



## CANDIDATE APPLICATION FORM

At Aceso, our effectiveness in finding you a new role depends on how quickly and how accurately we can promote your skills to a potential employer. Please help us to help you by spending a few minutes completing this form.

Once you have provided us with a signed GDPR Consent Form, a signed Privacy Notice, evidence of your eligibility to work in the UK, your identity, qualifications, career history, references and, where appropriate, criminal records check and security clearance, we can start identifying potential roles for you. Equally, this form ensures we do not waste your time by putting you forward for positions to which you are not suited. Legally we are required to confirm your identity and ensure that you are eligible to work in the UK.

**All information provided will be treated in the strictest confidence and will be processed and held in accordance with relevant Data Protection legislation as set out in the Candidate Privacy Notice.**

### PERSONAL DETAILS

Surname..... Forename(s).....

Previous names i.e. maiden name/deed poll change.....

Title: MR/Mrs/Miss/Ms/Dr/other, please specify.....

Date of birth..... National Insurance Number.....

Current address.....

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Postcode..... Period living at this address.....

Previous address (if less than 3 years at current address).....

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Postcode..... Period living at this address.....

Work telephone no. (inc.ext) please let us know what time is best to call, discretion assured.....

Email Address..... Mobile no. ....

Home telephone no. .... Do you hold a current driving license.....

Languages spoken Please indicate fluency.....

Profession..... Speciality.....

Current basic salary/hourly rate..... Salary after OTE.....

Billings to date (ensure you can prove this) Total Billings..... Date from..... Date to.....

Benefits..... Notice period.....

Are you willing to relocate..... if yes, please state preferred location(s).....

Are you will to work overseas.....

**Next Section: Professional qualifications and memberships/Eligibility to work in the UK/Position sought/H&S**

**PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS** All professional qualifications will be verified with the relevant institutes

Qualification title	Stage/Level	Registration No.	Date
Current status		Next exam date	
Qualification title	Stage/Level	Registration No.	Date
Current status		Next exam date	
Qualification title	Stage/Level	Registration No.	Date
Current status		Next exam date	

**ELIGIBILITY TO WORK IN THE UK** UK legislation requires all candidates to provide appropriate evidence

By what means are you eligible to work in the UK.....

Type of visa/work permit if applicable..... Expiry date.....

**POSITION SOUGHT**

Position	Salary/rate required
Location(s) preferred	Hours

**NEED HELP FILLING OUT THIS FORM?**  
Call Aceso Healthcare on 01992 367 999

**HEALTH AND SAFETY** This information helps us cater for your personal circumstances

Do you have any medical condition or disability which may require any special facilities or support at work.....

If yes, please give details.....

Are you prepared to work unsociable hours..... Are you prepared to work at night (from 23:00 -06:00.....

Do you hold any first aid qualifications..... If yes, please give details.....

In case of an emergency please provide details of someone we may contact (we will use this info strictly for emergencies only)

Name..... Daytime telephone no. ....

Address..... Evening telephone no. ....

..... Mobile no. ....

**Next Section: Enhancing your career search/references**

**ENHANCING YOUR CAREER SEARCH**

Please list any organisations you do NOT wish us to approach on your behalf.

Organisation	Reason

Please list any organisations you DO wish us to approach on your behalf.

Organisation

**REFERENCES:** Your current employer will not be contacted without your express permission.

**Temporary assignments:** Prior to any placement we will need to obtain satisfactory references from your recent employers. Please provide details of two recent referees we may approach.

**Permanent positions:** References help us to find you suitable employment. Please list employers that we may contact during our search. Your current employer will not be contacted without your consent.

Surname	Forename(s)
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Title: Mr/Mrs/Miss/Ms/Dr/other, please specify	Position
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Company	Telephone No.
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Address inc. postcode	
Email	Date employed from _____ to _____

Surname	Forename(s)
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Title: Mr/Mrs/Miss/Ms/Dr/other, please specify	Position
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Company	Telephone No.
---------	---------------

Address inc. postcode	
Email	Date employed from _____ to _____

Surname	Forename(s)
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Title: Mr/Mrs/Miss/Ms/Dr/other, please specify	Position
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Company	Telephone No.
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Address inc. postcode

Email	Date employed from	to
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Should we experience delays in verifying your employment history, please make yourself available to help. The absence of suitable or accurate references could hinder your chances of finding suitable temporary assignments within your expected timeframe.

**TEMPORARY WORK SEEKERS - CANDIDATES ONLY**

Pay status: PAYE/Umbrella Company/Limited Company Contractor, Please specify.....

If you are a Limited Company Contractor we will need the following information and documents before any contract can commence:

Limited Company Name.....

Limited Company address.....

VAT Number if applicable..... Are you an authorised Director of this limited company.....

**Please ensure you email copies or bring the following with you: Limited Company Certificate and Liability Insurance Details.**

**CRIMINAL RECORD AND SECURITY CHECKS**

This information will be used to identify appropriate opportunities for you and NOT as a short listing tool in the recruitment process.

Do you hold a Criminal Records Bureau Disclosure or overseas police check carried out within the last 3 years?  If yes, please give details  Have you ever been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974?  If yes, please give details
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You may be offered an opportunity to work within an environment or establishment where you may come into contact with children or other vulnerable groups, or your profession/occupation may fall within certain excepted categories. Where this is likely to apply, the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 requires us to ask you for additional information.

A criminal record check from the Criminal Records Bureau may be required where this type of work is sought.

Do you have any previous convictions, whether or not they are "spent" within the Act, including any cautions, reprimands, final warnings, bind-overs or any convictions from overseas?

If yes, please give details.....

If you have any form of current security clearance please provide the following:

Date Granted..... Expiry Date..... Level of clearance..... Place of work when granted.....

**Next Section: Date Protection Statement / Credit Check / Declaration**



treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Aceso Healthcare Recruitment shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Aceso Healthcare Recruitment will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

This monitoring form will be detached from your application form and will be kept separately from the information to be used in the selection process and kept in accordance with the Candidate Privacy Notice.

Name	Ref. No.	Position applied for
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**1) Ethnic Category:** The following categories are based on those used in the 2001 census as recommended by the CRE. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

Please tick the box below which best describes the ethnic category to which you belong:

**a. White**

- British
- Irish
- Any other White background – please enter in box

**b. Mixed – please also tick one of the boxes below**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background – please enter in box

**c. Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background – please enter in box

**d. Black or Black British**

- Black Caribbean
- Black African
- Any other Black background – please enter in box

**e. Chinese or Chinese British or other ethnic group**

- Chinese
- Any other ethnic background – please enter in box

**2) Gender:** Please tick appropriate box: Male  Female

**3) Disability:** Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the Disability Rights Commission 08457 622 633)

YES  NO

**4) Age:** Please state your age and date of birth

Age	Date of Birth
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**5) Religion:** Please state your religion