

HCW Questionnaire

Full name

Contact details Country currently based in

Permit (BRPs) expire in the next 6 months?

your current

Biometric Residence

If already in the UK – Does,

We are unable to progress your application if your BRP expires after 6 months Are you a qualified nurse?

If yes, please state Adult Nurse or Mental Health Nurse

Have you had 6 months full time experience in a similar patient facing role?

Have you had 12 months part time experience in a similar patient facing role with a minimum of 600 hours worked?

Have you passed your English test, IELTS or OET?

Do you have a degree level academic qualification that was taught in English and has been completed?

If yes what date was this completed?

Do you have a current passport? **Details of the person who referred you** Their full name



Friiend /Family/ Bank/ Agency

Elysium site they work at Your relationship to them

Once complete please send the form to

[Kiru.rathnasamy@elysiumhealthcare.co.uk](mailto:Kiru.rathnasamy@elysiumhealthcare.co.uk)