

BAM BAM APPLICATION FORM

Instructions: Please complete all sections of the application. All applications must be submitted in English. Only applications made on the official application form or on our official website will be considered. We encourage you to read the job description carefully before you start the process. Answer all mandatory sections fully.

1. Position Applied For (Mandatory)

- Care Worker Healthcare Worker Support Worker Domestic Staff
 Nursing (please specify Reg.No and Specialty) **Reg.No** **Specialty**
 Others (please specify)

2. General Information (Mandatory)

Surname			
First Name		Maiden Name	
Middle Name			

3. Personal Information (Mandatory)

Date of Birth (dd/mm/yyyy)	DD / MM / YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Selection
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Others (please specify) <input type="text"/>				

4. Contact Information (Mandatory)

Current Address			
City		State	
Country		Postal Code	
Permanent Address			
City		State	
Country		Postal Code	
Preferred Contacts Method	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Post Mail

5. Phone Numbers (Mandatory)

Type	Country Code	Telephone	Indicate which is Preferred
Home			<input type="checkbox"/>
Business			<input type="checkbox"/>
Mobile			<input type="checkbox"/>

6. Email Address (Mandatory)

Type	Email Address	Indicate which is Preferred
Personal		<input type="checkbox"/>
Business		<input type="checkbox"/>

7. Nationality Information (Mandatory)

Nationalities at Birth		Current Nationalities	
Ethnicity		Permanent Residency	

8. Employment History (Mandatory)

Pease provide details of your current or most recent employment.

Employers Name			
Employers Address			
Salary (Per Month)		Volunteering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			
Main Responsibilities			
Start Date		End Date / Currently Working	
Reason(s) for Leaving			

Please supply a complete history of other employments (including unpaid and voluntary work) starting from most recent. Any gaps in employment must be accounted for. Please use additional sheets if necessary.

Employers Name			
Employers Address			
Salary (Per Month)		Volunteering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			
Main Responsibilities			
Start Date		End Date / Currently Working	
Reason(s) for Leaving			

9. Education History (Mandatory)

Please supply the list of all education starting from the most recent. Use additional sheets if necessary.

Institution Name			
From Date		To Date	
Qualification		Grade	
Institution Name			
From Date		To Date	
Qualification		Grade	

10. Certification (Mandatory)

Please supply the list of all certifications starting from the most recent. Use additional sheets if necessary.

Certification		Date	
Certification		Date	
Certification		Date	
Certification		Date	

11. Skills and Trainings (Mandatory)

Please check the list of skills and training you received as appropriate

<input type="checkbox"/> First Aid Awareness <input type="checkbox"/> Medication Awareness <input type="checkbox"/> Infection Control <input type="checkbox"/> Person Centered Planning <input type="checkbox"/> Moving and Handling People <input type="checkbox"/> Challenging Behavior <input type="checkbox"/> Safeguarding Adults	<input type="checkbox"/> Safeguarding Children <input type="checkbox"/> Food Hygiene <input type="checkbox"/> Mental Health Awareness <input type="checkbox"/> Autism Awareness <input type="checkbox"/> Nutrition Awareness <input type="checkbox"/> Data Protection Awareness <input type="checkbox"/> Disability Awareness / E&D	<input type="checkbox"/> Health and Safety <input type="checkbox"/> Lone Working <input type="checkbox"/> Mental Capacity Awareness <input type="checkbox"/> Level 2 Diploma Social Care <input type="checkbox"/> Level 3 Diploma Social Care <input type="checkbox"/> Level 5 (or above) Diploma Social Care <input type="checkbox"/> Others (specify) <input type="text"/>
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12. Supporting Information (Mandatory)

Tell us more about your knowledge, skills and experience that you have gained from paid work, voluntary experience and / or home life that is relevant to this post. Please ensure that you give clear examples of how your skills and experience meet each criteria of the person specification. (Continue on a separate sheet if required).

13. Right to Work in UK (Mandatory)

In line with the Immigration, Asylum and Nationality Act 2006, it is a criminal offence to employ an individual who does not have permission to work in the UK. Therefore, all offers of employment are made subject to the production of relevant documentary evidence.

