

Passport Sized Photograph

**Yvonne Lewis Candidate Registration Form**

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| 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| Position Applied for | |  | | | | | | | | | | | | | |
| How did you hear about us? | |  | | | | | | | | | | | | | |
| Interview Date | |  | | | | | | | | | | | | | |
| Title | | Mr / Mrs / Miss / Ms / Dr / other, please specify: | | | | | | | | | | | | | |
| Full First Name | |  | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | | | |
| DOB | |  | | | | Age | | | |  | | | | | |
| Nationality | |  | | | | Place of birth | | | |  | | | | | |
| Home📞 | |  | | | | Mobile📞 | | | |  | | | | | |
| Email 📧 | |  | | | | | | | | | | | | | |
| Home Address | |  | | | | | | | | | | | | | |
|  | | | | | | | | | Post Code | |  | | |
| National Insurance No | | \_ \_ / \_ \_ \_ \_ \_ \_ / \_ \_ | | | | | | | | | | | | | |
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| 1. **ELIGIBILITY** | | | | | | | | | | | | | | | |
| Do you need a visa to work in the United Kingdom? | | | | | | | | | | | | Yes | | | No |
| If yes, when does your permit expire? (MM/YY) | | | | | | | | | | | | / | | | |
| Do you have a current DBS? | | | | | | | | | | | | Yes | | | No |
| If yes, date of check: (MM/YY) | | | | | | | | | | | | / | | | |
| All candidates are required to have an Enhanced DBS processed within the last two years. If you do not have a DBS, or your existing DBS is due to expire at the time of your registration, we can process one for you at a cost of £59. Please speak to a staff member for more information. | | | | | | | | | | | | **I have read and understand**  **Yvonne Lewis’ DBS requirements:**  | | | |
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| 1. **AVAILABILITY** | | | | | | | | | | | | | | | |
| When are you available to start work? (DD/MM/YY) | | | | | | | | | | | / / | | | | |
| Please circle your preference: | | | | | Part time | | | | Full time | | | | | Either | |
| Please circle your contract preference: | | | | | Permanent | | | | Short Term | | | | | Either | |
| 1. **EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | |
| Please use this section to provide details of your present or most recent employer: | | | | | | | | | | | | | | | |
| Company Name: | | |  | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Type of Business: | | |  | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | |
| Salary: | | |  | | | | | | | | | | | | |
| Dates of Employment:  (MM/YY) | | | From: / | | | | | | | To: / | | | | | |
| Reason for Leaving:  (If applicable) | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Please give a brief description of your present/ last job and your responsibilities: | | |  | | | | | | | | | | | | |
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| Please use this section to provide your previous employment details: | | | | | | | | | | | | | | | |
|  | **1** | | | | | | | **2** | | | | | | | |
| Job Title: |  | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Company Name: |  | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Dates of Employment (MM/YY) | From: / To: / | | | | | | | From: / To: / | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please use this space to provide a clear explanation of any significant gaps you may have in your employment history, e.g. child care, illness - including dates to and from. | | | | | | | | | | | | | | | |
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| **Please note – candidates are required to provide an up to date CV with details of all previous employment starting from the most recent.** | | | | | | | | | | | | | | | |
| 1. **EDUCATION AND QUALIFICATIONS** | | | | | | | | | | | | | | | |
| Please use this section to provide details of your education and any relevant qualifications received. You may use a separate sheet if necessary. | | | | | | | | | | | | | | | |
| School/ Colleges, etc | | | | From  (MM/YY) | | To  (MM/YY) | Examinations/ Qualifications Obtained | | | | | | | | |
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| Details of any further qualifications obtained or relevant courses attended: | | | | | | | | | | | | | | | |
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| **Please note – candidates are required to provide certificates/ proof of attendance for all relevant training or qualifications received.** | | | | | | | | | | | | | | | |
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| Please use this space to explain why you are interested in this position and why you feel you are able to do the job. We are interested in the type of person you are as well as your experience and qualifications. You may choose to continue on another sheet. | | | | | | | | | | | | | | | |
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| 1. **REFERENCES** | | | | | | | | | | | | | | | | |
| Please use the space below to give names, addresses and contact details of ALL of your employers covering the last 3 years of employment (can include voluntary work). **Any gaps** in employment of more than 6 weeks must be explained and annotated clearly. Evidence will be required alongside explanation (e.g. Housing benefit, JSA evidence).  Due to the nature of the work at Yvonne Lewis, your application is subject to the receipt of 2 references. Without sufficient references your application will not be valid.  You must ensure that the details provided below are clear and correct, and your referees are willing to provide your reference. | | | | | | | | | | | | | | | | |
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| **REFERENCE CONSENT DECLARATION** | | | | | | | | | | | | | | | | |
