**APPLICATION FORM**

The Recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on the information provided.

 **PLEASE COMPLETE FULLY AND IN CAPITALS.**

|  |  |
| --- | --- |
| Surname:        | First names(s)        |
| Position applied for:        | Email address:      |
| Hours required per week: |       |
| Area of work (eg local/travel)      | Days/nights/mornings/afternoons/evenings/weekends)      |
| Previous surnames (supply documentary evidence e.g. marriage certificate, deed of name change etc): |       |
| Current address:      |
| Post code:      | Moved to this address:      |
| Previous addressnote: for criminal record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.      |
| Post code:      | Moved to this address:      |
| Telephone no. (home)      | Telephone no. (work) used with discretion      |
| Own transport (yes/no)      | Clean current driving license yes/no      Endorsements:      |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| SCHOOL/COLLEGE/UNIVERSITY | EXAMINATIONS PASSED/QUALIFICATIONS  | DATES FROM | DATES TO |
|                 |                 |                 |                 |

**TRAINING HISTORY/PROFESSIONAL STATUS**

Please supply copies of certificates/membership details

|  |  |  |
| --- | --- | --- |
| DATE OF GRADUATION/QUALIFICATION | LOCATION/DETAILS | NOTES |
|       |       |       |

**SHORT COURSES ATTENDED**

|  |  |  |
| --- | --- | --- |
| SUBJECT | LOCATION | DATES |
|            |            |            |

**EMPLOYMENT HISTORY**

Current/most recent first. The information must cover the whole of you working career to date. Please state the reasons for any breaks in employment, use a separate sheet if required.

|  |  |
| --- | --- |
| Name & address of most recent employer      |  employer      |
| Dates employed from/to      | Dates employed from/to      |
| Nature of business      | Nature of business      |
| Position held & reason for leaving      | Position held & reason for leaving      |
| Salary/rate per hour      | Salary/rate per hour      |

|  |  |
| --- | --- |
| Employer      |  employer      |
| Dates employed from/to      | Dates employed from/to      |
| Nature of business      | Nature of business      |
| Position held & reason for leaving      | Position held & reason for leaving      |
| Salary/rate per hour      | Salary/rate per hour      |

**NEXT OF KIN**

|  |
| --- |
| Full name       |
| Relationship       |
| Telephone no:       |
| Address:       |

IDENTITY DETAILS (IF REQUIRED)

|  |
| --- |
| Nursing and midwifery council pin number(nurses only)       |
| Experience in years (all applicants) |       |

CAPACITY TO WORK IN THE UK

|  |  |
| --- | --- |
| Are there any restrictions in the uk which might affect your right to take up employment in the uk | Yes/no       |
| If yes please provide details      |
| If you are seccessful in the application, would you require a work permit prior to taking up employment | Yes/no       |

Note: minimum age ligislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer if you do not meet these specifications

**REFEREES**

You must provide references from your 2 most recent employers. Please provide an additonal character referee. All will be contracted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references please discuss the matter with us.

**CURRENT OR MOST RECENT EMPLOYER**

|  |
| --- |
| Name       |
| Address       |
| Telephone no       |
| Job title       |
| Email address        |

**PREVIOUS EMPLOYER TO THE ONE PREVIOUS**

|  |
| --- |
| Name       |
| Address       |
| Telephone no       |
| Job title        |

**CHARACTER REFERENCE**

|  |
| --- |
| Name       |
| Address       |
| Telephone no       |
| Job title       |
| Email address        |

**NIGHT WORKERS ASSESSMENT**

|  |  |
| --- | --- |
| Surname       | First name(s)       |

Questionnaire and examinations form to comply with the Working Time Directive (93/104/eec) interpretation and guidance as given by the Health and Safety Executive of the United Kingdom. The purpose of this questionnaire is to ensure that you are suited to working at night. All the information you provide will be kept confidential.

|  |  |
| --- | --- |
| Have you ever been excluded from night work? If yes please give reasons | Yes/no       |
| Are you fit to work nights? | Yes/no       |
| Are you a regular night worker? | Yes/no       |
| If yes, how long have you been doing night work? | Yes/no       |
| Have you suffered/are suffering from insomnia or any other condition associated with sleep? If yes, please give details. | Yes/no       |
| Are you pregnant? | Yes/no       |
| Do you have any children under 6 years old? | Yes/no       |
| Do you have any care dependent relatives? | Yes/no       |
| Are you taking regular medication? If yes, please give details. | Yes/no       |
| Do you suffer from disorders of the heart and blood vessels?If yes, please give details. | Yes/no       |
| Do you suffer from disorders of the stomach and intestines?If yes, please give details. | Yes/no       |
| Do you suffer from disorders of the brain and nervous system?If yes, please give details. | Yes/no       |
| Do you suffer from disorders of the chest?If yes, please give details. | Yes/no       |
| Do you suffer from disorders of the kidney and bladder?If yes, please give details. | Yes/no       |
| Are you suffering from any other condition or disorder?If yes, please give details. | Yes/no       |

**HEALTH DECLARATION**

To enable us to consider your application, we require certain details of your medical history. This information will be treated in strict confidence. Do you or have you ever suffered from any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | DETAILS WITH DATES |
| Allergies |       |       |       |
| Asthma, bronchitis or chest complaints |       |       |       |
| Diabetes or thyroid disease |       |       |       |
| Epilepsy or blackouts |       |       |       |
| Hearing problems |       |       |       |
| Heart problems |       |       |       |
| Migraine/headaches |       |       |       |
| Nervous or mental disorder |       |       |       |
| Operation |       |       |       |
| Physical disabilities |       |       |       |
| Stomach or bowel problems |       |       |       |
| Dermatitis or other skin problems |       |       |       |
| Back trouble |       |       |       |
| Do you consider yourself to be in good health? |       |       |       |
| Any other health problems not mentioned above? |       |       |       |

**IMMUNISATION DETAILS**

**Please give the last date of immunization or vaccination for:**

|  |  |
| --- | --- |
| Tetanus |       |
| Poliomyelitis |       |
| Rubella |       |
| Hepatitis a |       |
| Hepatitis b |       |
| Diphtheria schick test |       |
| Bcg (tb vaccination) |       |

**All applicants are reminded that it is unethical for health care workers who know or believe themselves to be infected with any blood borne viruses (hiv, hepatitis b or c) or other notifiable disease (e.g. Tuberculosis tb) to put patients at risk by failing to seek appropriate counseling or by failing to act upon it when given. Such behavior may affect your ability to practice within this organization.**

**CRIMINAL RECORD**

Workers of the agency are subject to the health and social care act 2008, and will be subject to a police record check through the dbs. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

|  |
| --- |
| Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. |
|       |

|  |
| --- |
| SIGNATURE AND DECLARATION – IMPORTANT – READ BEFORE SIGNING |
| I declare that to the best of my knowledge and belief the information given by me in this application is true, and i understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately. I understand that i cannot be offered a post until a satisfactory response has been received with respect to my dbs register status, and that should i subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the dbs. I understand that until a satisfactory response is received from the dbs, and my employment is confirmed, i will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post i have applied for is as a registered nurse, my confirmation of employment will also be subject to a satisfactory search of the nursing and midwifery council records and registers. By my signature, i authorise the organisation to request a dbs register check and a criminal records check from the dbs, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my dbs register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status. NAME: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |