



Photo



Application Form

Branch

Application for
the post of:

Branch email

Imade

Title:

Mr

Forenames:

Osarenoma Daniel

Surname:

Imade

Address:

24 Hardy Street

Town:

Hull

County:

East Yorkshire

Post Code:

HU5 2PL

Country:

United Kingdom

Telephone:

07459431132

Mobile:

+447459431132

Passport No:

A11801645

email:

Osaredanmail@gmail.com

National Insurance No:

NJ 70 44 51 D

Next of Kin

Name:

Imade Osakpanwan Victor

Relationship:

Brother

Address:

Flat 25, 25 Elm Street.

Town:

Ipswich

County:

Suffolk

Post Code:

IP1 2AB

Country:

United Kingdom

Telephone:

07562476323

Mobile:

+447562476323

Professional / Vocational Qualifications:

Name of Professional Body - GMC, NMC, Professions Allied to Medicine etc	Membership Grade and/or Registration Number and PIN	Date of Expiry

Employment History
Present Employer

Name and address of present (or most recent) employer and nature of business	Position held	From	To

Grade if applicable		Length of time in the post		Notice period required	
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Previous Employers (full employment history is required, explaining any gaps, please use additional sheet if necessary)
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Name of previous employer and nature of business	Position held	Type of ward / department	Date from	Date to	Reason for Leaving
Reckitt Benckiser	Production Operative	Medicine packaging	02/JULY/2022	01/AUG/2023	Was ill at that time.

Special Interests / Additional Comments

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What is the main quality that you have that would enhance the experience that Service Users have from the Agency.

The main quality I bring to enhance the experience of service users is empathy, by genuinely understanding their needs, I ensure they feel valued and supported throughout their interaction with the agency.

Referees (Must be your line manager, we require references for your previous 5 years)

Name:

Position:

Organisation:

Address:

Telephone: Fax:

Worked

From	To
<input type="text"/>	<input type="text"/>

When can we approach this referee

email address

Name:

Position:

Organisation:

Address:

Telephone: Fax:

Worked

From	To
<input type="text"/>	<input type="text"/>

When can we approach this referee

email address

Name:

Position:

Organisation:

Address:

Telephone: Fax:

Worked

From	To
<input type="text"/>	<input type="text"/>

When can we approach this referee

email address

Name:

Position:

Organisation:

Address:

Telephone: Fax:

Worked

From	To
<input type="text"/>	<input type="text"/>

When can we approach this referee

email address

Have you previously worked for another employment/nursing agency?

☐ Yes

☒ No

If yes, please state name of organisation

Ethnic Origin - Choose **one** section, then tick the appropriate box to indicate your cultural background

White
☐ English ☐ Scottish ☐ Welsh ☐ Irish ☐ Other please state

Mixed
☐ White and Black Caribbean ☐ White and Black African ☒ African ☐ Other please state

Black or Black British
☐ Caribbean ☐ White and Asian ☐ Other please state

Asian or Asian British
☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other please state

Chinese or other ethnic group
☐ Chinese ☐ Other please state

Courses attended

Training		Expiry Date
Moving and Handling	<input type="checkbox"/>	
Basic Life Support	<input type="checkbox"/>	
SOVA	<input type="checkbox"/>	
SOCA	<input type="checkbox"/>	
Health and Safety	<input type="checkbox"/>	
COSHH	<input type="checkbox"/>	
RIDDOR	<input type="checkbox"/>	

Training		Expiry Date
Medication	<input type="checkbox"/>	
Care and Observation	<input type="checkbox"/>	
Buccal Midazalam	<input type="checkbox"/>	
Peg Feed	<input type="checkbox"/>	
Stoma	<input type="checkbox"/>	

Training		Expiry Date
Infection Control	<input type="checkbox"/>	
Fire Safety	<input type="checkbox"/>	
Food Hygiene	<input type="checkbox"/>	
Violence and Aggression	<input type="checkbox"/>	
Loneworker	<input type="checkbox"/>	
Complaints	<input type="checkbox"/>	
Caldicott Protocol	<input type="checkbox"/>	

Training		Expiry Date
Dementia	<input type="checkbox"/>	
Palliative Care	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Learning Disability	<input type="checkbox"/>	
ECC&R (Restraint Training)	<input type="checkbox"/>	

NVQ - Have you taken an NVQ

☐ Yes ☐ No If yes Level Achieved Subject Date Complete

Additional Training / Qualifications

Name/Address of Training Establishment(s)	Qualifications Obtained	Date
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Rights to Work in the UK

I confirm I am entitled to work in the UK on the following basis:

I am a UK Citizen

☐

I hold a valid work permit

☐

I hold a Working Holiday Visa

☐

I hold an Ancestral Visa

☐

Other (please specify)

☐

I hold a highly skilled Migrant Programme Visa

☐

I am eligible to work in the UK under my spouse's Visa

☐

I hold a Student Visa

☒

When would you like / be willing to work

Weekday <input checked="" type="checkbox"/>	Saturday Days <input checked="" type="checkbox"/>	Sunday Days <input checked="" type="checkbox"/>
Weekday Nights <input type="checkbox"/>	Saturday Nights <input type="checkbox"/>	Sunday Nights <input type="checkbox"/>

Transport

Do you have a current driving license?

☐ Yes ☒ No

Do you have your own transport?

☐ Yes ☒ No

Is your partner, any member of your family or household employed by the company?

☒ Yes ☐ No

If yes

Name

Imade victor

Job Title

N/A

Place of work

N/A

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should include any ‘spent’ convictions.

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

If yes please give details

Declaration

- 1

I affirm that the information set out in this form is true and correct, is not misleading and that no material information has been omitted.I understand and agree that if I submit any false or misleading information or omit any material information this may result in an offer of employment being withdrawn or, if I have already been employed, in my dismissal.
- 2

I understand and agree that I have read the conditions of Hartin & Lee Healthcare Ltd and agree to be bound and comply with the same.
- 3

I confirm that under the Data Protection Act 1998, I give my full consent for Hartin & Lee Healthcare Ltd to verify all the information given on this form.

Signature : Imade Osarenoma Daniel

Date30/05/2024