



GENERAL

_____	_____	_____	_____
TITLE	NAME	SURNAME	DATE OF BIRTH
_____	_____	_____	_____
GENDER	MOBILE NUMBER	HOME PHONE	NI NUMBER
_____	_____	_____	
WORK PERMIT	NATIONALITY	EMAIL ADDRESS	

ADDRESS

_____	_____	_____	_____
HOUSE NUMBER	STREET NAME	DISTRICT/TOWN	POST CODE

NEXT OF KIN

_____	_____	_____	_____
NAME	SURNAME	CONTACT NUMBER	RELATIONSHIP

POSITION

<input type="checkbox"/> CARE ASSISTANT	<input type="checkbox"/> HOME CARE ASSISTANT	<input type="checkbox"/> NURSERY ASSISTANT	<input type="checkbox"/> LAUNDRY ASSISTANT
<input type="checkbox"/> CHEF / COOK	<input type="checkbox"/> KITCHEN ASSISTANT	<input type="checkbox"/> BAR ATTENDANT	<input type="checkbox"/> DOMESTIC ASSISTANT

TRANSPORT

<input type="checkbox"/> OWN CAR	<input type="checkbox"/> LIFT	<input type="checkbox"/> PUBLIC TRANSPORT / WALK	CAR REG <input type="text"/>
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AVAILABILITY

<input type="checkbox"/> DAYSHIFTS	<input type="checkbox"/> BACKSHIFTS	<input type="checkbox"/> NIGHTSHIFTS	<input type="checkbox"/> WEEKDAYS ONLY
<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU
		<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
			<input type="checkbox"/> SUN
WEEKLY HOURS <input type="text"/>	START DATE <input type="text"/>	OTHERS <input type="text"/>	

HEALTH CONDITIONS

PLEASE TELL US ABOUT ANY HEALTH CONDITIONS THAT MIGHT AFFECT YOU AT WORK UNIFORM / TUNIC SIZE

RELEVANT EXPERIENCE AND QUALIFICATIONS

PLEASE PROVIDE A BRIEF SUMMARY OF YOUR PREVIOUS EXPERIENCE AND TRAINING

DATE _____ SIGNATURE _____

OFFICE USE ONLY

<input type="checkbox"/> ID	<input type="checkbox"/> PROOF OF ADDRESS	<input type="checkbox"/> BANK DETAILS	<input type="checkbox"/> SSSC <input type="text"/>	<input type="checkbox"/> PVG <input type="text"/>	<input type="checkbox"/> P45/P46
<input type="checkbox"/> DRESS CODE GIVEN & SIGNED	<input type="checkbox"/> MOVING & HANDLING	<input type="checkbox"/> FOOD HYGIENE	<input type="checkbox"/> QUALIFICATIONS <input type="text"/>		



WhiteClaw[®]

Recruitment Agency

PERSONAL QUESTIONNAIRE

PAST EMPLOYMENT

POSITION / ROLE	COMPANY
ADDRESS	
START DATE	END DATE
REASON FOR LEAVING	

POSITION / ROLE	COMPANY
ADDRESS	
START DATE	END DATE
REASON FOR LEAVING	

POSITION / ROLE	COMPANY
ADDRESS	
START DATE	END DATE
REASON FOR LEAVING	

POSITION / ROLE	COMPANY
ADDRESS	
START DATE	END DATE
REASON FOR LEAVING	

REFERENCES

REFERENCE 1

NAME	POSITION
ORGANISATION	
ADDRESS / TOWN	CONTACT NUMBER
EMAIL ADDRESS (REQUIRED)	

REFERENCE 2 (Social Carers only)

NAME	POSITION
ORGANISATION	
ADDRESS / TOWN	CONTACT NUMBER
EMAIL ADDRESS (REQUIRED)	

BANK DETAILS & TAXES

<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
SORT CODE	ACCOUNT NUMBER	CURRENT EMPLOYMENT STATUS
_____	_____	_____
BANK NAME	ACCOUNT HOLDER'S NAME	EMAIL ADDRESS FOR PAYSIPS

WERE YOU EMPLOYED AFTER THE 5th OF APRIL? YES / NO HAVE YOU APPLIED FOR A POSITION WITH YES / NO
 DO YOU HAVE A STUDENT LOAN WHICH IS NOT FULLY REPAID? YES / NO THE WEST LOTHIAN COUNCIL IN THE LAST 6 MONTHS?

