
11. genito-urinary /gynecological symptoms, disorders or diseases?	No /Yes
12. endocrinedisorders or diseases?(including diabetes)	No /Yes
13. immuno-deficiency symptoms, disorders or diseases?	No /Yes
14. communication (speech) problems?	No /Yes

15. Any other health problems not mentioned above?	No /Yes
16. Have you ever had any health problems related to your work including any allergies ?	No /Yes
17. Have you ever claimed a disability pension , industrial injury benefit or been refused life insurance or employment on health grounds?	No /Yes
18. Have you ever been an in-patient or out patient at any hospital, clinic, nursing home or Accident or emergency department?	No /Yes
19. Are you currently pregnant, breast feeding or have you given birth in the last 6 months?	No /Yes
20. Are you presently receiving, or a waiting treatment for a physical or mental health problem?	No /Yes
21. Are you currently taking any prescribed or over the counter medications?	No /Yes
22. Have you lived outside UK for a period of longer than 6 months?	No /Yes
23. Have you had chicken pox as a child or adult? If so at what age?	No /Yes
24. How many days sickness absence have you had during the last 2 years? (please give details below)	
Please give additional details here– continue on a separate sheet if required.	

I confirm that I have read this document fully and that all the information given to Prudent Health Services is correct to the best of my knowledge and belief.

I am aware of the need to protect service users and myself and agree to notify Prudent Health Services should my circumstances change.

I am aware that where I have provided false information as part of this assessment process, Prudent Health Service reserves the right to take any necessary action.

I consent to the lease of my fitness for work and immunity status only to prospective employers.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Rehabilitation Of Offenders Act

Because of the nature of the work for which you are applying, this work is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders 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, any 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 the application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our recruitment and selection policy is available upon request. A criminal record will not necessarily be a bar to obtaining a position. Further guidance can be obtained from the DBS website [www.DBs.gov.uk](http://www.DBs.gov.uk)

**Have you ever been convicted of a criminal offence?**

Yes  No

**Have you completed an enhanced DBS?**

Yes  No

With an Enhanced Disclosure, under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

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

Yes  No

Any Conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your ability for the role you are applying for.

Have you provided an original Enhanced DBS Disclosure

Yes  No

Disclosure Number:

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

Yes  No

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**Have you ever been involved in court proceedings?**

Yes  No

***You must complete the new DBS Disclosure form, even if you have one already with your current employer***

## Marketing Information

How did you hear about Prudent Health Services

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Job Centre/Job Centre Plus  Newspaper Advert  Yellow pages  Thomson Local

Prudent Health service Employee (please give name)

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Other (please state)

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## Equal Opportunities

Prudent Health Service adheres to a policy that promotes equal opportunity. To ensure that the policy works effectively please complete the following.

**Age:**  16-24  25-34  35-44  45-54  55+

**Gender:**  Male  Female

**Gender Identity(Optional):** If you identify as a transsexual or transgender or as intersex please indicate which group you identify with.  Transsexual  Transgender  Intersex

**Ethnic Origin:**

**White:**  British  Irish Indian  Other White

**Asian:**  Bangladeshi  Caribbean  Pakistani  Other Asian

**Black:**  African  Other Black

**Mixed:**  White and Black Caribbean  White and Black African  
 Other Mixed

**Other:**  Chinese  Other Ethnic Groups  Prefer not to say

**Do you consider yourself to have a disability?**

Yes  No  Prefer not to say

**Religion:**  Bahia  Buddhist  Christian  Hindu  Jain  
 Jewish  Muslim  Sikh  Other  Prefer not to say  
 No Religion

## 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.
- I consent to Prudent Health Service to verify my identity and process this Registration. These details may be recorded and used to assist other organizations for identity verification Healthcare checking the details I have provided in support of this application form against the various data sources in order for purposes such as the DBS.
- Prudent Health Services reserves the right to hold this registration form and any other data required to process your registration (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act.
- I consent to my personal information being shared as described above and I further consent to my personal file being made available to the Care Quality Commission, Skills for Care (the workforce development organization for social care) and Local Authority Social Services.
- I acknowledge the terms and conditions laid down by Prudent Health Services and agree to abide by them.**

Print Name:

Signed:

Date: / /

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## Next of Kin Details

Name:

Relationship:

Telephone Number:

Mobile Number:

Mailing Address:

Country:

Post Code:

## Bank Details

Name of Bank /Building Society:

Address:

Account Holder:

Account Number:

Sort Code:

**Please note that all information will be kept strictly confidential.**