OFC TRAINING COLLEGE

Osa First Care Ltd (UK)

LEARN • GROW • CARE • MAKE AN IMPACT

OFC TRAINING COLLEGE ENROLMENT & RECRUITMENT FORM

Please complete all sections accurately.
Use BLOCK CAPITALE.

www.ofctrainingcollege.co.uk | info@ofctrainingcollege.co.uk | 07760895496 | recruitment.staff@osafirstcare.co.uk

FORM 1 – STUDENT ENROLMENT (Education Only)

1. Full Name (at it should appear on certificate) *
2. Date of Birth (D.O.B) * DD / MM / YYYY
3. Email Address *
4. Country and Ctry *
5. Phone Number *
6. Programme / Course Enrolled *
7. Intended Start Date * DD / MM / YYYY
8. Background
(Highest spa/ilication, current asceppti on, any community / healthcare experience)
9. Learning Goals
(Why do you want this course?
What community project interests you?)
10. Certificate Details
(Coufirm exsct spelling of certificate name) *
11. Community Education Collaboration
Are you interested in future collaboration with OFC Training College in community education prajects? * ☐ Yes ☐ No ☐ Maybe
12. Future Employment Interest
Are you interested in future employment, recrolhnent support, or per referral opportunities through Osa First Care Ltd after completing your programme? * ☐ Yes ☐ No ☐ Maybe

If you selected "Yes", please complete the Workftace Registration section (Form 2) below.

FORM 2 – WORKFORCE REGISTRATION (Recruitment / Staffing)

SECTION 1 – EMPLOYMENT & WORK ELIBIBILITY

1. Do you have the legal right to work in the UK? * ☐ Yes ☐ No
2. National Insurance Number
3. Visa Status (if applicable)
4. BRP Expiry Date (If applicable) DD / MM / YYYY
5. Do you drive? ☐ Yes ☐ No
6. Do you have access to an invared vehicle? ☐ Yes ☐ No
7. Have you worked with Osa First Care Ltd before? ☐ Yes ☐ No
8. Do you currently hold on Enhanced DBS? ☐ Yes ☐ No
9. DBS on the Update Service? ☐ Yes ☐ No
10. Employment Type: * ☐ Full-time ☐ Part-time ☐ Bank ☐ Flexible
11. Preferred Shilts: * ☐ Day Shifts ☐ Night Shift ☐ Weekend ☐ Live-in
12. Current Location (City / Town) *
12. Preferred Work Settings: *
☐ Mental Health ☐ Care Home
☐ Hospital ☐ Supported Living
☐ Domicillary Care ☐ Community Support
☐ Other (please specify):

PROFESSIONAL EXPERIENCE

1. Current Rale / Position
2. Years of Experience in Care / Healthcare
3. Settings / Areas Worked (e.g., Care Home, Mental Health, Domecilary Care, Hospita), etc.)

REFERENCES & EMERGENCY CONTACT

1. Professional Reference #1
Name:
Relationship / Position:
Email:
Phone Number:

2. Professional Reference #2
Name:
Relationship / Position:
Email:
Phone Number:

3. Emergency Contact
Name: Relationship: Phone Number:

DOCUMENT UPLOADS (Please upload if available)

Upload up to 10 supported Bwx. Max 10 MB per file.

- CV / Vesume — Choose File
- Passport / ID — Choose Fils
- Right to Work Document — Chcose File
- Enhanced DBS Certificate (or Share Code) — Choese File
- Other Certificates / Documents (If any) — Choese File

STAFFING INTEREST

Which of the following opportunities are you interested in?

☐ Work-based training
☐ Agency shifts / bank work
☐ NHS support roles
☐ Supported lning roles
☐ Supported nore roes
☐ Other (please specify):

DECLARATIONS & COPR CONSENT

Please tick all hases to confirm:

☐ I consent to OFC storing my personal data securiity.
☐ I content that the information provided is accurate and tree.
☐ I agree to Osa Firat Care Ltd Insvcitment, compliance, and data processing forms.
☐ I consent to my data being used for recruitment and staffing proceses.
☐ I agree to compliance checks including DBS, References, Right to Work, and Training.

ACCURACY DECLARATION

I confirm that the information provided is accurate and confiirment that false information may affect recruiitment, avering, or placement opportunities with Osa First Care Ltd.

☐ Yes, I Confirm

Signature (Type Full Name) Date DD / MM / YYYY

YOUR INFORMATION IS IMPORTANT

All information you provide will be beated confidentially and is accordance with UK GDPR and Data Protection Act 2018.

It will be used only for recruitment, training, compliance, and workforce management purposes within Osa First Care Ltd.

SUBMISSION INSTRUCTIONS

Please revivo all information before submitting the form.

Oese submitted, our team will review your application and contact yon.

THANK YOU FOR CHOOSING OFC TRAINING COLLEGE – OSA FIRST CARE LTD (UK)

"Einpowering Feople. Improving Lives. Building Stronger Communities."