



Neurodiversity Care Ltd  
Business and Technology Centre  
Bessemer Drive  
Stevenage  
SG1 2DX  
01438545300 / 07460552644  
info@neurodiversitycare.co.uk  
www.neurodiversitycare.co.uk

## Neurodiversity Care Casual Worker Application Form

Use Capital letters and boxes provided

### Employee's Requirements

1. Passport
2. Visa - if required•
3. NI card, letter, or p60
4. x 2 proofs of address
5. Current DBS Certificate
6. Valid mandatory training certificates – Annually
7. Copy of Company Certificate and Business account if you are self-employed.
8. Bank details

### ✓ Employee Statement

**A** – This is my first job since last 6th April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational pension. Tax Code 1185L

YES  NO

**B** – This is now my only job, but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. Tax Code 1185L (M1 or W1)

YES  NO

**C** – As well as my new job, I have another job or receive a State or Occupational Pension. Tax Code BR.

YES  NO

## Section 1: Worker Personal Details (use capital letters)

Title Mr  Mrs  Ms  Miss  Other (please specify)

First name:

Middle Names:

Surname:

Any Emergency  
treatment if  
needed:

### Full address

House Number:

Street Name:

Town:

County:

Country:

Post Code:

Telephone numbers

Email

Gender: M  F

Job role you are applying for:

Car Driver: Yes  No

Licence Number

Date of Birth (DD/MM/YYYY)

National Insurance Number



**Emergency Contact Details (Person must be in the UK)**

Name:

Relationship:

Telephone numbers:

Email:

Full address:

**Next of Kin**

Name:

Relationship:

Telephone Numbers:

Email:

Full address:

**Education History from Age 11(All dates included) Any gaps taken stated and the reason for the gaps**

- 1. Primary School- full address and person to contact and school telephone**
- 2. Secondary -full address and person to contact email and school telephone**
- 3 College education**
- 4 Highest Education (if applicable)**
- 5. Current study (if applicable)**

**Care related experience and any certificate awarded.**

**2. Employment History**

Please provide your full employment history to cover the last 5-year period starting with your current or most recent employer (up to 3 employers). If you have been in fulltime education, please fill in the information of your education provider.

**Current/most recent employer (reference always required)**

Employer name			
Address			
Type of business		Telephone number	
Your job title			
Start date (MM/YYYY)		End date (MM/YYYY)	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

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**Previous Employer 1**

Employer name Or Educational Institute			
Address			
Type of business		Telephone	
Your job title/Course title			
Start date (MM/YYYY)		End date (MM/YYYY)	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

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**Previous Employer 2**

Employer name Or Educational Institute			
Address			
Type of business		Telephone	
Your job title/Course title			
Start date (MM/YYYY)		End date (MM/YYYY)	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

**Section 3: Right to Work in the UK**

**Nationality:**

**Immigration Status**

Student  EU presettlement  Work-permit

Indefinite Leave to remain  **British Employee Position** Full Time  Part-time

Temporary  Ltd Company **Work Experience** Less than 6 months  6

Months  Number of year(s) **Highest Qualification**

**Date completed**

**Highest Care Qualification**

**Date Completed**

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## Section 4: References

### 1st Reference (current or most recent employer)

Name:	<input type="text"/>
Address:	<input type="text"/>
Email:	<input type="text"/>
Telephone:	<input type="text"/>
Position:	<input type="text"/>

### 2nd Reference (previous employer) or character reference that could be from someone of certain position in the community that has known you for more than 3 years

Name:	<input type="text"/>
Address:	<input type="text"/>
Email:	<input type="text"/>
Telephone:	<input type="text"/>
Position:	<input type="text"/>

## Section 5: Convictions Disclosure

You are advised that you are not entitled to withhold information about convictions, which are regarded as 'spent under the Act'. This is due to the nature of the work involved which renders the post exemption from sec. 4(2) of the Act in accordance with rehabilitation of Offenders Act 1971 (exceptions) Orders 1975.

You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information which you may give will be strictly confidential and will be considered only in relation to this or similar position for which you would be considered with Neurodiversity Care Ltd.

1. Have you ever been barred from working with children or vulnerable adults?  
Yes  No

Enhanced DBS Number (Each Box)

1. Does your DBS contain any caution warnings, reprimands, or convictions?  
from working with children or vulnerable adults.  
Yes  No
2. Is your DBS on the update Service check? Yes No . Date registered
3. Are you under or pending any form of police investigation/court hearing?  
Yes  No

**I declare that all the Convictions Disclosure is true in every Aspect.**

- i. I have never been charged with or convicted of an offence under any legislation dealing with Residential Care or any offence involving dishonesty or violence.
- ii. This is a full disclosure, including all that may be left out by the DBS.

