



Job Application Form Confidential

<p>1. Post Details</p> <p>Position applied for</p> <p>Grade</p> <p>RGN <input type="checkbox"/> RCN <input type="checkbox"/> RMN <input type="checkbox"/> RM <input type="checkbox"/> RNLD <input type="checkbox"/></p> <p>ODP <input type="checkbox"/> THEATRE <input type="checkbox"/> HCA <input type="checkbox"/></p> <p>Band</p> <p>2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/></p> <p style="margin-left: 40px;">8 <input type="checkbox"/></p> <p>NMC or HPC Number.....</p> <p style="margin-left: 40px;">Expiry Date.....</p>	<p style="text-align: center;">Please attach a recent photograph here</p> <p>Union Name and Number.....</p> <p>Expiry Date.....</p>
2. Personal Details	
Title:	National Insurance Number:
Surname:	Contact Telephone Number:
Forenames:	Email address
Address:	<p>Please only answer the questions below if they are a requirement for the post being applied for:</p> <p>Do you have a current driving licence? YES <input type="checkbox"/></p> <p style="text-align: right;">NO <input type="checkbox"/></p> <p>Do you have use of a vehicle? YES <input type="checkbox"/></p> <p style="text-align: right;">NO <input type="checkbox"/></p>
Post Code:	<p>Are there any restrictions on you taking up work in the UK?</p> <p>YES/NO (If yes please provide details).</p>
Email:	
3. Present Employment	
(If you are not currently in employment please leave blank)	
Job Title:	Telephone Number:
Employer's Name:	Basic Pay:
Address:	Date Started:
Post Code:	Period of Notice:
Outline of key duties and responsibilities	

4. Education

Please list Schools/College/University attended & any Qualifications gained.

5a. Employment History (Please complete in full using a separate sheet if necessary, starting with your most recent employment)

From: MM/YYYY To: MM/YYYY	Name & Address of Employer	Job Title and brief summary of duties	Salary on leaving	Reason for leaving

5b. Please specify all time not accounted for above with dates and reasons

6. Summary of Experience, Skills, Knowledge and Competencies

EXPERIENCE

Please tick if you have worked in any of the following facilities:

Community Hospital Prison Residential Nursing Home

SKILLS / AREA

NURSES ONLY

Please tick the area you have experience in:

- | | | | |
|--------------------------|------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | A & E | <input type="checkbox"/> | ITU/HDU |
| <input type="checkbox"/> | Anaesthetics | <input type="checkbox"/> | IV's |
| <input type="checkbox"/> | Ante Natal | <input type="checkbox"/> | Medical |
| <input type="checkbox"/> | Birth | <input type="checkbox"/> | NICU |
| <input type="checkbox"/> | Cannulation | <input type="checkbox"/> | Oncology |
| <input type="checkbox"/> | Cardiac | <input type="checkbox"/> | Orthopaedics |
| <input type="checkbox"/> | Cardiac Cath Lab | <input type="checkbox"/> | Outpatients |
| <input type="checkbox"/> | CCU | <input type="checkbox"/> | Paeds |
| <input type="checkbox"/> | CDU | <input type="checkbox"/> | PICU |
| <input type="checkbox"/> | Chemo | <input type="checkbox"/> | Plastering & Suturing |
| <input type="checkbox"/> | Dialysis | <input type="checkbox"/> | Post Natal |
| <input type="checkbox"/> | ECG | <input type="checkbox"/> | Recovery |
| <input type="checkbox"/> | Elderly | <input type="checkbox"/> | Scrub |
| <input type="checkbox"/> | Endocrine | <input type="checkbox"/> | Substance Misuse |
| <input type="checkbox"/> | Endoscopy | <input type="checkbox"/> | Surgical |
| <input type="checkbox"/> | Gynae | <input type="checkbox"/> | TSSU |
| <input type="checkbox"/> | Haematology | <input type="checkbox"/> | Venepuncture |
| <input type="checkbox"/> | Health Visitor | <input type="checkbox"/> | Ventilation for Paeds |

By selecting the above information you are stating your clinical ability to work in those areas. Should it be found that you are clinically unable to work in those areas, you accept that the company may take disciplinary action against you.

Sign.....

Date.....

Please tell us about your relevant experience, skills, knowledge and competencies which you feel make you suitable for this job. Give examples of things you have done in your work/home life. Please use additional paper if necessary.

7. References

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference.

For all applicants shortlisted for interview for posts which have been designated as a regulated activity, it will be necessary to approach both referees at the short listing stage.

Please sign in agreement for your referees to be contacted

Sign

Date.....

1.	Name:	2.	Name:
	Title/Position:		Title/Position:
	Address:		Address:
	Post Code:		Post Code:
	Relationship to applicant:		Relationship to applicant:
	Email Address:		Email Address:
	Telephone Number;		Telephone Number;

8. Criminal Convictions and Cautions

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed** and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition **you are required** to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the DBS will remain strictly confidential.

Have you ever received a caution, including conditional cautions, been convicted by a court of any offence, been reprimanded or given a final warning?

YES

NO

Please give details of all convictions and/or cautions, including date, court and nature of offence, in a sealed envelope and attach this to your application form.

Special Requirements (Care Sector)

Because this position involves the care of children and/or vulnerable adults, employment is dependant on the following:

1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to the company.
3. Proof of identity - birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

10. Other Employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

11. Health Details

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had?	* delete as applicable	Additional information to 'Yes' response
Tuberculosis, asthma, bronchitis or chest problems?	*Yes/No	
Chest pain, heart condition or raised blood pressure?	*Yes/No	
Blackouts, fits or attacks of giddiness?	*Yes/No	
Depression, mental illness or nervous breakdown?	*Yes/No	
Rheumatism or arthritis?	*Yes/No	
Back trouble?	*Yes/No	
Typhoid, paratyphoid or other gland trouble?	*Yes/No	
Digestive or bowel disease?	*Yes/No	
Diabetes, thyroid or other gland trouble?	*Yes/No	
Bladder or kidney trouble?	*Yes/No	
Dermatitis or skin trouble?	*Yes/No	
Varicose Veins?	*Yes/No	
Any other accident, operation or illness?	*Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	*Yes/No	
Any other current or recent medical condition	*Yes/No	

or treatment which may affect your attendance or performance at work?		
Do you intend to work night duties on a regular basis?	*Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	*Yes/No	
Any physical impairments, including defect of sight or hearing?. If yes, please specify any special needs in relation to your disability.	*Yes/No	
Do you smoke?	*Yes/No	
How many units of alcohol do you drink per week?		(one unit = ½ pint beer = 1 glass wine = 1 single whisky)

12. Declaration (Please read carefully before signing this application)

1. I declare that the information I have given on this form is, to the best of my knowledge, correct true and accurate and that I have not omitted any facts which may have any bearing on my application. I understand that falsification of any information may lead to the withdrawal of any offer of employment or dismissal where employment has already commenced.
By signing this form I agree to the agency using this information to consult any third parties or external organisations for the purpose of confirming and/or clarifying such information.
2. I also understand that satisfactory references, CRB disclosure (if appropriate), medical clearance and evidence of the right to work in the UK are required before any final offer of employment can be made.
3. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the agency reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

Signature:..... **Date:**