

APPLICATION FORM



Private & confidential

Please complete all sections of this application form to assist us in the decision making process. **Care from Home Ltd** will not discriminate against any applicant on the basis of nationality, ethnic background, social and economic status, ability, health, age or belief. All details given will be held in the strictest confidence.

Please complete in black ink and in block capitals.

POSITION APPLIED FOR

PERSONAL DETAILS

Title _____ **Surname** _____ **Previous Surname(s)** _____

Forename(s) _____ **Marital Status** _____

Address _____

_____ **Postcode** _____

Telephone (Day) _____ **Telephone (eve)** _____

Mobile _____ **E-mail** _____

Date of Birth _____ **National Insurance Number** _____

Ethnic Origin _____

Nationality _____ **Work Permit Number (if applicable)** _____

Registration Number (GMC/NMC/HPC) _____ **Expiry Date** _____

Part of Register(s) _____

Have you recently been resident outside the UK? (please tick appropriate box) Yes No

Languages spoken/written (indicate fluency) _____

Do you hold a current UK Driving Licence? Yes No

Do you have use of a car? Yes No

NEXT OF KIN OR PERSON TO CONTACT IN EMERGENCY

Next of Kin _____ **Relationship** _____

Address _____

_____ **Postcode** _____

Telephone (Day) _____ **Mobile** _____

REHABILITATION OF OFFENDERS ACT

By virtue of the rehabilitation of Offenders Act 1974 (exemptions) Amendments Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answers to the following questions should include any spent convictions. This may or may not affect your application.

All Nurses and Care Staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process.

Have you ever been convicted of a criminal offence? Yes No

If yes, please give details: _____

Date of conviction: _____

Nature of conviction: (Please use a separate sheet if required) _____

Are you currently the subject of criminal proceedings?

(e.g. charges or summons that are not yet being dealt with?) Yes No

If yes, please give details: _____

Date of conviction: _____

Nature of conviction: (please use a separate sheet if required) _____

Have you ever been dismissed from a nursing or health care post? Yes No

If yes, please give details: _____

Date of dismissal: _____

Nature of dismissal (please use a separate sheet if required) _____

Are you currently suspended, on notice of dismissal from employment

or under investigation from your employer? Yes No

If yes please give details (use separate sheet if required) _____

Are you currently on sick or maternity leave Yes No

Do you belong to a union or professional body Yes No If yes, which; _____

Do you have professional indemnity cover Yes No if yes, which type: _____

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EMPLOYMENT HISTORY

Please provide details of your full employment history using the table below, starting with your most recent/ Present employer. Please provide a written statement to explain any gaps in employment (if applicable).

Date from	Date to	Employers name	Principal duties	Position	Reason for leaving

Current Employment Agencies _____

Previous Employment Agencies _____

How did you hear of this organization? _____

Additional information _____

REFERENCE REQUESTS

Please provide details of two professional referees, including their name, address and contact numbers. One reference must be from your current employer or most recent employer, of not less than three months and the second from a previous employer. Each referee must have been your direct Manager or Superior. Under no circumstances will references from relatives, friends or candidates of the Organisation be accepted.

Contact Name _____ **Company Name** _____ **Designation** _____

Address _____

_____ **Postcode** _____ **Telephone** _____

Mobile _____ **e-mail** _____

Additional Information _____

May we contact them prior to an interview Yes No

Contact Name _____ **Company Name** _____ **Designation** _____

Address _____

_____ **Postcode** _____ **Telephone** _____

Mobile _____ **e-mail** _____

Additional Information _____

May we contact them prior to an interview Yes No

EDUCATION DETAILS

Secondary Education Name & Address _____

Dates of Attendance

Subject	Level	Grade

Further Education & Training Details

Name & address of establishment	Dates of attendance	Qualification or grade

Please list any other professional qualifications (certificates required for verification)

To be completed by Carers

We need to know your practical experience, training and courses/qualifications (i.e NVQ, first aid, food hygiene, moving & handling, e.t.c)

Course	Date	Where taken	Certified	
			Yes	No

To be completed by Registered Nurses

We need to know your qualifications. These are to include details of NMC registration, Post registration qualifications and any other qualifications that you think are relevant.

NMC PIN Number _____ Part of register _____ Expiry date _____

Name of training hospital/university	Date	qualifications

When was the last time you had moving & handling training? Date _____

When was the last time you had basic life support training? Date _____

YOUR WORK PREFERENCES

Please state which type of work suits you best.

- Full time
- Part time
- Days
- Nights
- Weekdays
- Weekends
- Any of the above

Which areas would you like to work in?

- Medical wards
- Surgical wards
- Acute
- Psychiatric
- Paediatrics
- Clients in their own homes
- Nursing homes
- Learning Disabilities

Do you have your own transport Yes No If yes, which type _____

You have the option to opt out of the 48hour working week limitation as laid out in the Working Time Regulations 1998. Please indicate one of the following:

I wish to opt out I do not wish to opt out

In which geographical areas do you wish to work? _____

YOUR DECLARATION

I declare that the information I have given in this application form is complete and accurate in all respects.