Casual worker full name:

Signature

Date

## Section 6: Health Declaration

All Casual Health Workers wishing to work for Neurodiversity Care must complete the health questionnaire with the best of their ability to enable us assessment suitability for their job role.

Staff must inform the office immediately if they are not in good health. Female employee must inform the office when they become pregnant to avoid placement in undesirable environment like challenging behaviour or secure unit.

Declare any reasons that affect their mental or physical well-being to fitness to carry out work assignments on behalf of the agency.

### Have you ever had?

COVID Vaccine Jab Yes  No

Vaccinated Tetanus Yes  No

Diphtheria Yes  No

Measles Yes  No

Mumps Yes  No

Rubella Yes  No

Hepatitis B Yes  No

Chicken pox Yes  No

Casual Worker to declare/specify any reasons that impact their mental or physical well-being to fitness to carry out work assignments on behalf of the agency:

You can use additional paper with full names and dated.

A GP medical note specifying not fit to complete the task should be attached or emailed to Neurodiversity Care.

Full staff name:

Signature

Date

## Section 7: Health and safety at workplace

### Minimum Standard Set out for Health-Care Staff

1. No jewellery, nail polish and no dress code (open shoe) not conforming to requirements of the service user.
2. When on assignment staff will be required to wear an ID badge for security reasons.
3. undesirable environment like challenging behaviour or secure unit.
4. Mandatory training certificate is a requirement before commencing work. It is your responsible to ensure you have up-to-date certificate.

Full Name:

Signature

Date

## Section 7: Equal Opportunities

Casual worker to declare they will adhere to equality Act 2014.

Full Name:

Signature

Date

## Section 9: Rehabilitation Act

Casual worker to declare they will adhere to Rehabilitation Act.

Full Name:

Signature

Date

## Section 10: Shift booking and Cancellation.

1.1 The Company will provide the services specified in the schedule to this contract ('the services')

1.2 The provision of the Services shall commence on the start date specified in the schedule and can terminate the schedules with no specified date.

1.3 Where a date for performance is specified in the schedule the company shall use reasonable effort to provide the service by such date.

1.4 Please do not book shifts if you cannot attend.

1.5. Call us on 07460552644/07874892600 if you are in doubt not able to cover already booked shift. An email to [info@neurodiversitycare.co.uk](mailto:info@neurodiversitycare.co.uk) should follow immediately for cancellation evidenced.

## Section 11: Restrictions

1.1 Neurodiversity employee should not approach clients for permanent positions without consulting Neurodiversity Care. Client will contact Neurodiversity Care if they want to employ you. Failure to adhere to this clause will be challenged by Neurodiversity Care and may result in a fee charge. In the case of resignation, you will have to wait 16 weeks before you can apply for a permanent position.

1.2 If you decide to join another agency during your time with Neurodiversity or afterwards, please note there needs to be a 16-week break between your last shift with Neurodiversity on that service and with the same customer in any of their services.

Full Name:

Signature

Date

## Section 12: Timesheets & Payments

1.1 Time sheet must be submitted by 12 noon Monday. Late timesheet will be paid the following week.

1.2 Our pay rates vary. This is based on different Organisation pay of services, complexity of care, location, and speciality input required.

1.3 Neurodiversity adheres to UK current minimum wage guidelines 1 April 2021 £8.91.

PAYE - Employee pay rates start from £8.91 - £10.00 per hour 24/7 care duty.

1.4 If you think your pay is incorrect, contact us to discuss your pay. If you feel you are paying too much tax, please call HMRC on 0845 3021482 for anything tax related.

## Section 13: Bank Details

### Bank details

Name of the Bank/Building society

Name of the account holder

(if Ltd give limited company name)

Branch

Sort code

Account number

I  hereby declared to the best of my knowledge there is no legal impediment or other lawful cause to prevent me working with children and vulnerable adult.

Signature

Date

## Section 14: Confidentiality

Worker to declare adherence to maintain confidentiality in workplace and any information shared to them by Neurodiversity Care.

Consent to share and disclose Worker's personal data to Service User, for worker's and public protection for auditing purposes:

Name:

Signature

Date