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE AND I UNDERSTAND THAT IF ANY INFORMATION IS FALSE OR HAS BEEN DELIBERATELY OMITTED I MAY BE REGARDED AS INELIGIBLE FOR EMPLOYMENT OR LIABLE FOR DISMISSAL. By signing this application you agree and understand that you are a temporary worker of WhiteClaw Agency and any additional work or permanent employment offered by any of our clients or client's bank staff should be dealt with solely by WhiteClaw Agency. If you are recruited by a client or the client's bank staff outside of our knowledge we will seek reimbursement for our losses. The above stays in place for 12 months from the date of leaving. Your holiday year finishes on the date of your start date anniversary and your holiday pay is calculated based on the irregular hours worked excluding enhanced weekend and bank holiday rates. Your fixed period of 0 hour contract lasts until your last assigned shift.

DATE _____ SIGNATURE _____

DRESS CODE RECEIVED

CLOTHING

THE WORKER'S OWN CLOTHING MUST BE SMART, CLEAN, WELL PRESENTED AND FIT FOR PURPOSE, WITH NO RIPS OR TEARS. (WHITE OR BLACK PLAIN T-SHIRT AND BLACK TROUSERS ARE APPROPRIATE FOR MOST TYPES OF WORK).

SHORTS, VEST TOPS, STRAPPY TOPS AND DENIM, AS WELL AS VERY TIGHT AND REVEALING CLOTHING ARE NOT CONSIDERED PROFESSIONAL AND SHOULD NOT BE WORN TO WORK.

PROTECTIVE KITCHEN CLOTHING SUCH AS HATS OR APRONS MUST BE WORN AT ALL TIMES WHEN CARRYING OUT DUTIES IN KITCHEN AREAS.

FOOTWEAR

SMART, CLEAN AND WELL PRESENTED COVERED SHOES OR CLOGS WITH A FIRM BACK STRAP (NO OPEN TOES OR SANDALS). DUE TO SAFETY REASONS THE FOOTWEAR HAS TO BE NON SLIP.

OPEN BACK SHOES (MULES) OR FLIP-FLOPS ARE NOT ACCEPTABLE. HEEL HEIGHT MUST BE OF SENSIBLE SIZE.

JEWELLERY

MUST BE KEPT TO A MINIMUM AND WHERE POSSIBLE REMOVED WHEN IN CONTACT WITH ANY SERVICE USER OR WITHIN A KITCHEN ENVIRONMENT. MINIMAL JEWELLERY SUCH AS A WEDDING/ENGAGEMENT RING AND A PAIR OF SMALL NON DANGLING EARRINGS ARE ACCEPTABLE.

TO PREVENT INJURY TO THE SERVICE USER, ANY JEWELLERY WHICH COULD CAUSE HARM SUCH AS WATCHES SHOULD BE REMOVED, ESPECIALLY WHEN CARRYING OUT PERSONAL CARE.

NAILS

MUST BE SHORT, CLEAN, WELL MANICURED AND WITH NO NAIL POLISH.

ARTIFICIAL AND ACRYLIC NAILS ARE NOT ACCEPTABLE WHEN DEALING DIRECTLY WITH CLIENTS OR WHILST AT WORK FULFILLING DUTIES WITHIN THE KITCHEN ENVIRONMENT.

HAIR

WORKERS ARE ENCOURAGED TO HAVE CLEAN AND WELL PRESENTED HAIR. WORKERS WITH LONGER HAIR SHOULD HAVE IT TIED BACK. FRINGES SHOULD NOT OBSCURE A VISION OR EYES.

WHEN WORKING IN THE KITCHEN HAIR MUST BE TIED BACK AND COVERED WITH AN APPROPRIATE HAT OR NET.

PERSONAL HYGIENE

WORKERS ARE EXPECTED TO KEEP A HIGH LEVEL OF PERSONAL HYGIENE AT ALL TIMES TO NOT CAUSE ISSUES OR OFFEND OTHER STAFF AND CLIENTS. ALL STAFF CAN BE IN VERY CLOSE PROXIMITY TO CLIENTS, THEREFORE NEEDS TO BE MINDFUL THAT STRONG PERFUME AND SPRAYS CAN BE OVERWHELMING.

THOSE WORKERS WHO SMOKE SHOULD ALSO KEEP IN MIND THAT ANY LINGERING TOBACCO SMOKE SMELL CAN BE OFF PUTTING FOR OTHER STAFF AND CLIENTS.

CROSS INFECTION

ALL WORKERS WORKING WITHIN A CARE HOME ENVIRONMENT SHOULD BE AWARE THAT UNIFORMS MUST NOT BE WORN OUTSIDE OF THE CARE HOMES. THIS MEANS THAT STAFF SHOULD PUT THEIR UNIFORM ON AFTER ENTERING THE BUILDING FOR THEIR SHIFT.

STAFF SHOULD ALLOW EXTRA TIME FOR CHANGING INTO THEIR UNIFORM BEFORE COMMENCING THEIR SHIFT.

PRINT NAME _____ BY SIGNING THIS YOU ARE AGREEING TO OUR DRESS CODE

DATE _____ ***SIGNATURE*** _____