



**APPLICATION FORM**

Position applied for:

Title:

Address:

First Name:

Known As:

Town/City:

Middle Name(s):

County:

Last Name:

Postcode:

Gender:

Male

Female

Date moved to  
this address:

Email:

Date of Birth:

Tel: Home

Nationality:

Tel: Mobile

How did you  
hear about  
us:

**CURRENT WORK STATUS**

Current Work Status:

Self Employed or PAYE:

Driving License:

Car Owner:

Do you have a vehicle to use?

Do you have Business insurance?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

\_\_\_\_\_  
Passport number/Expiry date



### CAREER HISTORY

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

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Main duties		Reporting to:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Main Duties:		Reporting to:	
Reason for leaving:			



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Address:			
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Date started:		Date left:	
Job title:		Full or part time:	
Main duties:		Reporting to:	
Reason for leaving:			

## QUALIFICATIONS & TRAINING

Please give details of training undertaken and qualifications obtained:

Training	Qualification obtained	Date	Certificate?

You should supply any certificates such as NVQ or Diplomas etc.

Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma/Hay fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bronchitis/Pneumonia/Pleurisy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Headaches/Migraine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Psychiatric Illness/Anxiety/Depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dermatitis/Psoriasis/Eczema	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurrent infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hepatitis/Jaundice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you taking any prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered yes to any of the above questions, please give details below:

Name of GP:

Address:

Postcode:

Telephone number:

**Have you been vaccinated against Covid -19?**

If no, please explain why?	Injection 1	Injection 2	Injection 3/booster
	Date:	Date:	Date:



## REFERENCES

Ace 24 Consultancy requires 2 professional references. It is essential that you have had professional dealings with both of your references within the last 2 years.

Name Of Referee1 :	Place of Work:
Position	
Work Address:	
Country:	Postcode:
Telephone Number:	
Email:	Mobile Phone:

Name Of Referee 2:	Place of Work:
Position	
Work Address:	
Country:	Postcode:
Telephone Number:	
Email:	Mobile Phone:



## 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 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. 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 you give in support of your application.

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

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

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 Offenders 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



## DECLARATION

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

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

Date: \_\_\_\_\_

## GDPR

The information shall be used and referred for purposes of knowing, understanding, and validating the information in relation to the qualifications for which the applicant is applying for purposes of recruitment and if successfully recruited, for information keeping and administration of employment with the Human Relations Department of the Company.

The Company shall treat all personal information with the utmost confidentiality in line with the standards of data protection required by the EU General Data Protection Regulation (GDPR).

I consent to Ace 24 consultancy checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

I agree that all the information collected in this form is necessary, the gathering information about me, as the applicant for the job and for the position that I am applying for.

I agree

YES

NO

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

Date: \_\_\_\_\_

Ace 24 Consultancy Ltd 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 the following address:





We require 2 Passport size photos to be included. Tick if included

College Details & Terms Dates (if Student)

We will also need details of your Bank / Building Society account for our Payroll Department

**Bank details**

**LTD Company Bank details or if PAYE Personal Bank Details**

**The details shown below are the account your wages will be paid in**

<b>Bank Building Society Name</b>									
<b>Bank Building Society Address</b>									
<b>Postcode</b>									
<b>Account Number</b>									
<b>Sort Code</b>									
<b>Building Society Reference</b>									
<b>Unique taxpayer Reference (Mandatory unless you are paid PAYE)</b>									



## WORKING TIME DIRECTIVE

The Working Time Directive, otherwise known as the WTD is a 1993 legislation that was ushered in by the European Union. It intended to protect individuals from being forced to work too many hours as this habit, or requirement, was purportedly causing negative impacts on the health and safety of employees. To establish If you wish to/or do not wish work more than 48 hours a week you need to read and sign below.

**Please tick one of the boxes below and sign and date this form.**

**YES. I wish to opt-out of the 48-hour working week restriction under the Working Time Regulations 1998.**

**You may terminate this agreement by giving 3 months' written notice at any time.**

**NO. I do not wish to opt-out of the 48-hour working week restriction under the Working Time Regulations 1998.**

**I agree to keep you informed of all hours that I work for third parties, so that you can comply with your own obligations and ensure that you do not offer work which would result in me working for more than 48 hours in any week.**

Signed:

Print name:

Dated:

## NEXT OF KIN DETAILS

Full name	
Relationship	
Home Telephone	
Mobile Number	
Address	
Any other or special notes?	

We try to make our registration process as swift and painless as possible, but we are sure that you understand that owing to the sensitive nature of your profession that our checks have to be thorough.

**Please contact us on 01206580362**