

Application form

Neptune Marina
27 Neptune Quay
Ipswich
IP4 1QJ

Tel: 0800 046 1116



1. Personal Details

Surname: _____
First name: _____
Title: _____
Gender: _____
Maiden / Previous Name: _____
Date of Birth: _____ Age: _____
National Insurance Number: _____
Do you hold a current CRB? Y / N
Date CRB Issued: _____
CRB No.: _____

Address:
Postcode: _____
Home Tel: _____
Work Tel: _____ Ext/Bleep: _____
Facsimile: _____
Mobile: _____
Email: _____

Please enclose a proof of NI number (e.g. copy of NI card, P45 or P60) and a proof of address (e.g. utility bill or bank statement). Age and gender details are requested for use in identity and employment history checks, in accordance with the Company's equal opportunities policy.

2. Eligibility to Work

British Citizen Yes No
European Economic Area (EEA) National Yes No
Permanent Resident Status: Yes No
Nationality: _____
Country of origin: _____

All applicants, please enclose your original passport, (and visa if applicable). If you have a registration certificate under the Worker Registration Scheme for A8 Countries, please enclose a copy.

Passport No: _____
Expiry date: _____
If you are not a British Citizen or EEA National, please indicate which of the following you hold:
UK Residency / Ancestral Visa: Expiry date: / /
Work Permit: / /
Student Visa: / /

3. Next of Kin

Full name: _____
Relationship to you: _____
Address: _____

Postcode: _____
Telephone number: _____

If different from your next of kin, please give the details of who should be contacted in an emergency:
Full name: _____
Relationship to you: _____
Address: _____

Postcode: _____
Telephone number: _____

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4. Professional Details

Please state which professional bodies you belong to (e.g. GSCC, BASW, NMC, NAGALRO).
Please keep us informed of any developments in your registration status with these organisations.

Body: _____ Membership No: _____ Expiry Date: / /

Body: _____ Membership No: _____ Expiry Date: / /

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Body: _____ Membership No: _____ Expiry Date: / /

Please indicate which organisation (if any) you hold professional indemnity insurance with:

Organisation: _____ Policy No: _____ Expiry Date: / /

*Please enclose a copy of your professional registration and indemnity insurance certificate.
If you currently hold Approved Social Worker status, please enclose your most recent letter of appointment.*

5. Professional Qualifications

Please list all relevant qualifications held and training courses attended in the last five years. Include any courses you are currently undertaking. Continue on a separate sheet if necessary.

University / College / Institution	Course / Qualification obtained	Date completed / qualified
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please enclose copies of all certificates and relevant details.

6. Employment History

Please detail all employment covering the last five years (most recent first). Continue onto a separate sheet if necessary.

Employer name	Position held	Date from	Date to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any business interests (paid or otherwise) which may affect your ability to adhere to your contract with Sanctuary Personnel? _____ Yes No

If yes, please ensure you advise your Sanctuary consultant.

For some clients, it is necessary to provide a longer reference history and your consultant will inform you of this when you apply.

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7. Areas of Expertise

A: Children's Social Work

Please detail any experience gained in the following areas, indicating the period of time spent in each area.

Area	Yes	No	Details	Period worked
Children & Families				
Children's Generic	<input type="checkbox"/>	<input type="checkbox"/>		
Adolescent	<input type="checkbox"/>	<input type="checkbox"/>		
Adoption	<input type="checkbox"/>	<input type="checkbox"/>		
Fostering	<input type="checkbox"/>	<input type="checkbox"/>		
Family Placement	<input type="checkbox"/>	<input type="checkbox"/>		
Child Protection	<input type="checkbox"/>	<input type="checkbox"/>		
Children in Need	<input type="checkbox"/>	<input type="checkbox"/>		
Children with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>		
Children with Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>		
Children's Hospital Team	<input type="checkbox"/>	<input type="checkbox"/>		
Children's Mental Health	<input type="checkbox"/>	<input type="checkbox"/>		
Children's Referral and Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Duty Team	<input type="checkbox"/>	<input type="checkbox"/>		
Education Social Worker	<input type="checkbox"/>	<input type="checkbox"/>		
Family Support	<input type="checkbox"/>	<input type="checkbox"/>		
Independent Reviewing Officer	<input type="checkbox"/>	<input type="checkbox"/>		
Looked After Children	<input type="checkbox"/>	<input type="checkbox"/>		
LAC reviewing	<input type="checkbox"/>	<input type="checkbox"/>		
Leaving Care	<input type="checkbox"/>	<input type="checkbox"/>		
Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>		
Sex Offending	<input type="checkbox"/>	<input type="checkbox"/>		
Supervised Contact	<input type="checkbox"/>	<input type="checkbox"/>		
Asylum	<input type="checkbox"/>	<input type="checkbox"/>		
Unaccompanied Minors	<input type="checkbox"/>	<input type="checkbox"/>		
Young People	<input type="checkbox"/>	<input type="checkbox"/>		
Youth Offending Team	<input type="checkbox"/>	<input type="checkbox"/>		
Independent Social Work	<input type="checkbox"/>	<input type="checkbox"/>		
'Unqualified' and Support Roles				
Social Work Assistant	<input type="checkbox"/>	<input type="checkbox"/>		
Residential Social Worker	<input type="checkbox"/>	<input type="checkbox"/>		

