

## APPLICATION FORM

Please fill in the application form below and send to: [recruitment@tama75.co.uk](mailto:recruitment@tama75.co.uk).

**PLEASE COMPLETE EVERY SECTION; PLEASE SIGN AND DATE EVERY SIGNATURE BOX**

Do not type/write using only capital letters and please remember to check it carefully.

Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

## Tama75 Limited t/a Tama75 Health Care

### APPLICATION FOR EMPLOYMENT/ENGAGEMENT

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel.

Job title (Delete as appropriate)	Health Care Assistant/ RMN/ RGN/ Clerical
Department	Tama75 Limited /Nursing Agency/ Domiciliary Care Team/ Administration department

### Personal Details

(Fields marked with an asterisk (\*) are mandatory)

Title	
*Surname/Family name	
*First name	
Middle name	
Name in which you are registered with a professional body (if applicable)	
*UK national insurance number) or provide details of application for NI Number).	
Address	
*Postcode	
*Country	
Home telephone number	
Mobile telephone number (Only if UK registered)	
Tick this box if you do NOT wish to receive updates by text message?	<input type="checkbox"/>
EMERGENCY CONTACT telephone number	
Your email address	

## Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.			
Subject/Qualification	Place of study	Grade/result	Year obtained

## Relevant Training Courses Attended

Please state here any health care related mandatory training modules you have completed in the past 12 months.			
Course title	Training provider	Duration	Date completed
Manual Handling			
CPR /Basic life support or ILS			
PMVA (Prevention and Management of Violence and Aggression)		3 Day/1 Day	

## Membership of Professional Bodies

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

If professional registration is not required, then go to **Employment History**.

Professional body	Membership or registration type	PIN /Registration number	Expiry/renewal date

## Employment History

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

### Current/most recent employer (reference always required)

Employer name	
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Address			
Type of business		Telephone number	
Your job title			
Start date (MM/YYYY)		End date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

### Previous Employer 1

Employer name			
Address			
Type of business		Telephone	
Your job title			
Start date (MM/YYYY)		End date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving			
Brief description of your duties and responsibilities			

### References

Please provide the names and full contact details of your referees.

- References must cover a 3-year period of continuous employment, training, or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities, and suitability for the post.
- Your referee could be an HR department, line manager or someone in a position of responsibility.
- **You must provide an email address for each referee.** This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory

field. If you are a student or trainee this should include a teacher/tutor at your school/college or university.

- If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. **A character reference must not be from a relative or someone who has a financial arrangement with you.**
- Emails for employers must be a valid work email address and not the referee's personal email address unless the email being provided is covering a gap in work history or the employer no longer exists, and the referee being used is a personal/character referee.

### \*Reference Request Consent Form

I, (insert applicants name) \_\_\_\_\_ give full permission for Tama75 Limited to contact the referees I have provided in my application form, following a successful interview.

To facilitate this reference, I also give Tama75 Limited my full permission to share relevant identifying details such as my date of birth, address, and national insurance number, if requested by the referee.

I consent that the information may be received via telephone; written on paper or via email.

I consent to Tama75 Limited sharing a copy of this signed consent form to the named referees on this application form, in line with the GDPR Regulations.

I understand that I can withdraw this consent at any time by contacting the Tama75 Health Care administration team on 07735 033072 or emailing [admin@tama75.co.uk](mailto:admin@tama75.co.uk)

Name of Applicant: *		Date: *	
Signature of Applicant: *		Date: *	

### \*Referee 1 (Professional Reference)

*Type of reference	<input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education		
Title			
*Surname/Family name		* First name	
*Relationship			
Employer name			
Referee job title			
*Address including Postcode			
Telephone		*Country	

*Referee email address		Fax	
Period this reference covers	From: (MM/YYYY) To: (MM/YYYY)		
*Can the referee be contacted following interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**\*Referee 2 (Professional OR Character reference)**

A character reference must not be from a relative or someone who has a financial arrangement with you.

* Type of reference	<input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/Character		
Title			
*Surname/Family name		* First name	
*Relationship			
Employer name			
Referee's job title			
*Address including Postcode			
Telephone		*Country	
*Referee's email address			
Period this reference covers	From: (MM/YYYY) To: (MM/YYYY)		
*Can the referee be contacted following interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Supporting Information**

In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this position. This can include **relevant skills, knowledge, experience, voluntary activities, training etc.**  
**You may also attach your CV to your application.**

* Supporting information (Please continue with additional sheets if necessary).

**Declaration**

The information in this form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

*I agree to the above declaration			
Signature*			
Name		Date	

**GDPR Regulations**

I am aware that Tama75 Limited will create and maintain computer and paper records about me, both during my employment and after I leave the company. These records will be processed to maintain employee records and will be held in compliance with the principles of the GDPR regulations.

I Consent that the information in the records may be used for reports both internally within Tama75 Limited and to external bodies working with us in employment administration.

*I agree to the above declaration			
Signature*			
Name		Date	

**Working Time Disclaimer:**

You have the option to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulations 1998.

<b>Do you wish to opt out?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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I understand that I may end this agreement by giving one week's notice in writing to Tama75 Limited.

*I agree to the above declaration			
Signature*			
Name		Date	

<b>*TAMA75 Staff Referral Bonus Scheme</b>
(If you were referred by a Tama75 employee to join Tama75 Limited, please state their name

here)		
*Once you have worked a minimum of 48 hours for the agency, the referrer will receive a tax-free 'referrers fee'.	Existing Tama75 Employee's Name:	
	Where did you see this vacancy advertised?	

\*Please return this completed application form to emailing [admin@tama75.co.uk](mailto:admin@tama75.co.uk)  
Please call the Administration Team on 07735 033072 if you have any queries, thank you.