



Candidate Registration Form

PERSONAL DETAILS

Please write in BLOCK CAPITALS and in black ink.

ABOUT YOU							
Surname:		ADEYANJU		Title (Mr/Mrs/Miss/Ms):		MR	
First Name(s):		OLATUNJI		Other Name(s):		ROBERT	
Marital Status:		MARRIED		Gender:		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
				Date of Birth:		05-07-1967	
National Insurance No:		SS 320829B					
Current Address:		1B COOKE STREET, DENTON MANCHESTER					
Post Code:		M34 2AG					
Mobile Phone:		07405447547		Home Phone:			
Do you have a driving licence?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Do you have use of a car?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

ABOUT THE JOB

OLATUNJI ROBERT					
Job Title:					
Speciality 1:		Speciality 2:		Speciality 3:	
Current Place of Work:				Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input checked="" type="checkbox"/> Nights <input type="checkbox"/>	

PAYMENT DETAILS

Name of Bank/Building Society:		BARCLAYS			
Account Name:		OLATUNJI R. ADEYANJU ADEMOLAKE		Personal <input type="checkbox"/> TD <input type="checkbox"/>	
Branch Address:		LONDON			
Post Code:					
Account No:		800 56499		Sort Code: 20-29-63	

NEXT OF KIN

Name of Next of Kin:		OLUWAFUNMILAYO-E ADEYANJU		Relationship:		WIFE	
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Telephone:			
Address			

YOUR TRAINING, QUALIFICATIONS, APPRAISALS AND REFERENCES

Please enclose, with your application a copy of your registration and membership card

Nurses	NMC Number:		RCN Number:		Band:	
ODPS	HPC Number:		This does not apply to HCA's			

MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months
Please enclose copies of your training certificates

Moving and Handling:	<input checked="" type="checkbox"/>	Basic Life Support:	<input type="checkbox"/>	Intermediate Life Support:	<input type="checkbox"/>	Advanced Life Support:	<input type="checkbox"/>
Complaints Handling:	<input type="checkbox"/>	Handling Violence and Aggression:	<input type="checkbox"/>	Fire Safety:	<input checked="" type="checkbox"/>	COSHH:	<input type="checkbox"/>
RIDDOR:	<input type="checkbox"/>	Caldicott Protocols:	<input type="checkbox"/>	Data Protection:	<input checked="" type="checkbox"/>	Infection Control:	<input type="checkbox"/>
Lone Worker Training:	<input type="checkbox"/>	Food Hygiene (where required to handle food):	<input checked="" type="checkbox"/>	Personal Safety (Mental Health & Learning Dis):	<input checked="" type="checkbox"/>	Resuscitation of the Newborn (Midwifery):	<input type="checkbox"/>
Interpretation of Cardiotocograph Traces (Midwifery):	<input type="checkbox"/>						

APPRAISALS

In order to work in the NHS you will need to be appraised annually by a Senior Practitioner of the same discipline, this person will become your "appraiser" Please give details below of the Senior Practitioner who you have made arrangements with to act as your appraiser.

Please give the date of your last appraisal:			
Name of Appraiser:		Position and Grade of Appraiser:	
Branch Address:			
Post Code:			
Phone Number:		E-mail:	

REFERENCES

Please supply us with two professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.

1. Reference Name:	SHARDA KOWLESSAR	Position:	REGISTERED MANAGER
Work Address:	JUBILEE HOUSE, 3, THE DRIVE BRENTWOOD ESSEX LONDON		

Postcode:	CM13, 3FR		
Email:	Shard9-ebonyhealthcareServices@gmx.com		
Telephone:	07453585808	Fax:	01277725029
2. Reference Name:		Position:	
Work Address:			
Postcode:			
Email:			
Telephone:		Fax:	

YOUR TRAINING, QUALIFICATIONS, APPRAISALS AND REFERENCES

Please enclose, with your application a copy of your registration and membership card

Current DBS Disclosure (formally known as CRB):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Issue Date:	12-01-2017	Disclosure Number:	001558775650
Is this certificate registered with the update service?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
You will be requested to carry out a DBS at registration and annually upon employment			

IMMUNISATIONS

Please indicate which off the following Immunisations you have been vaccinated against and include your vaccination reports when returning your registration.