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7. Areas of Expertise

B: Adult Social Work

Please detail any experience gained in the following areas, indicating the period of time spent in each area.

Area	Yes	No	Details	Period worked
Adult Services & Mental Health				
Adult Generic	<input type="checkbox"/>	<input type="checkbox"/>		
Older Persons Generic	<input type="checkbox"/>	<input type="checkbox"/>		
Adult Duty Team	<input type="checkbox"/>	<input type="checkbox"/>		
Adult Referral and Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Asylum	<input type="checkbox"/>	<input type="checkbox"/>		
Brain Injuries	<input type="checkbox"/>	<input type="checkbox"/>		
Care Home Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Care Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>		
HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>		
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>		
Hospital Social Work	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>		
Older Persons Mental Health	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Social Worker	<input type="checkbox"/>	<input type="checkbox"/>		
Community Mental Health Team (CMHT)	<input type="checkbox"/>	<input type="checkbox"/>		
Outreach Work	<input type="checkbox"/>	<input type="checkbox"/>		
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>		
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>		
Sensory Disabilities	<input type="checkbox"/>	<input type="checkbox"/>		
Substance Misuse / Drug & Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>		
Independent Social Work	<input type="checkbox"/>	<input type="checkbox"/>		
'Unqualified' and Support Roles				
Social Work Assistant	<input type="checkbox"/>	<input type="checkbox"/>		
Residential Social Worker	<input type="checkbox"/>	<input type="checkbox"/>		

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8. Professional References

Please give the details of professional referees from your most recent periods of employment, covering at least five years. They must have held a more senior position than you. Continue onto a separate sheet if necessary.

1. Name:

Grade / Speciality:

Organisation:

Address:

Postcode:

Tel:

Ext:

Fax:

Email:

Employment from:

to:

Position held:

Reason for leaving:

2. Name:

Grade / Speciality:

Organisation:

Address:

Postcode:

Tel:

Ext:

Fax:

Email:

Employment from:

to:

Position held:

Reason for leaving:

3. Name:

Grade / Speciality:

Organisation:

Address:

Postcode:

Tel:

Ext:

Fax:

Email:

Employment from:

to:

Position held:

Reason for leaving:

4. Name:

Grade / Speciality:

Organisation:

Address:

Postcode:

Tel:

Ext:

Fax:

Email:

Employment from:

to:

Position held:

Reason for leaving:

Always get a reference from every manager you work for. A comprehensive reference history gives our clients confidence in your abilities and makes it quicker to find work. Please also supply a character reference to help us meet the recommendations of the Warner Report.

If you have any negative references, it is important to be open about them and put the experience into the wider context of your career. Your consultant at Sanctuary will work with you to find the best strategy.

5. Character Reference:

Address:

Telephone Number:

Email:

Postcode:

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9. Rehabilitation of Offenders Act (Exceptions Order) 1975

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. These include posts where in the normal course of duty, employees have access to persons requiring care.

Under the Exceptions Order (1975), applicants are therefore obliged to disclose information about any convictions which for other purposes would be regarded as "spent". Failure to disclose such convictions could result in dismissal or disciplinary action by the employing organisation. Any information given will be confidential and will be considered only in relation to any posts to which the conviction applies.

Have you at any time received, or had pending, a court conviction? In the UK or overseas, If "yes", please give details.