Work Permit	Do you have right to work in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can you provide the evidence ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Driving License

(This section is only applicable to positions that require you to drive as outlined in the Job Descriptions)

License to Drive	Do you hold a UK Driving License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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15. Criminal Record (Mandatory)

*(This section is only applicable to positions that require you to drive as outlined in the Job Description)
Rehabilitation of Offenders Act 1974*

This post is exempt from the above act and therefore applicants need to disclose information about any previous convictions. If your application is successful and it is subsequently found that convictions have not been disclosed, you may be liable to immediate dismissal or alternative disciplinary actions.

Crime Record	Do you have any criminal convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please supply further information on a separate sheet of paper. Information will remain confidential and will only be used in conjunction with your application

16. References (Mandatory)

Please give the name and contact details of two referees. One should be your present/most recent employer. We may only contact referees after a job offer is made. (**Relatives and Friends are not accepted as referee (1) & (2)**)

May we contact your referee if you are offered a job?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referee (1) Name			
Address			
Relationship		Telephone	
Email		Postal Code	
<hr/>			
Referee (2) Name			
Address			
Relationship		Telephone	
Email		Postal Code	
<hr/>			
Character (Referee) Name			
Address			
Relationship		Telephone	
Email		Postal Code	

17. Data Protection (Mandatory)

All information provided on this form will be kept in confidence, you are granting **Bambam Limited** the permission to utilize the information provided for the purpose of recruitment or offering of employment placement services in line with data protection procedures. In the course of delivering this services, you agree to the inclusion of your personal data in an electronic database for easy processing, If your application is unsuccessful, Your data will be kept securely for a period of 12 months after which it will be destroyed.

Do you accept the terms stated above ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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18. Confirmation and Consent

Finally, you understand that submission of false information or misrepresentation and/or submission of falsified documentation constitutes serious misconduct for which severe disciplinary sanctions can be imposed.

I hereby confirm that the information given on this form is to the best of my knowledge, true and complete.

Name:.....

Date :.....

Signature:

		For Office Use Only	
Please return completed form to: 81 Clarence Road, Grays, Essex, RM17 6RA PHONE: +44 01375 768 707 Mobile: +44 07436 684 947 Or Email it to : bambam.recruitment.services@gmail.com		Shortlisted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Offered:	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Equal Opportunity (Mandatory)

Bambam is dedicated to guaranteeing that every eligible individual is provided with an equal chance for employment and career advancement based solely on their abilities, qualifications, and suitability for the job. To ensure the Equal Opportunity Policy is effectively put into practice, we kindly ask all applicants to complete the following questionnaire. Rest assured, this questionnaire will be separated from your application form and will be securely managed in accordance with the applicable Codes of Practice.

Date of Birth (dd/mm/yyyy)	DD / MM / YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Selection
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Others (please specify) <input type="text"/>				
National Insurance Number	<input type="text"/>				
E C National	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Ethnic Origin	<input type="checkbox"/> White <input type="checkbox"/> India <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Black-Africa <input type="checkbox"/> Black-Caribbean <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Black-Others (please specify) <input type="text"/> <input type="checkbox"/> Others (please specify) <input type="text"/> <i>Please Note: Ethnic Origin does not refer to nationality, place of birth or citizenship, but is about race and broad ethnic group</i>				

20. Disability Discrimination Act 1995 (Mandatory)

A person has a disability if she/ he has "a physical or mental impairment which has substantial and long-term adverse effect on his / her ability to carry out normal day to day activities".

Do you have a disability ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state the nature of disability.....
Have you ever had disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you any caring responsibility?	<input type="checkbox"/> Children <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Relative <input type="checkbox"/> None <input type="checkbox"/> Others (please specify) <input type="text"/>

21. Religious Affiliation / Community Background (Mandatory)

Bambam is obligated under the Fair Employment and Treatment (NI) Order 1998 to track the perceived religious affiliation or community background of both its current staff and prospective applicants. To comply with the Monitoring Regulations of 1999, we kindly request that you specify the community with which you identify.

I am a member of	<input type="checkbox"/> The Protestant Community <input type="checkbox"/> The Roman Catholic Community <input type="checkbox"/> Others Community (please specify) <input type="text"/>
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