EPP and Non EPP	Hep B	TB	Varicella	Measles	Rubella
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
EPP Candidates Only	Hep C	Hep B Antigen		HIV	
	No Proof <input type="checkbox"/>	No Proof <input type="checkbox"/>		No Proof <input type="checkbox"/>	
	Negative <input type="checkbox"/>	Negative <input type="checkbox"/>		Negative <input type="checkbox"/>	
	Positive <input type="checkbox"/>	Positive <input type="checkbox"/>		Positive <input type="checkbox"/>	

All applications who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Golden Recruitment will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be charged to the candidate. Candidates will be required to purchase uniform if required at the cost of £20 this will be deducted from your timesheet once you have started working through us

Please sign to say you have read and understood the above

Your Signature:		Date:	
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WORK HISTORY

Please ensure you complete this section even if you have a CV. The NHS states that "Employment history should be recorded on an Application Form which is signed" Please ensure that you leave no gaps unaccounted for and it covers 10 years or up to your education.

- ☐ Covers 10 years work history or as far back as your education
- ☐ Dates to and from are shown in a mm/yy format
- ☐ Dates are continual with NO gaps
- ☐ Where there have been gaps in work history please state the reason for the gaps
- ☐ Lists all relevant training undertaken

From:		To:		Name of Employer:	EBONY HEALTH CARE SERVICES LTD
Job Title:	SUPPORT WORKER			Grade:	
Address:	3, THE DRIVE, BRENTWOOD ESSEX LONDON			Main Responsibilities:	TO SUPPORT VULNERABLE PEOPLE
Reason for Leaving:	CHANGE OF LOCATION				

From:		To:		Name of Employer:	
Job Title:				Grade:	
Address:				Main Responsibilities:	
Reason for Leaving:					

From:		To:		Name of Employer:	
Job Title:				Grade:	
Address:				Main Responsibilities:	
Reason for Leaving:					

From:		To:		Name of Employer:	
Job Title:				Grade:	
Address:				Main Responsibilities:	

Reason for Leaving:

DECLARATIONS

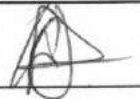
HEALTH DECLARATIONS

All applicants must complete the enclosed health questionnaire to enable us to establish your fitness for work. We would ask all OVERSEAS candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health Doctors to establish your fitness for work. Please sign the declaration below to allow Golden Recruitment to release your information for inspection.

I OLATUNJI ROBERT ADEYANJU consent to your company Golden Recruitment releasing my health and immunisation records for review to Golden Recruitment qualified Occupational Health Advisor. I understand that based on this review I may be required to undergo a medical examination to establish my fitness for work.

I confirm that I will immediately inform Golden Recruitment in confidence if I am HIV Positive, HepB positive or if I have AIDS in accordance with the Department of Health guidelines. I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform Golden Recruitment should my general condition of health change.

I will inform Golden Recruitment immediately if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to Golden Recruitment obtaining further information regarding my health from my GP or Occupational Health Department.

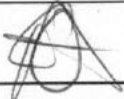
Signed:		Print Name:	O.R. ADEYANJU	Date:	05-10-2018
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PERSONAL DECLARATIONS

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.


I understand that providing false or inaccurate information may result in the termination of any placement. I agree that I will make best endeavours to make myself aware of the Health & Safety procedures for each client I am assigned to.

I confirm that I have read and understood the Terms of Engagement and the terms of the declaration and agree to be bound by them.

Signed:		Print Name:	O.R. ADEYANJU	Date:	05-10-2018
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WORKING TIME REGULATIONS DECLARATIONS

For the purposes of the Working Time Regulations 1998 (as amended) I, consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving Golden Recruitment not less than three months' notice at any time.

Signed:		Print Name:	O.R. ADEYANJU	Date:	05-10-2018
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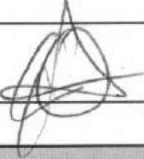
OTHER DECLARATIONS

In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.

Signed:		Print Name:	O.R ADEYANJU	Date:	05-10-2018
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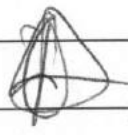
CONFIDENTIALITY

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the Client or the Company Golden Recruitment) or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement with the Company () under the Terms of Engagement.