YES NO

Are you aware of any Police enquiries undertaken following allegations made against you, in the UK or overseas? If "yes", please give details.

YES NO

Signature:

Print name:

Date: / /

10. Criminal Record Disclosure

www.crb.gov.uk

An Enhanced CRB check must be carried out for all Temporary Workers employed by Sanctuary Personnel. Recent changes to the CRB service are detailed below.

"After careful consideration, the CRB has decided to withdraw from its current role in the portability service. With effect from 1 April 2006 the CRB will no longer process Portability requests from customers"

Criminal Records Bureau

To be employed as a locum social care worker you must have a CRB in the name of the agency through which you are applying. Holding a previous CRB rather than one from your current agency or employer may render you ineligible for the position you are applying for.

Sanctuary is committed to finding you the best positions as quickly as possible. Unlike most other agencies we apply for your new CRB as soon as you register, giving you the best chance of obtaining your preferred position.

The cost of an Enhanced CRB check is £36 (from April 6th 2006) which will be refunded when you start working for us. We will reapply and pay for CRB checks on your behalf annually for the duration of your employment with us.

Please enclose your completed Disclosure application form, a clear photocopy of your most recent Disclosure or overseas police check, and original required identification documents.

Please enclose a cheque for £36 made payable to 'Sanctuary Personnel Ltd'

Our full CRB policy is shown on Sanctuary's website at www.sanctuarypersonnel.com. You will normally be expected to bring your Applicant Copy of the CRB Disclosure to the start of each placement.

Remember: the new Independent Safeguarding Authority ISA is expected to begin work in October 2009. When the ISA comes into force, an information sheet will be added to this application form to show details of the process and application fees. See www.isa.gov.org.uk for the latest news.

11. Disqualification from Caring for Children Regulations 2002

In accordance with the Disqualification from Caring for Children Regulations 2002, please inform us if you have ever had a child removed from your care.

YES NO

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12. Health Declaration

Please answer all of the following questions as this information is needed in statutory risk assessments prior to each placement. Have you ever in your life, including childhood, had any of the following medical conditions? If so, please give details on a separate sheet.

<u>Chest problems (e.g. TB)</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<u>Back problems</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<u>Hernia or rupture</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Heart or circulation problems</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Rheumatism / Arthritis</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Diabetes (recent onset)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Raised blood pressure</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Migraine / headaches</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Diabetes (childhood)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Varicose veins</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Dizziness / fainting</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Other gland problems</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Anaemia or blood disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Epilepsy / blackouts / fits</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Tested positive for MRSA</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ear, nose and throat problems</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Psychiatric illness</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>A major operation?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Skin problems (e.g. eczema)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Kidney / bladder problems</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Currently taking medication?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Allergies / hay fever</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Intestinal problems</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Waiting to attend hospital?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Adverse reaction to medicine</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Frequent diarrhoea / vomiting</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Registered disabled?</u>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you have ever had any of the following diseases? If so please give dates.

<u>Varicella (chicken pox)</u>	<input type="checkbox"/>	/	/	<u>Typhoid</u>	<input type="checkbox"/>	/	/
<u>Herpes zoster (shingles)</u>	<input type="checkbox"/>	/	/	<u>Hepatitis</u>	<input type="checkbox"/>	/	/
<u>Mumps</u>	<input type="checkbox"/>	/	/	<u>Malaria</u>	<input type="checkbox"/>	/	/
<u>Rubella (German measles)</u>	<input type="checkbox"/>	/	/	<u>Scarlet Fever</u>	<input type="checkbox"/>	/	/
<u>Whooping cough</u>	<input type="checkbox"/>	/	/				

Please provide the following details of your immunisation record:

	YES	NO	DATES
<u>Tetanus</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>Diphtheria</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>Poliomyelitis</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>Hepatitis A</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>Hepatitis B (showing titre levels > 100miu/ml)</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>Rubella (German Measles)</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>Varicella</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<u>BCG (Tuberculosis vaccination)</u>	<input type="checkbox"/>	<input type="checkbox"/>	/ /

I declare that all of the information provided regarding my declaration of health and immunisation record is true to the best of my knowledge and I will endeavour to inform Sanctuary Personnel of any changes in my health circumstances that may affect my ability to work.

