



Web: www.topsolutionsrecruitment.co.uk

PLEASE COMPLETE THIS FORM AND SEND BACK VIA EMAIL TO:
info@topsolutionsrecruitment.co.uk

Role Applied For:			
Your Full Name Including Title (Ms/Mrs/Mr):			
Your Address			
Email Address			
On What Date Can You Start Work?		Your Mobile Number:	
Confirm Your National Insurance Number:			
Have you been convicted of an offence that has not been 'spent' as designated by the Rehabilitation of Offenders Act 1974? Specify Yes/No and Provide Details If Yes :			
Do You Have A DBS Certificate? Yes/No :		If Yes , Specify Your DBS Number & Issue Date: - A DBS maybe required depending on the role	
Do You Have A Legal Right to Work in the UK? Yes/No		If Yes , Provide Details e.g. British Passport, EEA Passport, Work Visa, Commonwealth	
Do You Have A Clean Driving License? Yes/No		If Yes , Please State the Number:	
Will You Need Any Help Getting to The Place of Work? E.g. Pick Up/Drop Off from your nearest Tube/Station if the Location Is Remote. Yes/No :		Specify Your Nearest Tube/Rail Station:	

Are there any reasonable adjustments that you think we could make to overcome a disability in relation to the recruitment process? Please Specify or State No :

Are there any reasonable adjustments that you think we could make to overcome a disability in relation to the assignment? Please Specify or State No :

Please provide the Names and Contact Details (Telephone Number & Email Address) of your Next of Kin

Confirm Your Work History: STARTING WITH YOUR LAST JOB FIRST					
Job Title:		Start Date:		End Date:	
Description of Duties:					

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Job Title:		Start Date:		End Date:	
Description of Duties:					

Confirm Your Qualifications including any relevant School Exams Results			
Qualification Name:		Date Completed:	

Confirm Details of Any Membership of Professional Bodies, Details of Continuous Personal Development (CPD) And/ Or Any Training You Have Completed in The Last 12 Months			
Name:		Date When Completed/ or Date When Joined:	

Please note here Names, Company Name (where applicable) and Addresses of THREE (3) persons from whom we may obtain Work and Character references. The First Two should be work related, and the last one can be a character reference.			
Name & Postal Address:			
Email Address:			
Relationship:			
Company name:		Job Title:	
Telephone Number:		Month & Year of Leaving: (e.g. Oct/2018)	
Name & Postal Address:			
Email Address:			

Relationship:			
Company name;		Their Job Title:	
Telephone Number:		Month & Year of Leaving: (e.g. Oct/2018)	

Name & Postal Address:			
Email address			
Relationship:			
Company Name:		Their Professional Job Title If Applicable: (e.g. Vicar/Manager)	
Telephone Number:		How Many years Have They Known You?	

Please provide details of Any Other Information you wish to share, which you believe is relevant to your application?			

All of the information collected in this form will be held which are only relevant to the performance of the job applied for. We will use the information provided by you on this form and in your CV, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. Top Solutions Recruitment Agency Limited will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of Consent to process the information provided by you in this form.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

For more information on how we use the information you have provided, please see our privacy notice for job applicants which is available online.

CONSENT

I hereby freely give my prospective employer Top Solutions Recruitment Agency Limited consent to use and process my personal data relating to my job application (examples of which are included in this application form above).

- I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR).
- I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge.
- I understand that I can request that data that is no longer required to be held, can be removed from my file and destroyed.
- I understand that if I am unsuccessful with my application my data will be destroyed after 6 months.
- I understand the Data Controller for our Company is George Dhabangi and I can contact them directly if I have any questions or concerns. Their e-mail address is info@topsolutionsrecruitment.co.uk
- I understand that if I am dissatisfied with how my company uses my data, I can make a complaint to the government body in charge (Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at www.ICO.org.uk)

DECLARATION

I confirm that the above information is complete and correct and that any untrue or misleading information will give Top Solutions Recruitment Agency Limited the right to terminate any employment offered.

I understand that any offer of employment is subject to Top Solutions Recruitment Agency Limited being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical questionnaire (if applicable) (in line with the operation of the Equality Act 2010).

SIGNED AND DATED: (if you are sending back via email, type you full name here)

Equalities Monitoring Form

Collecting, analysing and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed. The information will **not be** shared outside Top Solutions Recruitment Agency Limited.

We will be grateful if you could to complete and return this form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.

1. Age <i>Please tick one box</i>		
<input type="checkbox"/> 16-18	<input type="checkbox"/> 31-40	<input type="checkbox"/> 51-55
<input type="checkbox"/> 19-25	<input type="checkbox"/> 41-45	<input type="checkbox"/> 56-60
<input type="checkbox"/> 26-30	<input type="checkbox"/> 46-50	<input type="checkbox"/> 61-Over 65
2. Sex <i>Please tick the box that best describes you</i>		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
3. Disability Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. Do you have any of the following conditions which have lasted or expected to last for at least 12 months?		
<input type="checkbox"/> Deafness of partial loss of hearing	<input type="checkbox"/> Blindness or partial loss of sight	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Developmental disorder	<input type="checkbox"/> Mental ill health	<input type="checkbox"/> Long term illness
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other disabilities	<input type="checkbox"/> No disabilities
4. Ethnicity <i>Please tick the box that best describes your ethnic group</i>		
White	Black or Black British	
<input type="checkbox"/> British	<input type="checkbox"/> African	
<input type="checkbox"/> Irish	<input type="checkbox"/> Caribbean	
White Other	<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Greek/ Greek Cypriot	Asian or Asian British	
<input type="checkbox"/> Turkish/ Turkish Cypriot	<input type="checkbox"/> Indian	
<input type="checkbox"/> Kurdish	<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> East African Asian	
Other Please Specify:	<input type="checkbox"/> Chinese	
Mixed		
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Any other ethnic background (please specify):	
<input type="checkbox"/> White and Black Caribbean		
<input type="checkbox"/> White and Asian		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Prefer not to say		
5. Religion <i>Please tick as appropriate</i>		
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Rastafarian
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Jewish
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> No Religion
<input type="checkbox"/> Other (please specify):		

6. Gender reassignment <i>Does your gender differ from your birth sex?</i>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
7. Sexual orientation <i>Please tick the box that best describes your sexual orientation</i>			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Lesbian woman
<input type="checkbox"/> Prefer not to say	Other (please specify):		
8. Marriage and Civil Partnership <i>Please tick the box that best describes you</i>			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> In a same sex civil partnership
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
9. Language <i>Please tick the box that best describes your language</i>			
<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Albanian	<input type="checkbox"/> Spanish
<input type="checkbox"/> French	<input type="checkbox"/> Polish	<input type="checkbox"/> Greek	<input type="checkbox"/> Turkish
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Somali	<input type="checkbox"/> Italian	<input type="checkbox"/> Prefer not to say
Other (please specify):			

Thank you for completing

**PLEASE SEND THE COMPLETED APPLICATION FORM
VIA EMAIL: info@topolutionsrecruitment.co.uk**

YOU CAN ALSO COMPLETE, PRINT AND SEND VIA THE POST:

LONDON BRANCH

Peel House
34-44 London Road
Morden, Surrey, London
SM4 5BT
020 3740 9161 | 07427 011 995

SOUTHAMPTON BRANCH.

Cumberland House,
15-17 Cumberland place
Southampton
SO15 2BG
Tel: 023 8202 6079 | 07365 287 386