Signed:		Print Name:	O.R ADEYANJU	Date:	05-10-2018
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REHABILITATION OF OFFENDERS ACT 1974 – Please answer all five questions

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

1. Do you have any convictions, cautions or bindovers? If yes please give details...	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
2. Have you ever had disciplinary action taken against you? If yes please give details...	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. Are you at present the subject of criminal charges or disciplinary action? If yes please give details...	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
4. Do you consent to Day Webster requesting a police check and any appropriate references on your behalf?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
5. Have you been police checked in the last three years? If so, by whom...	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Signed:		Print Name:	O.R ADEYANJU	Date:	05-10-2018


RIGHT TO WORK IN THE UK

Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an overseas national or require a work permit to work in the UK please include copies of supporting documentation.
Your entitlement for working in the UK is based upon what status:

EU Citizen:	<input checked="" type="checkbox"/>	Spouse of an EU Citizen:	<input type="checkbox"/>	Work Permit:	<input type="checkbox"/>
Permit-free Visa:	<input type="checkbox"/>	Right of Abode in the UK:	<input type="checkbox"/>	Admitted to UK as Doctor Prior to 1985:	<input type="checkbox"/>

HEALTH AND SAFETY

Each agency worker has a responsibility at the start of their first shift to become familiar with the Client's general policies including, without limitation, those relating to Crash Call Procedures, the Hot Spot Mechanism for alerting security staff that an individual is in trouble, Fire Policy and the Violent Episode Policy.

Signed:		Print Name:	O.R ADEYANJU	Date:	05-10-2018
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REGISTRATION FORM DECLARATIONS

Please read before signing

I declare that by signing this form I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without the relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I agree that Golden Recruitment retains the right to hold this registration form and any other data required to process it and pass onto any authorised third party and the details held within. I also agree to use all reasonable efforts to assist to comply with the Data Protection Act 1998.

In addition, I confirm that that all the information provided is true and accurate and that I have received and agree to Healthcare Services / Care Providers Recruitment terms of engagement and Staff Handbook.

Signed:		Print Name:	O.R ADEYANJU	Date:	05-10-2018
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Please send your completed registration pack to:

Address here : Golden Recruitment, 120 bark Street, 6th Floor Bolton BL1 2ax, or Scan or Fax to: info@goldenjobrecruitment.co.uk
Fax: 08727510520.

Employee Medical Questionnaire

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or

assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Healthcare Services and may need to be seen by an occupational health advisor or physician.

PERSONAL INFORMATION					
Title:	MJR	First Name:	OLATUNSI	Surname:	ADEYANJU
D.O.B	05-7-1967	Home Telephone		Mobile:	07405447547
Work Telephone:				Email:	Olatusijadeyanju@hotmail.com
Home Address:	1B, COOKE STREET DENTON, MANCHESTER			GP Address:	HAUGTON VALE SURGERY, TATTON ROAD, DENTON M34 7PL

Email: Olatusijadeyanju@hotmail.com

MEDICAL HISTORY	
All staff groups complete this section	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ADDITIONAL INFORMATION (If you have answered yes to any questions above please provide additional information below)	

TUBERCULOSIS			
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you lived continuously in the UK for the last 5 years?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If you answered no above, please list all of the countries that you have lived in over the last 5 years			
Have you had a BCG vaccination in relation to Tuberculosis?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes please state when		Date:	
Do you have any of the following			
A cough which has lasted for more than 3 weeks	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unexplained weight loss	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Unexplained fever	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you had tuberculosis (TB) or been in recent contact with open TB	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ADDITIONAL INFORMATION (If you have answered yes to any questions above please provide additional information below)			

DECLARATION FORM

Please complete all parts of this form in full:

FORENAME(S):	OLAFUNTI ROBERT
SURNAME:	ADEYANTU
POST TITLE:	HCA
POST REF NO:	

Guidance for applicants

The position you have applied for is exempt from the Rehabilitation of Offenders Act 1974 (as amended in England and Wales).

