



APPLICATION FORM

Position Applied For:

How did you know about this vacancy:

PLEASE COMPLETE ALL SECTIONS

Section 1 Personal Details:

Title: _____ Surname: _____

Forenames: _____ Date of Birth: _____

Tell us if you have been known by another name:
(Deed of poll/Marriage certificate required) _____

Address: _____

Post Code: _____ Email address: _____

Home Telephone No: _____ Mobile Telephone No: _____

Nationality: _____ Do you require a work permit? _____

National Insurance No: _____

Do you hold a current driving licence? _____

Next of Kin: _____ Relationship: _____

Address (if different from above): _____

Contact No: _____

2. Membership of Professional Organisation / Trade Union:



It is strongly recommended that all NursCare Health members have Membership of a professional body and / or trade union. Evidence of membership will be required at interview.

Name of Organisation	Membership details and renewal dates

Section 3: Professional Qualifications & Training:

Training Establishment	Dates of training	Qualification Obtained
	From To	
	From To	
	From To	
NMC PIN Number:		Expiry Date:

For office use only: checked against NMC Register:

Other relevant training courses:

Course Title	Date Attended	Other Details

Section 3: Work History:

Please print clearly details of the past ten (10) years work history. You must state reasons for any breaks in employment. Please start with your most recently held position. Continue on the reverse of this sheet if necessary and enclose copy of your current CV.

Name & Address of Employer	Position Held & Duties	Date started	Date Left
Reason for leaving			
Name & Address of Employer	Position Held & Duties	Date Started	Date Left
Reason for Leaving			
Name & Address of Employer	Position Held & Duties	Date Started	Date Left

Section 4: Declaration of Health

This questionnaire asks for information of a personal nature. It is necessary to establish your health status as there are aspects of the work which requires us to make risk assessments in order to protect our employees and clients. All information given will be held in strict confidence.

GP Name:			
GP Address:		Post Code	
GP Telephone			
Please indicate whether you have suffered from any of the following by answering Yes or No:			
	Yes	No	Provide details where the answer is Yes
Epilepsy	Yes	No	
Fits, Fainting attacks or dizziness	Yes	No	
Stomach problems	Yes	No	
Frequent vomiting	Yes	No	
Chronic or recurrent cough	Yes	No	
Varicose veins	Yes	No	
Rupture /Hernia	Yes	No	
Serious Injury	Yes	No	
Rheumatism/Arthritis	Yes	No	
Skin problems (e.g. Dermatitis, Eczema, Psoriasis	Yes	No	
Back problems	Yes	No	
Hearing problems/ ear problems	Yes	No	
Chest problems	Yes	No	
Diabetes	Yes	No	
Eye/ sight problem not corrected by glasses	Yes	No	
Kidney problems	Yes	No	
Mental illness	Yes	No	
Heart problems	Yes	No	
Abnormal blood pressure	Yes	No	
Persistent head aches	Yes	No	
Jaundice	Yes	No	
Dysentery or typhoid	Yes	No	
Blood borne virus (i.e. Hepatitis /HIV	Yes	No	
Asthma, Bronchitis, or TB	Yes	No	

Have you been vaccinated against the following, Proof of all immunisations must be provided:

German Measles (Rubella)	Yes	Date	No	Tuberculosis	Yes	Date	No
Hepatitis B	Yes	Date	No	Tetanus	Yes	Date	No
Polio	Yes	Date	No	Varicella	Yes	Date	No
Mumps	Yes	Date	No	BCG Scar Seen	Yes		No

Consent to share information

I certify that the above information is correct and hereby give permission for Ladees Healthcare to obtain a further report from my GP for clarification if required.

Do you have the physical and health capacity to work in the healthcare setting? Y/N

If NO please provide full details:.....

Do you require any reasonable adjustments to be made or special facilities to be provided to enable you to either attend interview or be provided for the role you seek? Y/N

If YES please provide full details:.....

Name (Print) :.....Sign.....Date:.....



Section 5: Referee Details

Please give the name, position, address, telephone number and fax number of two suitable (not relatives or friends) professional referees whom we may contact: One of these must be your current or most recent employer. If you are a student then one of your referees will need to be your tutor. Referees must have worked in a senior position to you.

Name		Name	
Job Title		Job Title	
Company Name		Company Name	
Address & Postcode		Address & Postcode	
Email Address		Email Address	
Telephone		Telephone	
Fax		Fax	
Length of time known to you		Length of time known to you	

Section 6: Criminal Convictions Declaration

Criminal records

Jobs with Ladees Healthcare may involve working with frail and vulnerable people so all posts are exempt from the Rehabilitation of Offenders Act 1974. If you are successful in your application, we will then seek an Enhanced Disclosure from the Disclosure Bureau Service. If you have a criminal record, it will not necessarily bar you from employment with Ladees Healthcare. Our policy on this matter and the DBS Code of Practice is available upon request.