Signature:

Print name:

Date:

 / /

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13. Availability

Available to work from: / / To (if known): / /

Please indicate your availability: _____

Full Time Part Time Days Nights Evenings Weekends

Do you have a driving licence that is valid in the UK? Do you have access to a car?

YES NO YES NO

Please enclose your original driving licence including counterpart and a copy of your insurance details

Will you use your car for travelling to / from work? Will you be using your car for work, taking service users with you?

YES NO YES NO

Location you would prefer to work in: Nearest Tube / Train station:

14. Bank Details

Will you be working as "pay as you earn" (PAYE) or paid through a Limited Company?

Please give the details of your Ltd company provider (if applicable):

PAYE Ltd company

Ltd company workers please provide copies of your certificate of incorporation and VAT registration certificate.

Name of Bank: Name of Account Holder:

Address of Bank: Account No:

Sort code:

P45 Enclosed? Yes No

Postcode: P46 Requested? Yes No

15. Working Time Regulations

The Working Time Regulations 1998 state that you are unable to work in excess of an average of 48 hours per week (calculated over a 17 week period) unless agreed with the Sanctuary Personnel that this limit should not apply.

Sanctuary Personnel wishes to have an agreement with you, which will apply until terminated by notice:

- i. The average 48 hour work limit will not apply to you.
- ii. This agreement may be terminated by yourself by giving About Health Professionals 4 weeks written notice.

If you accept this proposal please sign below. This section of the application form will then be the record of this agreement between you and About Health Professionals.

Signature: _____

(optional)

Print name: _____

Date: / /

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16. Declaration

The information in this entire form (pages 1 to 10 and all additional sheets used) is true and complete. I understand 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.

I acknowledge that my personal details will be stored and handled by Sanctuary Personnel in accordance with the Data Protection Act 1998. I agree that the company may forward my details to prospective employers in their capacity as an employment business / employment agency.

I am happy for Sanctuary Personnel to contact me from time to time regarding new opportunities. I authorise Sanctuary Personnel to obtain any relevant references and verification of qualifications on my behalf.

I confirm that I am not currently disqualified from working with children or vulnerable adults, or subject to any sanctions imposed by a regulatory or professional body.

Signature:

Print name:

Date:

17. General Information

How did you hear about Sanctuary?

Was our agency recommended to you by someone working for Sanctuary? If so, please give details:

If you recommend a qualified friend or colleague to us we will give you £250 when they complete 100 hours work. Please give the names and contact details of anyone you know who may be interested:

Name	Contact details
<hr/>	<hr/>
<hr/>	<hr/>

Have you included...?

ESSENTIAL

- Proof of NI number
- Proof of address
- Original passport (and visa)
- Professional registration certificate
- Qualification certificates
- CRB Disclosure application form,
- Original required identification documents
- Cheque for £36 made payable to 'Sanctuary Personnel Ltd'

IF APPLICABLE

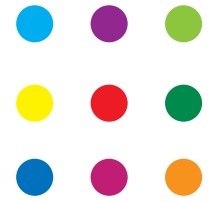
- Limited Company certificate of incorporation and VAT registration certificate
- Original driving licence and insurance (if you will be using your car for work)
- Clear photocopy of your most recent Disclosure or overseas police check
- Personal professional indemnity insurance
- Approved Social Workers' letter of appointment



Registered in England No. 05972910
VAT Registration No. 900 4523 70

CQC Service No. 70465
REC Membership No. 00056568

CRB Registered Body No. 2233790005
CRB Umbrella Body Status



SANCTUARY PERSONNEL



HEAD OFFICE
Neptune Marina
27 Neptune Quay
Ipswich
Suffolk
IP4 1QJ

National switchboard: 0800 046 1166

Fax: 0800 046 8103

Web: www.sanctuarypersonnel.com

Email: info@sanctuarypersonnel.com

Memberships and Quality Certificates



Industry Awards



Archant Awards: Most Innovative Approach to Recruitment, 2006
Archant Awards: Recruitment Consultant of the Year, 2007
Archant Awards: Best Recruitment Process, 2008
Archant Awards: Recruitment Company of the Year, 2008
Archant Awards: Team of the Year, 2009
Archant Awards: Best Recruitment Process, 2010

Registered in England No. 05972910
VAT Registration No. 900 4523 70
CQC (formerly CSCI) Service No. 70465
CRB Registered Body No. 22337900005
REC Membership No. 00056568