When Cheshire & Wirral Partnership NHS Foundation Trust (CWP) is assessing your character and suitability for any such appointment, it is legally permitted to ask for and consider any information relating to unspent (current) and spent (old) criminal convictions, police cautions, final warnings or reprimands which are not protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

You are not legally obliged to declare any convictions or cautions which are protected under the Exceptions Order. Employers must not ask for, or consider any such information as part of their recruitment process. Before completing this form it will be important for you to read the useful guidance section on page two which provides additional advice about the type of criminal history information you must declare.

Where relevant to the role, the organisation may also ask you to provide any information about any investigations and/or formal action taken against you by a regulatory or licencing body which may have had an impact on your professional registration and/or fitness to practise in your chosen profession.

Any information you declare when completing this form will be verified by undertaking a follow-up check with the relevant body. It will also include carrying out a standard or enhanced disclosure through the Disclosure and Barring Services (known as a DBS check).

Enhanced disclosures may also include other non-conviction information which may be held on central police databases, where this is regarded as relevant to the position you are applying for. If the position has, in addition, been identified as a 'regulated activity' under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012), the enhanced disclosure will also include any information that may be held about you on the children's and/or adults barred list(s).

Our fair recruitment promise

CWP aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership.

The organisation does not discriminate unfairly against applicants on the basis of criminal conviction or other such information declared. If we believe that the information you have declared is relevant to the position you are applying for, we will discuss this with you prior to making our final recruitment decision. If information is not raised with you, this is because we do not believe that this should be taken into account. In any event, you remain free to discuss the matter with the recruiting manager or human resources department should you wish to do so.

DECLARATION FORM

All information will be examined on a case-by-case basis alongside the full range of information we gain about you as part of our recruitment process. It is important to stress that answering yes to any of the questions in the attached form does not mean that you will be prevented from taking up an appointment in the NHS.

How will my information be used?

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will only be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

If you have declared any information relating to criminal convictions or other such offences, we will consider the following:

- The relevancy of the conviction/offence to the position being applied for.
- The seriousness of the offence(s).
- Your age when you committed the offence(s).
- The length of time since the offence(s) occurred.
- If there is a pattern of offending behaviour.
- The circumstances surrounding the offence(s).
- Any evidence you provide to demonstrate that your circumstances have changed since the offending behaviour.

It is important to be aware, that the failure to disclose all spent and unspent convictions which you are legally obliged to declare (i.e. those that are not protected by Exceptions Order of the Rehabilitation of Offenders Act (as amended in England and Wales), could result in disciplinary proceedings or dismissal.

Please ensure that you take the time to read the supplementary guidance that we sent to you with your application form. This provides you with detailed information about how we will process your application, the persons to whom information will be disclosed, and the range of checks that we will undertake as part of our recruitment process.

Useful guidance

If you have a criminal history, it will be important for you to refer to the easy to read [guidance documents](#) provided on the Unlock website.

Unlock is a charity body that provides information and advice to individuals to help them gain a greater understanding about the type of information employers are likely to seek about their criminal history, which convictions and cautions are protected under the Exceptions Order (i.e. will never be disclosed as part of a DBS check and do not need to be declared when completing this form) and their rights.

DECLARATION FORM

Please complete and return the form only to: Temporary Staffing, Springview, Clatterbridge Health Park, Bebington Wirral CH63 4JY and e-mail tempstaffing@cwpc.nhs.uk

Before completing this form, it is important to note the following points:

1. You must answer all the questions in this form.
2. Before ticking yes or no, please ensure that you to read the explanatory notes which are provided underneath each of the questions. These notes are intended to guide you in determining what additional information you will be required to provide to support your answers.
3. If you answer yes to any of the questions, please use the space provided to include any relevant information about your suitability for the position you are applying for.
4. If you would like any additional supplementary evidence to support your application to be considered, please ensure it is attached or uploaded with this form when you return it.
5. You are not required to disclose information about parking offences.

