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## REGISTRATION FORM

**Post Apply for:**

**How did you hear about this  
job?**

**Date**


### Personal Information

**Name:**

**Email:**

**Phone Number:**

**Date Of Birth**

**National Insurance  
No:**


NMC Pin No:  
(Nurses Only)

Address:

Town/City

Postcode


## Personal Details

Nationality:

Gender:

Religion:

Race/Ethnicity:

Sexual Orientation:


## Employment Eligibility

Are you permitted to work in the United Kingdom?

Can you provide evidence to prove eligibility?

What visa/permit/status do you currently hold?

Please state what visa/permit you hold (If applicable):

Yes       No

Yes       No

Working Holiday       Work Permit       Leave to remain

I don't need a visa       Other

Permit/Document No (If

Visa/Permit Expiry Date (If


## Driving Details

Do you have full Driving License that allows you to drive in the UK?

Yes

No

If yes, please enter your Driving License No:

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## Languages

English Spoken

Fluent

Good

Fair

English Written

Fluent

Good

Fair

## Next of kin details

Name

Relationship

Email


<b>NOK Phone Number</b>	
<b>NOK Address</b>	
<b>NOK Town/City</b>	
<b>NOK Postcode</b>	

## Work History

We need up to 10yrs work history please with no gaps.

<b>Previous Job Title / Position Held</b>	
<b>Date Previous Job Started</b>	
<b>Date Previous Job Ended</b>	
<b>Previous Job Description (Please list all other work history below, including start and end dates)</b>	

## Education/Qualification History

<b>Institution</b>	
<b>Course</b>	
<b>Year</b>	
<b>Education (Please list all other education history below, including Courses, Years and Grades)</b>	

# References

**Ref Name 1**  
**Relationship**  
**Ref Name 1 Email**  
**Ref Name 1 Phone Number**  
**Ref Name 1 Address**  
**Ref Name 1 Town/City**


**Ref Name 2**  
**Relationship**  
**Ref Name 2 Email**  
**Ref Name 2 Phone Number**  
**Ref Name 2 Address**  
**Ref Name 2 Town/City**


## Skills Experience & Training

Please click on which training you have completed and the date on the notes (certificates must be provided)

Manual Handling

Basic life support

Health and Safety

Infection Control

Other

## Health Declaration

Do you or have ever suffered from long term illness?

Yes

No

Have you ever required sick leave for a back or neck injury?

Yes

No

Do you suffer with any back or neck injuries?

Yes

No

Have you been in contact with anyone who is suffering from a contagious illness within the last six weeks?

Yes

No

Do you suffer with a communicable disease?

Yes

No

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

Yes

No

Are you currently receiving active medical attention?:

Yes

No

Are you registered disabled?

Yes

No

How many days have you been absent from work due to illness in the last 12 months?

State reason(s) for absence:

GP Name:

GP Surgery Name:


GP Address:

Town / City

GP's Postcode:

GP's Phone Number:

May we contact your Doctor for health check?


Yes

No

Please Note, the above information will be held in strict confidence. If you are aware of any health issue that you feel may affect your ability to undertake responsibilities of the post, it is your responsibility to inform the Care Manager immediately. Again any details discussed in the meeting will be held in strict confidence.

## DBS Declaration

Do you have a current DBS (Disclosure Barring Service) certificate?

Please enter disclosure number

Date of issue

Reference Number (if applicable):

DBS Check

Yes

No


## Terms of employment

If any provision of this Agreement should be held to be invalid it shall to that extent be severed and the remaining provisions shall continue to have full force and effect. You may be required to use personal vehicle to and from work. No fuel reimbursement will be given. You are responsible for meeting the cost of DBS Disclosure. The employer, in some circumstances, may agree to advance the cost only if you agree it to be deducted from your pay. Carers will achieve NVQ Level 2 within 2 years of the start of employment. All care staff and trainees, including all staff under 18, will register on and successfully complete Skills for care certified training programme. The Company has written and published a formal policy/procedure document covering employee grievances which relate to your employment. The document is entitled "Employee Discipline" and is available for review at any reasonable time. Please contact your Manager for further information, or to request to review a copy. If you are dissatisfied with any disciplinary or dismissal decision relating to you then you should, in the first instance, apply in writing, to the Care Manager stating the grounds for your appeal. The person who will consider the appeal may vary according to individual circumstances. The Company has written and published a formal policy/procedure document covering employee grievances which relate to your employment. The document is entitled "Employee Grievances" and is available for review at any reasonable time. Please contact your Care Manager for further information, or to request to review a copy. If a grievance cannot be resolved informally then you must put your grievance, in writing to your Care Manager. A simple form has been designed for this purpose. Employees with reading or language difficulties should seek assistance, for example, from a work colleague. Subsequent steps, including the right of appeal, are explained in the formal document. The following documents form part of this statement: Employee handbook Policy and procedure manual Notices.

I have read and agree to the terms.