Ref:

Application form

Anjel Direct Recruitment Solutions LTD

An equal opportunity employer

Please attach two passport size photographs

Please use capital letters to complete all sections in your own handwriting. If you have any difficulties completing this form, please ask someone to help you.

Take or send completed form to: Anjel Direct's , 66 Springbank Road Hither Green London. SE13 6SN

Personal Details

POSITION APPLIED FOR:
Title (Mr/Mrs/Miss/Ms/Dr):
Surname:
Forenames:
Date of birth: Sex: ☐ Male ☐ Female

CONTACT DETAILS

Address:		
Post code:	Car Driver? ☐ Yes ☐ No	
Telephone no. (home):	Mobile:	Email:
Years at present address:	Current CRB : ☐ Yes ☐ No	UK Drivers Licence: ☐ Yes ☐ No
PIN No.:	(Qualified members only) PIN Expiry Date:	
National Insurance Number:		

Do you require a work permit to work in the UK? ☐ Yes ☐ No

If yes, please give details…….

……..

Have you ever been convicted of a criminal offence? ☐ Yes ☐ No

If yes, provide details on a separate sheet

Please indicate how you learnt of

☐ Local Newspaper ☐ From Shop Window ☐ Internet ☐ Friend / Family ☐ Job Centre

☐ Staff of

Others (please specify) ……

Education and Training

Name and address of school/college	Courses or subjects taken	Qualification gained	Dates From – To

Employment History (Start with most recent employment)

Employers name and address	Position Held	Main duties	Dates From - To

Training /Course

Training / Course	College / Training Institution	Date

Declaration of Health (strict confidence)

Have you ever had:	YES	NO	Additional information if YES
Tuberculosis, asthma, bronchitis or chest complaints?			
Chest pain, heart condition or raised blood pressure			
Blackouts, fits or attacks or giddiness?			
Depression, mental illness, or nervous breakdown?			
Rheumatism arthritis?			
Back trouble?			
Typhoid, paratyphoid or dysentery?			
Digestive or bowel disorder?			
Bladder or kidney trouble?			
Diabetes, thyroid or other gland disorder?			
Dermatitis or skin trouble?			
Varicose veins?			
Any other accident, operation or illness?			
Have you any reason to believe you may be infected by any condition or treatment, which might affect your attendance or performance at work?			
Do you intend to work night duties on a regular basis?			
Any illness or medical condition that prevented you from attending work or your normal duties or activities for more than one week during the past year?			
Any physical disabilities including defect of sight or hearing?			
Do you smoke?			
How many units of alcohol do you drink per week?			
Please give date of immunization or vaccination for			
Tetanus……..…… Diphtheria Schick…….…….. Rubella (German measles)……. Tuberculosis BCG……..…….…… Hepatitis B……. Poliomyelitis…….			

ETHNIC MONITORING FORM

Anjel Direct's wishes to promote equal opportunities in employment. Our aim is to ensure that applicants for employment are not discriminated against on the grounds of gender, age, disability, marital status, race, religion or sexual orientation.

In order to monitor these aims, we would be very grateful if you would complete and return this form with your application. The information will be treated as strictly confidential and is subject to the provisions of the Data Protection Act 1998. It will not be used at any stage of the selection process.

Post applied for:

Gender (please tick): Male ☐ Female ☐

Disability
If you are disabled, please give details.

.....

Nationality
Please specify your nationality as shown in your passport.

.....

Country of origin
Please choose one section from A to E and tick the appropriate box to indicate your ethnic group.

A White
☐ British
☐ Irish
☐ Any other white background (please specify)……

B Mixed
☐ White and black Caribbean
☐ White and black African
☐ White and Asian
☐ Any other mixed background (please specify)……..……..

C Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background (please specify)……

D Black or Black British
☐ Caribbean
☐ African
☐ Any other Black background (please specify) ……

E **Chinese or other ethnic group**
☐ Chinese
☐ Any other (please specify)……..

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment, which is concerned with the provision of health services and which of such a kind as to enable. Your answer to the following question should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? Yes ☐ No ☐
If 'yes' please give details on a separate sheet.

DCH circular (88/89) Protection of Children requires us to carry out checks on police records for Members whose assignment will give them substantial access to children

Do you agree that such checks may be made concerning you if required? Yes ☐ No ☐

References

Please provide

Name:	Name:
Address Post code:	Address: Post code:
Telephone:	Telephone:
Position:	Position:
Organisation:	Organisation:
Relationship:	Relationship:
May we approach this person prior to interview? Yes / No	May we approach this person prior to interview? Yes / No

Declaration

I confirm that I am 18 years of age or over, and that I am eligible to work in the UK.

I fully accept that I am applying for Membership of **Anjel Direct's** in the full knowledge and understand that should **Anjel Direct's** offer an introduction to a client and I accept that such an introduction, any services that I provide are provided as a self-employed person. As a self-employed person, I accept that **Anjel Direct's**'s duty is that of agent, not employer, and in signing this disclaimer I acknowledge that neither **Anjel Direct's** nor its employees, hold any responsibility or liability whatsoever for the services I provide, nor the consequences of the provision of such services, including personal accident, damage to client's property etc.

I declare that the information given is true and I understand that any false or misleading information may result in my removal from **Anjel Direct's** register of Members.

I agree that premiums, for Professional Negligence Indemnity Insurance may be deducted from my fees.

I have read and agree to abide by Anjel Direct Ltd polices

Signature: ……**Date**:…….