Applicant details			
Full name (in block capitals)	OLAFUNJI ROBERT ADEYANJU	Contact details	07405447547
Role applied for	HCA		
1. Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?			<div>Yes</div> <div>No</div>
<p>You should tick no, if any convictions are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013. Please refer to information about protected convictions and cautions in the useful guidance section.</p>			<div>X</div>
<p>If you have ticked yes, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing.</p>			
2. Have you ever received a police caution, reprimand or final warning in the United Kingdom or in any other country?			<div>Yes</div> <div>No</div>
<p>You should tick no, if any cautions, reprimands or final warnings are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013. Please refer to further information about protected convictions and cautions in the useful guidance section.</p>			<div>X</div>
<p>If you have ticked yes, please provide details of the caution, reprimand or final warning, including the date and reason administered.</p>			

DECLARATION FORM

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?	Yes	No
Please note that you <u>must</u> inform us immediately if you are charged with any offence in the United Kingdom or in any other country <u>after</u> you complete this form and <u>before</u> taking up any position offered to you.		X
If you have ticked yes, please provide details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.		
4. Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country?	Yes	No
If you have ticked yes, please provide details of the nature of the allegations made against you and, if known to you, any action to be taken against you by the police. Please note that we will only take into account any current investigations which might be relevant to the position you are applying for.		
5. Have you ever been investigated by the NHS Business Services Authority (formerly NHS Counter Fraud and Security Management Services) or any other investigatory body resulting in a current or past conviction or any formal action being taken against you?	Yes	No
If you have ticked yes, please provide details of the offence, including any dates. Investigatory bodies may include: HM Revenue & Customs, the Financial Services Authority, Department for Business, Energy and Industrial Strategy (formerly the Department of Trade & Industry), Department of Work and Pensions, Home Office, UK Visas and Immigration and local authorities. This list is intended as a guide only, <u>you must</u> declare any investigation conducted by an investigatory body.		
6. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office, or other position previously held by you?	Yes	No
If you have ticked yes, please provide details of the employment, volunteering, office, or other position held, the date that you were dismissed and the nature of allegations of misconduct made against you.		

DECLARATION FORM

7. Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body in the UK or in any other country?	Yes	No X
<p>If you have ticked yes, please provide the reasons given for the investigation and, where applicable, the details of any warnings, conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your professional registration and, the name and address of the regulatory or licensing body concerned.</p> <p>Please note that we will only take into account any current fitness to practise investigation or proceedings which might be relevant to the position you are applying for.</p>		
8. Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?	Yes	No X
<p>You should tick no, where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated.</p> <p>If you have ticked yes, please provide details of any conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your registration and/or any warnings issued, where relevant and, the name and address of the regulatory or licensing body concerned.</p>		
9. Are you subject to any other prohibition, limitation, or restriction that means we are/or may be unable to consider you for the position for which you are applying?	Yes	No X
<p>If you have ticked yes, please include details of the nature of the prohibition, restriction or limitation and by whom it was made.</p>		

DECLARATION FORM

Continuation sheet:

If you have answered yes to any of the questions above, please use the space below to provide any additional information you wish us to consider as part of your application. You may continue on a separate sheet or attach any additional evidence, if you wish to do so.

Please clearly indicate the number of the question to which the information relates.

Declaration – Agency Worker**IMPORTANT**

The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information.

The Act defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

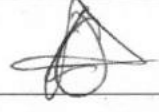
The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, CWP will not retain this declaration form any longer than is necessary - see further details in the supplementary guidance notes for applicants which we provided with your application form. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

Full name (in block capitals)	OLATUNJI ROBERT ADEYANJU	Signature	
Date	05-10-2018		

If you need any assistance or advice before returning this form to us, or you wish to withdraw your consent at any time after you have submitted this form, please contact CWP.

All enquiries will be treated in strict confidence.

Certificate
IN
HAND HYGIENE TRAINING

The following person completed the above training,
online, through social-care.tv on February 11th 2015

olatunji Robert Adeyanju Ademolake
and achieved 90%

THIS COURSE SYLLABUS INCLUDES:

- An introduction to hand hygiene
- Micro-organisms
- Bacteria
- The Chain of Infection
- Hands
- Hand washing correctly
- Soaps
- Proper hand drying
- Skin related problems
- Frequently unwashed parts of the hands
- Home care and hand hygiene
- Alcohol hand rubs
- Disposable gloves
- Putting disposable gloves on properly
- Taking disposable gloves off correctly



Mulberry House

www.mulho.com



SOCIAL CARE TV

www.social-care.tv

www.social-care.tv The professional choice for online health and social care training