I understand that the **Care from Home** Staff need to process the information that I have provided to them which constitutes personal and sensitive data as defined in the Data Protection Act 1998. I hereby give my consent for the **Care from Home** staff to process such data for the purpose of Health and Safety and to other parties as required to assess whether I am suitable for flexible staffing assignments.

I also understand that knowingly giving false information will disqualify me from registration with **Care from Home Ltd**.

How can we contact you? Please indicate all your choices.

Home telephone E-mail
 Mobile telephone Text

Signed _____ Date _____

What do I do now?

Please return this form together with copy documents listed below to the address shown on your attached letter. On receipt of your application form and supporting documents, we will contact you to arrange an interview.

Please bring to your interview all original documentation needed to complete this form. See checklist below. If you are unsure of anything please let us know and we will assist you in every way we can.

Checklist

- 2 Passport size photographs
- Documentation of your National Insurance Number
(i.e. NI Card, P60, P45 or other official Inland Revenue documents)
- Details of Moving & Handling and Basic Life support training
- Proof of professional indemnity insurance i.e. RCN/Unison
- Proof of identity (passport or full birth certificate only)
- Work permit or Visa (if required)
- Two forms of proof of current address (required for the CRB disclosure e.g. utility bill, bank statement)
- Letter from your college/University (if you are a student)
- Vaccination report from your doctor/Occupational Health Department i.e. Hepatitis B, Varicella (chicken pox) Rubella (German measles)
- Enhanced disclosure (CRB) Due to the new legislation on POVA (Protection of Vulnerable Adult) listing, a new CRB will have to be done when you are joining the Agency.
- Copies of certificates in relevant field i.e. nursing, care or support work
- Drivers Licence
- Qualified staff should also enclose the following essential documents:
- NMC statement of entry (not GNC or ENB certificate) Name and number must correspond with PIN card.
- PIN Card
- Post qualification certificates relevant to practice.

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EMPLOYEE DETAILS			
Name:		Forename(s):	
Address:		Date of Birth:	
		Tel. No:	
GP Name & Address:			
<i>A: Do you have, or have you ever suffered from, the following:</i>			
CONDITION	NO	YES	
Typhoid Fever / Paratyphoid Fever? Enteric Fever?			
Salmonella Infection?			
Diarrhoea / Vomiting for more than 2 days?			
Frequent Infections of the Upper Respiratory Tract e.g. , Colds, Sinusitis, Sore Throat, etc?			
Severe Chest conditions, such as chronic Bronchitis with Phlegm, Pleurisy, TB (Tuberculosis?)			
Discharge from the Ear / Eyes / Nose?			
Problems with the Heart and / or Circulatory System, such as Angina, Abnormal Blood Pressure, Anaemia?			
Problems with Sight or Hearing, such as Colour Blindness, Hard of Hearing?			
Skin Rash / Eczema / Dermatitis / other Skin Disease ?			
Recurrent Boils / Styes / Septic Fingers?			
Fits or Blackouts?			
Migraines and other Severe Headaches?			
Mental Health problems, such as Stress, Hypertension, Addictions, Depression or Anxiety Attacks?			



B: Other:

from home ltd

CONDITION	NO	YES	
Have you been an in-patient or out-patient at a hospital within the last 5 years?			
Have you had treatment for any condition relating to the abuse or misuse of alcohol or drugs within the last 5 years?			
Do you regularly take any type of prescription medication?			
Have you ever suffered from a back strain, slipped disc, or other conditions of the back, joints or ligaments?			
Are you registered disabled?			
Have you ever been refused a Drivers' Licence through health reasons?			
Have you ever had medical insurance refused, or offered subject to special conditions?			
Have you ever been refused employment, or had your employment terminated for health reasons?			
Are you prepared to undergo a medical examination?	YES / NO		
Do you give your consent for us to contact your GP?	YES / NO		

Any other relevant information:

I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge.

Signature: _____ Full Name (PRINT): _____ Date: _____

TO BE COMPLETED AT INTERVIEW STAGE

ATTACH
PHOTOGRAPH

BANK DETAILS

BANK NAME _____

BANK ADDRESS _____

ACCOUNT NAME _____ **ROLL NUMBER** _____

ACCOUNT NUMBER _____ **SORT CODE** _____

CRIMINAL RECORDS DISCLOSURE

I enclose a cheque made payable to _____ for £_____ Yes No

UNIFORMS

I enclose payment made payable to **Care From Home Ltd** for £_____ Yes No

Passport: Number -	Expiry date-	YES	NO
Driving Licence: Number-	Valid Until-	YES	NO
N.I. Identification Card:		YES	NO
Birth Certificate: Number-	Registration date-	YES	NO
Photograph:		YES	NO
Other (specify):		YES	NO

Call Guardian Input _____ **Date** _____

Payroll Input _____ **Date** _____

P45 received Yes No P46 Sent/signed Yes No

Application form & submitted documents verified by _____ **date** _____