| I give my consent to Yvonne Lewis Group to approach the referees provided for the purpose of obtaining current or previous employment reference information or any other information that may be relevant to my application. | | | | | | | | | | | | | | | | |
| **Print Name:** | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | | | | | | | |
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| **Professional Reference 1** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
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| Email: | |  | | | | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 2** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
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| Email: | |  | | | | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | | | | | | | |
| **Professional Reference 3** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 4** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 5** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
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| Telephone: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 6** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 7** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 8** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
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| **Professional Reference 9** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
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| Telephone: | |  | | | | | | | | | | | | | | |
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| Please complete any additional references on a blank sheet of paper | | | | | | | | | | | | | | | | |
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| 1. **PERSONAL HEALTH** | | | | | | | | | | | | | | | | |
| **Have you suffered from RECENTLY or REPEATEDLY? -** Please circle Yes or No, or if completing electronically, you may delete the irrelevant answer. | | | | | | | | | | | | | | | | |
| **Asthma** | | | | | Yes / No | | | | **Eye trouble not corrected by glasses** | | | | | | Yes / No | |
| **Back pain/ injury** | | | | | Yes / No | | | | **Fits/ blackouts/ faint attack** | | | | | | Yes / No | |
| **Any other muscle/ joint trouble** | | | | | Yes / No | | | | **Heart trouble** | | | | | | Yes / No | |
| **Bronchitis** | | | | | Yes / No | | | | **High blood pressure** | | | | | | Yes / No | |
| **Chest Pain** | | | | | Yes / No | | | | **Mental Illness** | | | | | | Yes / No | |
| **Diabetes** | | | | | Yes / No | | | | **Migraines/ recurring**  **headaches** | | | | | | Yes / No | |
| **Ear trouble/ Deafness** | | | | | Yes / No | | | | **Pleurisy** | | | | | | Yes / No | |
| **Epilepsy** | | | | | Yes / No | | | | **Tuberculosis** | | | | | | Yes / No | |
|  | | | | | | | | | | | | | | | | |
| Are you taking any medication at present, prescribed or otherwise? | | | | | | | | | | | | | | | Yes / No | |
| If yes, what condition(s) is the medication being taken for? | | | | | | | | | | | | | | | | |
| ………………………………………………………………………… | | | | | | | | | | | | | | | | |
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| Please give details of any medical conditions, past or present, which may affect your work: | | | | | | | | | | | | | | | | |
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| In the last 2 years have you been off work due to significant illness/ injury? | | | | | | | | | | | | | | | Yes / No | |
| Have you now made a full recovery from your illness or injury? | | | | | | | | | | | | | | | Yes / No | |
| GP Name and address: | | | | |  | | | | | | | | | | | |
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| If you have received vaccinations for the following, please tick ( √ ) | | | | | | | | | | | | | | | | |
|  Hepatitis A | | | | | |  Hepatitis B | | | | | |  Hepatitis C | | | | |
|  Variella (Chicken Pox) | | | | | |  Influenza | | | | | |  Whooping Cough Vaccine | | | | |
|  Tuberculosis | | | | | |  Other (Please state) | | | | | |  | | | | |
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| **DISABILITY** | | | | | | | | | | | | | | | | |
| (The Disability Discrimination Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to- day activities). | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |  |
| Do you consider yourself to have a disability? | | | | | | | | | | | | | Yes / No | | | |
| If ‘Yes’, please state the nature of the disability. Would you need any adjustments to be made to carry out this role? | | | | | | | | | | | | | | | | |
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| Do you need any special assistance in attending interview? If so, please give details: | | | | | | | | | | | | | | | | |
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| **PERSONAL HEALTH DECLARATION** | | | | | | | | | | | | | | | | |
| I declare that the statements above are true and complete to the best of my knowledge.  Should the situation change whilst either:   * I am engaged on a Temporary Assignment or * I am in between Assignments; **I will immediately notify Yvonne Lewis.** | | | | | | | | | | | | | | | | |
| **Print Name:** | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACTS** | | | | | | | | | | | | | | | | |
| Please provide full contact details in the boxes below of two family members or friends who may be contacted in the case of an emergency. These details will only be used or shared in an emergency situation. | | | | | | | | | | | | | | | | |
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| **Contact 1** | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | |  | | | | | | | | | |
| Relation: | | | | | | |  | | | | | | | | | |
| Mobile Telephone Number: | | | | | | |  | | | | | | | | | |
| Home Telephone Number: | | | | | | |  | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | |
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| Can drive & Car owner? | | | | | | |  | | | | | | | | | |
