

APPLICATION FORM



Attach Photo

HCA: ☐

Support worker: ☐

Senior Carer: ☐

RGN: ☐

RMN: ☐

NMC PIN:

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

1. Personal Details

Please complete all sections in this form in black ink & BLOCK letters

Title Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other. ☐

First Name

Surname/last Name

Address

Postal Code:

Telephone Home Mobile

Email Address

Nationality

Date of Birth National Insurance Number

Bank Account No Sort Code Bank

Type of Account Personal ☐ Business ☐

Next of Kin to be notified in case of emergency: Name

Address

Postal Code:

Telephone Home Mobile

Relationship to you

Do you hold a valid and current British Driver's Licence? Yes ☐ No ☐ Please ✓ as appropriate. Do you drive to work? Yes ☐ No ☐

Are you a member of a Union or Professional Organisation offering Indemnity Insurance? Yes ☐ No ☐ Please ✓ as appropriate.

Body Name Amount of Cover

Policy Number Expiry Date

How did you come to know about us? (Please ✓ as appropriate) Advertisement ☐ From the client ☐ Referred by our Staff ☐ Others ☐

If referred by our staff please mention their name:

2. Training

Training	Date of most recent training	Training	Date of most recent training	Training	Date of most recent training
Manual Handling		Infection Control		Safeguarding Vulnerable adults	
Health and Safety		Basic Life support		Safe administration of Medicines	
Mental Capacity Act and DoLS		Food hygiene		Equality and diversity	
Complaints handling		Information governance		Dementia Awareness	

3. Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. An Enhanced DBS check will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. The Enhanced DBS Check Certificate will only be requested in the event that you are successful in your application for employment.

I give consent to do an Enhanced DBS Check on me. ☐

4. Employment History

Please print details of all your employment for a period of at least the last 5 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & Place of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/ Last salary or wage
	From	To		
	Month/Year	Month/Year		

5. Formal Education and Qualifications

Name of School/College/University and Location	Dates of attendance		Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

6. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Reference-1		Reference-2	
Name		Name	
Address & Post Code		Address & Post Code	
Position		Position	
Telephone Number		Telephone Number	
Email		Email	
Relationship to you		Relationship to you	
May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate.		May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate.	

7. Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed:

Date:

8. Equal Opportunities Monitoring Form

We operate a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire. Your answers will be treated with utmost confidence and will be used only for statistical purposes. The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

What is your ethnic group? Please tick appropriate box to indicate your cultural background.

British White		Irish White		Other European White		White & Black Caribbean		White & Black African	
Indian		White & Asian		Pakistani		Bangladeshi		Caribbean	
Filipino		African		Chinese		Others (Please specify)			

SEX: Male ☐ Female ☐ Other ☐ Please ☒ as appropriate.

DISABILITY:

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

Yes ☐ No ☐ Please ☒ as appropriate.

9. Working time regulations (1998) & work preferences

Further to the implementation of the working time regulations on 1 October 1998, employees will not be expected to work more than an average of 48 hours per week. We discourage any individual from working above the maximum weekly working limit. However, the regulations allow an individual to exercise their option to work above the 48-hour limit, provided a written agreement is made.

Do you agree that the 48-hour average weekly limit specified in the working time regulations 1998 – regulation 4(1) shall not apply in my case?

Yes ☐ No ☐ Other, please specify

Do you agree that despite agreeing to dis-apply the limit, you are fully aware that you have responsibility not to work hours so long that they may impair your efficiency or expose colleagues, the public or property to risk?

Yes ☐ No ☐ Other, please specify

Do you agree to give at least 7 days' notice to us, if you wish to bring this agreement to an end.

Yes ☐ No ☐ Other, please specify

10. Rehabilitation of Offenders Act (1974)

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions ☐ I have convictions (see Note below) ☐ Please ☒ as appropriate.

Note: (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

11. Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes ☐ No ☐ Please ☒ as appropriate.

12. Night Worker Health Questionnaire

Do you suffer from any of the following health conditions? If you have answered 'YES' to any of the following questions, you may be asked to see a doctor or nurse.

Diabetes		Any medical condition requiring medication to a strict time table	
Heart or Circulatory disorders		Any condition which causes difficulties in sleeping	
Stomach or Intestinal disorders		Any other health factors that might affect fitness at work	
Chronic Chest disorders (Especially if night time Symptoms are troublesome)		Please specify:	

Employer's assessment (to be filled by the employer only)

Can work at night		Cannot work at night		Medical Examination required	
-------------------	--	----------------------	--	------------------------------	--

13. Skills & Competency Checklist (for Nurses only)

General Competencies

NMC Code of Conduct	CQC Regulations	Medical Device Policies
Adult CPR	Care of Dying	Unexpected Death Protocol
Tissue Viability	Wound Assessment & Mapping	Tracheostomy Care
Tracheal Suctioning	Oral Suctioning	Insulin Administration/Management
Insertion of Urinary Catheter (Male & Female)	Venepuncture	Obtaining Urine/Faecal Samples

Medication Administration & Procedures

Ordering Medication	Receiving Medication	Storage of Medicines
Pharmacy Protocol	CD Management	CD Administration
Covert Medication Procedures	Oral Administration	IM/SC Administration
IV Administration	PEG Administration	PR Administration
PV Administration	Allergies & Overdoses	Monitoring Dosage System

Documentation

Nursing Evaluation/Summary	Formulation of Care Plans	MARS System
Observation Charts	Fluid Balance Charts	Stool Charts
Critical Incident Reporting	Wound Care Recording	Waterlow Scoring
Behaviour Charts	Weight Management	MDT Referral Documentation

Patient Observations & Monitoring

Pulse Oximeter	Blood Pressure	Respiration
Temperature	Neuro Observations	Oxygen Therapy
BM Monitoring	Care of Unconscious Patients	Pain Management & Scoring
Syringe Driver	Defibrillator Checks	Care of Patients with COPD

Use of Equipment

Glucometer	Oxygen Cylinders	Nasal Cannula
Oxygen Masks	CPAP	Manual Hoist
Electric Hoist	Slings	Slide Sheets
Standing Hoist	Lifting Belt	Banana Board
Pressure Relieving Aids	Airflow Mattress	Automatic Feed pumps

14. Supporting Documents Checklist

Please attach following documents with your application and tick appropriate box

Copy of Passport (Original to be verified by the company)	Copy of Visa/Residents Permit (Original to be verified by the company)
Passport Size Photo	Recent Training Certificates (Dated within last one year)
Two Address proof Documents (Bank Statements/Utility Bills/Council Tax)	Most Recent DBS Certificate

Additional Documents for Payroll

Starters Checklist/P60/P45 (for payroll staff)	UTR Letter/UTR Number (Evidence Required)*
Company Registration Certificate (for LTD company)	Proof of Business Account (Bank Statement/Cheque Leaf/Letter from Bank)*

Please confirm the following

*Self employed staff are responsible for their TAX and NI contributions

Completed application with all relevant sections filled	Details of two references given (Section 6)
---	---

15. Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications. Experience and dates of employment and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes.
- I understand that any false or misleading information could result in my dismissal.

Signed:

Date:

For Office Use Only

	Initials
Date Application received	
Date(s) of Interview & Comments	
Decision	