CERTIFICATE OF COMPLETION

This is to certify that

Olatunji Robert Adeyanju Ademolake

has completed the course

**Mental Capacity Act and Deprivations of
Liberty Safeguards**

on the date

expires on

Grade

16th December 2015

15th December 2016

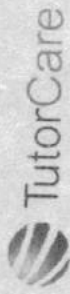
B (80%)

Based on knowledge assessment



Psittacus





CERTIFICATE OF COMPLETION

This is to certify that

olatanji ADEYANJU ADEMOLAKE

has completed the course

Health and Safety

on the date

7th June 2016

Grade

D (73%) Based on knowledge assessment



Accredited CPD Centre
The CPD Standards Office

PROVIDER NUMBER: 60006

2014 - 2016

www.cpdstandards.com



CERTIFICATE OF COMPLETION

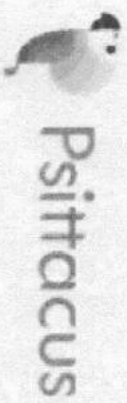
This is to certify that

Olatumji Robert Adeyanju Ademolake

has completed the course

Safeguarding of Vulnerable Adults

on the date	expires on	Grade
02 nd December 2015	01 st December 2016	A (94%) <small>Based on knowledge assessment</small>





CERTIFICATE OF COMPLETION

This is to certify that

olatumji ADEYANJU ADEMOLAKE

has completed the course

Communication

on the date

14th May 2016

Grade

B (88%) *Based on knowledge assessment*



Accredited CPD Centre
The CPD Standards Office
PROVIDER NUMBER: 60006
2014 - 2016
www.cpdstandards.com





**HM Revenue
& Customs**

Your National Insurance number

MR O R ADEYANJU ADEMOLAKE
46 MANCUNIAN ROAD
DENTON
MANCHESTER
M34 7NT

NIC&EO

HMRC

BX9 1AN

www.hmrc.gov.uk

Date 07/01/2017

MR OLATUNJI ROBERT ADEYANJU ADEMOLAKE

Your National Insurance number is SS 32 08 29 B

This number is unique to you and will not change. **Please keep this number safe.**

This document cannot be used to prove your identity or your right to work in the UK.

Examples of when you will be asked to give your National Insurance number are:

- when you start working
- when you apply for a Student Loan
- when you claim state benefits
- when you register to vote

It's important that you give every employer you work for your National Insurance number as soon as you start working for them - you can give them a copy of this document.

You can print another copy of this document by signing in to your personal tax account at **www.gov.uk/personal-tax-account**

What your National Insurance contributions are for

You pay National Insurance contributions on what you earn, and these count towards your basic state pension and benefits. For more information about National Insurance contributions go to **www.gov.uk/national-insurance**

AAJ809804 T

ESPAÑA

(1) Apellidos/Surname/Nom

ADEYANJU
ADEMOLAKE

(2) Nombre/Given Names: Minor
OLATUNJI ROBERT

(3) Nacionalidad/Nationality/Nationalité
ESPAÑOLA

(4) Fecha de nacimiento: Date of birth / Date de naissance
05-07-1967

6) Lugar de nacimiento / Place of birth / Lieu de naissance
LAGOS (NIGERIA)

7) Fecha de expedición / Date of issue
Date de délivrance

14-11-2014

Date d'expiration
4-11-2024

4-11-2024

A2958756300⁽¹¹⁾ Id. No

(5) Sexo/Sex/Sexo

(9) Autoridad/Authority/Autorité
DGP-41811A6P7

DGP-41811A6P7

P<ESPADEYANJU<ADEMOLAKE<<OLATUNJI<ROBERT<<<<
AAJ8098044ESP6707057M2411141A2958756300<<<72

DRIVING LICENCE

1. ADEYANJU ADEMOLAKE
2. OLATUNJI ROBERT

3. 05.07.1967 NIGERIA

4a 18.03.2017 4c. DVLA

4b. 17.03.2027

5. ADEYA607057OR9MC 22

7.