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| **Contact 2** | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | |  | | | | | | | | | |
| Relation: | | | | | | |  | | | | | | | | | |
| Mobile Telephone Number: | | | | | | |  | | | | | | | | | |
| Home Telephone Number: | | | | | | |  | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | |
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| Can drive & Car owner? | | | | | | |  | | | | | | | | | |
| 1. **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | |
| This information is passed onto and held by Yvonne Lewis’ Finance Department, please complete all relevant boxes thoroughly. You may attach a copy of your P45. | | | | | | | | | | | | | | | | |
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| **Personal Details** | | | | | | | | | | | | | | | | |
| Title |  | | | | | | | | First Names | |  | | | | | |
| Surname |  | | | | | | | | DOB | | / / | | | | | |
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| **Bank Details for Payroll** | | | | | | | | | | | | | | | | |
| Bank/ Building Society Name | | | |  | | | | | | | | | | | | |
| Branch Address | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| Building Society Roll No. | | | |  | | | | | | | | | | | | |
| Account Name | | | |  | | | | | | | | | | | | |
| Account Number | | | | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | |
| Sort Code: | | | | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | |
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| **Student Loan** | | | | | | | | | | | | | | | | |
| Please circle if you are continuing student loan payment: | | | | | | | | | | | Yes / No | | | | | |
|  | | | | | | | | | | | | | | | | |
| **P45** | | | | | | | | | | | | | | | | |
| **To ensure Yvonne Lewis has your correct financial details, you must provide a copy of your P45 from previous employment.**  **If you do not have a P45, please tick ( √ )** **as appropriate below:** | | | | | | | | | | | | | | | | |
|  **A –** This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance or taxable Incapacity Benefit or a state or occupational pension.   **B –** This is now my only job but since last 6 April I have had another job, or have received taxable Jobseeker’s Allowance or Incapacity Benefit. I do not receive a pension.   **C –** The employee has another job or received a state or occupational pension.   **D –** Unknown | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | | | | | | | |
| 1. **EQUAL OPPORTUNITIES** | | | | | | | | | | | | | | | |
| Yvonne Lewis Group is committed to a policy of equal opportunities for all, and will adhere to such a policy at all times and in all aspects of recruitment to avoid unlawful or undesirable discrimination. Yvonne Lewis will treat everyone equally irrespective of gender, sexual orientation, marital status, age, disability, race, colour, religion, ethnic or national origin. All members of staff are under obligation to respect and act in accordance to this policy.  Yvonne Lewis will not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment or in any terms of employment. Every candidate is assessed only in accordance with their merits, experience, qualifications and ability to perform the relevant duties required by the particular vacancy.  Yvonne Lewis will not accept instructions from clients that indicate an intention to discriminate unlawfully.  **Please tick ( √ )** **as appropriate below.** | | | | | | | | | | | | | | | |
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| **1 - Ethnic Information** Please tick (**√**) as appropriate.  The following categories are based on those used in the 2001 census as recommended by the Commission for Racial Equality. These ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated. | | | | | | | | | | | | | | | |
| **a. White** | | | | | | | | | **b. Black or Black British** | | | | | | |
|  British   Irish   Any other White Background, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  Black Caribbean   Black African   Any other Black background, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **c. Mixed** | | | | | | | | | **d. Asian or Asian British** | | | | | | |
|  White and Black Caribbean   White and Black African   White and Asian   Any other Mixed Background, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  Indian   Pakistani   Bangladeshi   Chinese   Any other Asian background, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **e. Other Ethnic Group**   Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| **2 – Gender** Please tick (**√**) as appropriate. | | | | | | | | | | | | | | | |
| Gender: Male  Female  Intersex  Non-binary  Prefer not to say   If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **3 – Sexual Orientation** Please tick (**√**) as appropriate | | | | | | | | | | | | | | | |
|  Heterosexual | | | | | | | | |  Bi-Sexual | | | | | | |
|  Homosexual | | | | | | | | |  Asexual | | | | | | |
|  Prefer not to say | | | | | | | | |  If you prefer to use your own term, please specify here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
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| **4 – Caring** Please tick (**√**) as appropriate | | | | | | | | | | | | | | | |
| a. Do you have any caring responsibilities? | | | | | | | | |  Yes | | | | |  No | |
| b. If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| **5 – Age** Please tick (**√**) as appropriate | | | | | | | | | | | | | | | |
|  16 - 29 | | |  30 - 45 | | | | | |  46 - 65 | | | | |  Over 65 | |
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| **6 – Religion** If you wish, you may disclose information about yourself in this section about your religion | | | | | | | | | | | | | | | |