Any offer of employment will be subject to a satisfactory criminal records check.

Criminal Convictions Declaration:

Have you ever been convicted of a criminal offence **which is not spent** under the Rehabilitation of Offenders Act 1974? **Yes / No** (If yes, please give details below)

Have you ever been convicted of a criminal offence **which is classed as spent** under the Rehabilitation of Offenders Act 1974? (Please note this question is asked not to discriminate against those who have previous convictions. When applying for a role which requires a DBS check, any convictions which appear that you have not disclosed may jeopardise your placement into an assignment). **Yes / No** (If yes, please give details below)

Name (Print):.....Sign:.....Date.....



Section 7: CONFIDENTIALITY AGREEMENT

I confirm that during every assignment and afterwards:

1. To hold information relating to the client in the strictest confidence, ensure it is kept safely and securely when not in use. I acknowledge that no information is to be removed from the client's premises without the express permission of the Client
2. To use such information only for the purpose of the work for which it was given
3. Not to disclose to any third party or copy the information except as is required in the course of my duties
4. Any breach, either by me or a third party, may result in legal proceedings being brought by the Client against me to recover any losses that have occurred as a result of a breach.

Name (Print):.....Sign:.....Date:.....

Section 8: Data Protection Statement.

The information that you provide on this form and on any CV given, will be used by Ladees Healthcare to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

Yes, I would like to receive Correspondence from Ladees Healthcare and agree to non-sensitive Information about me being used for this purpose.	
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No, I do not wish to receive Correspondence from Ladees Healthcare and do not agree to Non-sensitive Information about me being used for this purpose	
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Name (Print):.....Sign:.....Date:.....

Section 9: European Working Time Directive

Please tick one of the boxes below:

- Working hours **Yes, I may wish to work more than 48 hours per week**
- No, I do not wish to work More than 48 hours per week**

Section10: Declaration by Applicant

I confirm that the information in this application is true and accurate to the best of my knowledge and belief. I understand that any false information may result in the rejection of my application or in the event of employment, dismissal of disciplinary action by NursCare Health.

I understand that acceptance on to the NursCare Health register may only be granted after relevant checks are made, satisfactory references are received and I have attended an interview / Agency Induction.

Asylum and Immigration Act 1996

You will be asked to produce one of the documents specified by the Act to establish your eligibility to work. Any offer of employment will be limited by, and subject to your continued eligibility to work in the UK.

Name (Print):Sign:..... Date:.....



Section 11: Equal Opportunities Monitoring

NursCare Health is committed to a policy of Equal Opportunity and is keen to actively promote this where possible. Our objective is to ensure that all applicants receive the same treatment regardless of Race, Ethnic or National origin, Gender, Marital status, Sexual orientation, Religion, Political belief or Disability.

Post Applied for:.....

Surname:..... Forename(s):..... DOB: ____ / ____ / ____.

Please tick appropriate boxes below:

Gender:

Male	Female
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Marital Status:

Single	Married/Civil Partner	Co-habiting	Widowed
Separated	Divorced/Partnership Dissolved		Not stated

What is your ethnic group?

Please choose from selection (a) to (e), and then tick the appropriate box to indicate your cultural background.

a) White	b) Black or Black British	c) Chinese or other Ethnic Group
[W1] British	[B1] Caribbean	[01] Chinese
[W2] Irish	[B2] African	[09] Any Other
[W9] Any other white background	[B9] Any other black background	
d) Mixed	e) Asian or Asian British	
[M1] White and Black Caribbean	[A1] Indian	Not Stated
[M2] White and Black African	[A2] Pakistani	
[M3] White and Asian	[A3] Bangladeshi	
[M9] Any other mixed background	[A9] Any other Asian background	

Sexual Orientation

Bisexual	Gay/Lesbian	Heterosexual	Transsexual	Not stated	Prefer not to say
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Religious Belief/Faith

Agnostic	Christian – Lutheran	Christian – United Reformed	Muslim
Atheist	Christian – Mormon	Church of England	Pagan
Baptist	Christian – Orthodox (Greek)	Church of Ireland	Roman Catholic
Buddhist	Christian – Orthodox (Russian)	Church of Scotland	Sikh
Christian	Christian – Pentecostal	Hindu	None
Christian - Apostolic	Christian – Presbyterian	Jehovah's Witness	Not Disclosed
Christian – Dutch Reformed	Christian – Quaker	Judaism	Prefer not to say
Christian – Evangelical	Christian – Spiritualist	Methodist	Other: _____

Do you consider yourself to have a disability?

