

Bluestar Medics Solutions



Bluestar Medics Solutions

Application Form

Applicant Information:		
First name:	Surname:	Marital Status:
Address:		Post Code:
Home Telephone:	Mobile:	E-MAIL:
Position Applied For:		National Insurance No.
Are you a UK Citizen? Y <input type="checkbox"/> N <input type="checkbox"/>		Nationality:
Do you have a UK residents permit Y <input type="checkbox"/> N <input type="checkbox"/>		Do you have a work Permit Y <input type="checkbox"/> N <input type="checkbox"/>
Are there any UK immigration control restrictions limiting your length of stay, Conditions of stay or freedom to work in the UK Y <input type="checkbox"/> N <input type="checkbox"/>		
If yes please explain:		

Education		
Secondary School:	Date Started:	Date Left:
Address:		
College:	Date Started:	Date Left:
Address:		
University	Date Started:	Date Left:
Address:		
Employment History		
Company Name:	Phone No.	
Address:		
Position Held:	Start Date:	End Date
Responsibilities:		
Reason for leaving:	Available for reference:	
Company Name:	Phone No.	
Address:		
Position Held:	Start Date:	End Date
Responsibilities:		
Reason for leaving:	Available for reference:	
Company Name:	Phone No.	
Address:		
Position Held:	Start Date:	End Date
Responsibilities:		
Reason for leaving:	Available for reference:	
Criminal Record Checks		
Bluestar Medics Solutions are obliged to carry out enhanced DBS/PVG/Access NI checks for all employees. As a temporary staff member our clients require you to have applied all checks through Bluestar Medics Solutions		
Bluestar Medics Solutions will assist you through the application process of all required checks and will pay for your DBS in the first instance.		

Rehabilitation of Offenders Act (Exceptions Order) 1975

All professionals working with vulnerable groups within the United Kingdom, Various position and professionals are exempt from the provisions of rehabilitation Act 1974 in order to protect vulnerable people. This includes direct contacts for employees to have access to persons requiring care

Under the exceptions order (1975), All applicants are obliged to disclose any spent or unspent convictions. Information provided will be confidential and considered only in relation to any post which the conviction applies. Failure to disclose any convictions spent or unspent will result in disciplinary action or dismissal.

Do you have any convictions, cautions, reprimands or final warning that are not "protected" as defined by the rehabilitation of offenders Act 1974 (Exceptions) Order 1975 (as ammended in 2003

Yes No If yes, Please provide details:

Are you aware of any police enquiries undertaken following alegations made against you in the UK or over seas

Yes No

Print Name: _____ Sign: _____ Date: _____

Disqualification from caring for children regulations 2002

In accordance with the Disqualification from caring for children regulations 2002, Have you ever had a child removed from your care?

Yes No

Print Name: _____ Sign: _____ Date: _____

Working Tiem Opt-Out Agreement

According to the Working Time Regulations 1998, employees (contractors) of Bluestar Medics Solutions are not required to work more than 48 hours per week. This is averaged over a 17 week period. This means that an employee might work more than 48 hours in one wek, and less in another during a 17 week period - as long as the average is not more than 48 hours.

Employees (contractors) can Opt-Out of this restriction on 48 hour weeks. By signing this agreement you confirm that you are prepared to work more than 48 hours in any week. This is not a guarantee that you will be pffered work more than 48 hours in any week, This is just an indication you are prepared to Opt-Out of the restriction.

You are entitled to give 4 weeks notice if you wish to cancel this agreement and such notice should be given in writing.

If you choose not to sign this agreement you will not suffer any detriment.

I _____ agree to Opt-Out of the requirement not to work more than 48 hours a week. I understand that I can give written notice of 4 weeks at any time to terminate this agreement.

Print Name: _____ Signed: _____ Date: _____

Company Hand Book

I ereby acknowledge that I have been given a copy of the company hand book and have read and uderstood its contents.

First Name: _____ Surname: _____

Signature: _____ Date: _____

Your payment details:

Account Holder Name: _____

Name of Bank or Building Society: _____

Bank or Building Society Adres: _____

Post Code: _____

Account Number: _____

Sort Code: _____

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Health Declaration Form

Applicant Information				
Title: Mr/Miss/Mrs/Dr _____	First Name:	Surname:		
Maiden Name:	D.O.B	Gender: M F (circle as appropriate)		
Home Telephone:		Mobile:		
Name of GP:		GP Telephone No.		
GP Address:			Post Code:	
Medical History - To be completed by all staff members			Yes	No
Do you require any assistance or adjustments to be made for you to complete this work?				
Do you have any Illness/Impairment/Disability (Physical or Psychological) which may effect your work?				
Have you ever had any Illness/Impairment/Disability which was caused of made worse by this work?				

If you have ticked Yes to any of the above questions you **MUST** provide detail in the Additional Information section below

Failure to supply this information will result in the rejection of your application.

Additional Information - (If you ticked Yes to any of the above questions you must provide details here)					
Tuberculosis - Clinical diagnosis & management of Tuberculosis & meures for its prevention & control			Yes	No	
Have you lived in the UK continuously for the last 12 months (this includes holidays less than 4 weeks)					
If you have answered No to the above question, Please state here the names of every country you have lived in or visited in the last 12 months. Please include dates and durations of each stay as this wil help prevent the rejection of your application:					
Have you had the BCG vaccination		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please state the date:	
Do you have any of the following?			Yes	No	
Unexplained Fever					
A coiugh which has lasted more than 3 weeks					
Any unexplaine dweight loss					
Have you had Tuberculosis (TB) or been in recent contact with open TB					
For ay persohn who have or are planning to visit the efected areas of West Africa MUST make their employer (or any persons deemed to be their employer) aware prior to travel or at the first posible instance. The Ebola questionnaire MUST be completed					
EVD (Ebola Virus)			Yes	No	
Have you travelled to any area/country effected by Ebola (Guinea, Sierra Leone, Liberia, Mali)					
Chicken Pox or Shingles			Yes	No	
Have you ever had Chicken Pox or Shingles					
Immunisation History Pleae provide details of your immuniation record			Yes	No	Date
Polio					
Tetanus					
Tripple Vaccination as a child (Diphtheria, Whooping Cough, Tetanus)					
Hepatitis B (If yes pleae tick and give details below)					
Course 1)		2)		3)	
Boosters 1)		2)		3)	
Exposure Prone Procedures: (EPP)			Yes	No	
Will your role involve EPP					
Proof of Immunity - (Please provide proof of immunity for the folowing)					
Varicella		HIV		Tetaus	
Tuberculosis		Polio		Others (please list)	
Measels, Mumps and Rubela		Hepatitis B			

Print Name: _____ Sign: _____ Date: _____