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| **REHABILITATION OF OFFENDERS ACT** | | | | | | | | | | | | | | | |
| The nature of the work for which you are applying is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of Exemption Order 1975. Applicants are required to give full details of ALL convictions for criminal offences, which would otherwise be considered as “spent” by virtue of the said Act. Failure to disclose such convictions will result in immediate removal from our register. | | | | | | | | | | | | | | | |
| **Have you ever been convicted of a criminal offence? (Including juvenile offences.)** | | | | | | | | | | | | | | | |
| Please tick as appropriate: | | | | | | | | YES  NO  | | | | | | | |
| If YES, please give details: | | | | | | | | | | | | | | | |
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| **Print Name:** | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | **Date:** | | | | | |
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| **Please note – candidates are required to have an Enhanced DBS processed within the last two years. If you do not have one, or yours is due to expire at the time of registration, Yvonne Lewis can process one for you at a cost of £57.** | | | | | | | | | | | | | | | |
| 1. **EXPERIENCE AND UNDERSTANDING OF VULNERABLE GROUPS** | | | | | | | | | | | | | | | |
| Due to the nature of the role you are applying for, having a thorough knowledge and understanding of Vulnerable Groups is extremely important. Please complete this section with as much detail as possible. Feel free to continue on an additional sheet. | | | | | | | | | | | | | | | |
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| **1. Describe your understanding of Young People and how to handle the issues that may affect this group:** | | | | | | | | | | | | | | | |
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| **2. What is your understanding of Homelessness and the issues that affect Homeless People?** | | | | | | | | | | | | | | | |
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| **3. What knowledge do you have about people with Drug & Alcohol Abuse problems – including how it affects the individual and those around them?** | | | | | | | | | | | | | | | |
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| **4. What knowledge do you have about people with Mental Health Issues – including how it affects the individual and those around them, as well as the possible risks involved.** | | | | | | | | | | | | | | | |
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| **5. Do you have any past experiences, professional or personal, that may help you to work with and support vulnerable Young People?** | | | | | | | | | | | | | | | |
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| 1. **WORKING WEEK WAIVER** | | | | | | | | | | | | | | | |
| I hereby agree that the limit to the “Working Week” hours as stipulated in the Working Time Regulations 1998 should not apply to my Terms of Engagement with Yvonne Lewis.  I agree to work excess of those hours when I am available and have accepted an assignment. | | | | | | | | | | | | | | | |
| **Print Name:** | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | **Date:** | | | | | |
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| 1. **AGENCY WORKER CONFIDENTIALITY AGREEMENT** | | | | | | | | | | | | | | | |
| 1. In the course of my assignment as an Agency Worker with Yvonne Lewis and its clients, I promise to do the following in relation to any confidential or sensitive information given to me or obtained by me within my placement:   * I promise to hold the information in the strictest confidence, and ensure that any confidential documents are kept in a safe and secure place when not in use * I acknowledge that no information is to be removed from Client premises without permission of the Client * I promise to use the information only for the purpose of the work for which I have been given such information * I promise not to disclose it to any third party except when required in the course of my professional duties   2. I agree that any breach of the above by me or any third party to whom I release confidential or sensitive information may result in legal proceedings being taken against me, including claims for the recovery of any losses or damages sustained by the client as a result of that breach. | | | | | | | | | | | | | | | |
| **Print Name:** | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | **Date:** | | | | | |
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| 1. **DATA CONSENT** | | | | | | | | | | | | | | | |
| Wewould like to hold and use your information for the purposes set out below:  Please tick all relevant boxes to indicate your consent. You may consent to all of the purposes, any number of the purposes or none of the purposes. If you do not consent to **Yvonne Lewis Group** using your information for the purposes listed below then we will not contact you.  **🞎** To keep me informed of news, services, activities and events at **Yvonne Lewis Group;**  **🞎** To contact me in order to obtain feedback on **Yvonne Lewis Group;**  I consent to **Yvonne Lewis Limited** contacting me for the above purposes by:  **🞎**email **🞎**social media including Facebook, Twitter | | | | | | | | | | | | | | | |
| **Print Name:** | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | **Date:** | | | | | |
| **Thank you for completing the Yvonne Lewis Registration Form**  Before submitting, please ensure that ALL sections of the registration form are completed in full. If you are unsure about any section please feel free to contact us on **020 8681 1080** or [**admin@yvonnelewisgroup.com**](mailto:admin@yvonnelewisgroup.com)  8th Floor, Grosvenor House | 125 High Street | Croydon | CR0 9XP | | | | | | | | | | | | | | | |