Yes No

If 'Yes', please give details (it may help you to read the information below first)

Definition of the term 'Disability'

The Disability Discrimination Act defines disability as a physical or mental impairment with long term, substantial effects on a person's ability to perform day to day activities.

Examples of Disabilities

We thought it might help you to answer the question if we provided a list of some medical conditions or impairments that could cause someone to describe him/herself as 'having a disability'. It is not meant to be an exclusive list and is given for guidance only.

Hearing, speech or visual impairments. If you wear glasses or contact lenses, this is not normally considered a disability.

Co-ordination, dexterity, or mobility. Examples could include polio, spinal cord injury, severe back problems, repetitive strain injury.

Mental Health. Examples could include schizophrenia, severe depression, severe phobias. **Learning Difficulties.** Examples could include Down 's syndrome or dyslexia. **Other physical or medical conditions.** For examples, diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell.

Are you registered disabled? Yes No If 'Yes' please provide registration number:.....

DECLARATION

I declare that the information given, to the best of my knowledge, is accurate, and that, if appointed, any statement made on this form which is found to be false may result in my employment being terminated.

Signed:..... Date:

THANK YOU FOR COMPLETING THIS FORM.



Section 12: New Employee Details:

This form must be completed and signed by the Employee and should be forwarded to the payroll along with a P45 or completed P46 form as soon as the employee has started employment.

Title and Surname:	
Forenames:	
National Insurance number:	
Date of birth:	
Current Home Address and Postcode:	
Ethnic Origin:	
Disability:	
Date of commencement	
Job Title:	
Sort Code:	
Account Number:	
Account Name:	
Bank Name and Branch:	
Building Society Roll Number:	
Building Society Name and Branch:	
Employee Signature:	Date:
Action by Payroll:	Date:

EMPLOYEE STATEMENT:

Please circle only ONE of the following statements that apply to you:

- A. This is my first job since 6 April and I have not received any taxable allowance or benefits.
- B. This is my only job but since 6 April I have had another job or received taxable income or incapacity benefit. I do not receive a state or occupational pension.
- C. As well as my job, I have another job or receive a state or occupational pension.
- D. I have a limited company/self-employed and have submitted proof and the

LIST OF REQUIREMENTS TO VALIDATE YOUR REGISTRATION

Please include the following when handing in your completed application form. Please bring only ORIGINAL document as copies will be made by us. This is to speed up the application process.

	For Office use Only
1. British Passport/Biometric card/EEA Passport/ID/ Visa/ Right to Work in UK	
2. Two proof of address, either a valid UK driver's license or utility bill with your name on it- phone or electricity bill, bank statement etc.	
3. National Insurance Card (NI).	
4. Curriculum Vitae (detailed history in month/year format with no gaps)	
5. Immunisation history report (where applicable)	
6. Educational certificates (translated into English)	
7. Two recent passport photographs	
8. Birth certificate	
9. DBS must be a disclosure from NursCare Health - £60 (where applicable)	
10. Health Declaration (<i>Section 4 of Application Form</i>)	
11. NMC Registration / HPC Registration (where applicable)	
12. Non-Disclosure Agreement / Confidentiality Agreement (<i>Section 7 of Application Form</i>)	
13. Overseas Police Check (not a legislative requirement)	
14. Criminal Convictions Declaration (<i>Section 6 of Application Form</i>)	
15. P45 (from most recent employer) / P46 /P60	
16. Mandatory training certificates (For positions in the Health and Social Care Sector) <ul style="list-style-type: none"> • Moving and handling • Basic Life Support (CPR adult or paediatric) • Safeguarding Adults at Risk & Children • Food Hygiene • Health and Safety • Fire awareness • Medication Awareness (Nurses OR Senior Carers Only) • P.R.I.C.E (Protecting Rights In A Caring Environment) (Support Workers) • P.M.V.A (Prevention & Management of Violence & Aggression) • Mental Health Awareness, Dementia Awareness, etc. 	
17. References – all gaps to be covered in references <ul style="list-style-type: none"> • Positions subject to DBS checks need 5 years of written references from ex-employers • Positions NOT subject to DBS checks require 2 years referencing 	
Face to face Interview	
Terms and Conditions of membership	

Please note that we are under obligation to conduct a fresh DBS check for every applicant (where the job requires it) irrespective of whether they have recently done one. This will not apply if you have enrolled with the DBS Update Service (<https://www.gov.uk/dbs-update-service>).

All applications must be submitted in PERSON together with the above listed documents