8. 1B COOKE STREET, DENTON, MANCHESTER,
M34 2AG

9. AM/A/B1/B/H/k/p/a



CARE CERTIFICATE



This is to certify that

Olatunji Robert ADEYANJU ADEMOLAKE

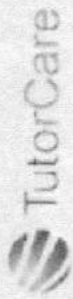
is awarded the Care Certificate based on the standards set by
Health Education England, Skills for Care and Skills for Health

Date of award: **22nd April 2016**

Awarding employer:

EBONY HEALTHCARE SERVICES LTD

Signature:  Job Role/Title: **Registered manager**



CERTIFICATE OF COMPLETION

This is to certify that

Olatunji Robert Adeyanki Ademolake

has completed the course

Medication Management

on the date

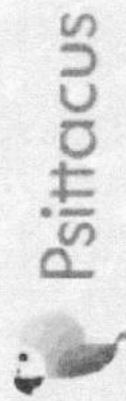
16th November 2015

expires on

15th November 2016

Grade

A (94%) *Based on knowledge assessment*



Certificate IN **DEVELOP AS A WORKER**

The following person completed the above training,
online, through social-care.tv on March 3rd 2015

Olatunji Robert Adeyanju Ademolake
and achieved 60%

THIS COURSE SYLLABUS INCLUDES:

- What development is about
- Basic duties and how they develop
- Dealing with change
- Sources of information
- The role of your manager
- Working with others
- The roles of others
- Being supported
- Giving support
- Taking responsibility
- Being accountable
- Seeking help
- Human needs and their development
- Taking care of yourself
- Health promotion
- Nutrition and diet
- Sleep problems
- Stress
- Reflective practice
- Supervision
- Personal development plans
- Delivering best practice care
- Training
- Gaining skills
- Feedback
- Health and social care qualifications



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Contributes to Care Certificate Standards 1, 2, 3, 5 & 13



SOCIAL CARE TV

www.social-care.tv

www.social-care.tv The professional choice for online health and social care training



TutorCare

This is to certify that

Olatunji Adeyanju

Has successfully completed the following training course

Emergency First Aid Awareness (In-House) (3 Hours)

Completion date

22/01/2016

Richard Thomas
Managing Director





TutorCare

This is to certify that

Olatunji Adeyanju

Has successfully completed the following training course

Fire Safety Awareness (2 Hours)

Completion date

22/01/2016

Richard Thomas
Managing Director



XXX/545196725084 001/00854242/DM39626

Mr O R Adeyanju Ademolake
1b Cooke Street
Denton
Manchester
Lancashire
M34 2AG


322001


Barclays Bank PLC
PO Box 8575
Leicester
LE18 9AW

January 2018

We've got your personalised loan rate. Ready to go when you are.

Dear Mr Adeyanju Ademolake

There's no hanging about with a Barclayloan. It's there, ready to help you get your plans moving.

Your very own rate

We could tell you before you apply how much you could borrow – and at what rate. How? With a Barclayloan, we've carefully calculated a personalised loan rate just for you. We don't simply show you the representative rate, because that might not be what you'll actually get.

Your Personal Example

£20,000 Loan amount	60 months Term of loan	£548.10 Monthly repayments	£32,886.00 Total amount repayable	23.9% APR	23.9% Interest rate per annum (fixed)
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Look after your credit score

There's more good news, too. Getting a personalised quote with us won't affect your credit rating as we'll only record on your credit file when you actually apply for a loan – unlike some other providers.

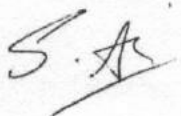
Once we've approved your application, the money could be in your account instantly. So if you're in need of a loan, why not move things forward with Barclays? We're always at the ready.

Representative Example

£5,000 Loan amount	60 months Term of loan	£137.02 Monthly repayments	£8,221.20 Total amount repayable	23.9% APR Representative	23.9% Interest rate per annum (fixed)
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Your provisional loan amount and rate are personalised for you. The rate may differ, depending on how much you borrow and your chosen term. We regularly review our provisional loan limits and personal rates, and the next review is on 4 February 2018. However, if your circumstances change at any time, this may also affect our ability to lend to you and your personal price. You'll be charged a fee (equal to 30 days' interest, calculated using the amount being repaid for a partial repayment or on the amount you owe us) if you repay your loan early.

Yours sincerely,



Shahzad Enver
Head of Lending

Access via the Barclays
Mobile Banking app

Login to Online Banking
and go to 'Personal Loan'

Call us on
0800 092 3675*

Pop into your local
Barclays branch

