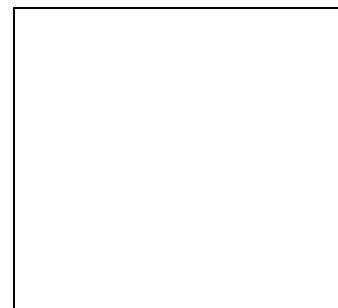


# APPLICATION FORM



Please complete this form in black ink and complete all sections

Position applied for	
Title	
Surname	
Given name	

## Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

## Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Which of the following applies to you?	
Qualified Nurse <input type="checkbox"/> Student Nurse <input type="checkbox"/> Qualified Nurse abroad (not registered in the UK) <input type="checkbox"/> Health Care Assistants <input type="checkbox"/> Please tick as appropriate	
NMC pin number:  (please enclose copy of statement of entry and pin card)	Expiry Date

## 1. Personal Details

<b>Title</b>		<b>Surname</b>		<b>Maiden Name</b>	
<b>Previous surnames (if any)</b>					
<b>Forename</b>					
<b>Address</b>					
				<b>Post Code</b>	
<b>Telephone</b>	<b>Home</b>		<b>Work</b>	<b>Mobile</b>	
<b>Email address</b>				<b>Nationality</b>	
<b>May we contact you at work?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate				
<b>Date of Birth</b>			<b>National Insurance Number</b>		
<b>Next of Kin to be notified in case of emergency (Name):</b>					
<b>Address</b>					
				<b>Post Code</b>	
<b>Telephone</b>	<b>Home</b>		<b>Work</b>	<b>Mobile</b>	
<b>Relationship to you</b>					

## 2. Formal Education and Qualifications

Name of School / College / University and Location	From	To	Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	Month/Year	Month/Year		

### 3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving / Last salary or wage
	From	To		
	Month & Year	Month & Year		

#### 4. Training – eg: Manual handling, CPR, infection control, first aid etc, (please provide certificates)

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment

#### 5. Professional Details

The service we give depends on accurate up to date information. Please keep us informed of all developments in your career. To assist us in finding suitable work for you, please tick all nursing specialities of which you have significant, post training experience.

	Years of Experience		Years of Experience		Years of Experience
A & E		Isolation		Phlebotomy	
Aero medical		ITU		Practice nursing	
AIDS/HIV+		Learning disabilities		Psychiatry	
Anaesthetics		Liver Unit		Radiotherapy	
Burns and plastic		Medical		Renal Dialysis	
Cardio-thoracic		Mental Health		SCBU	
CCU & Acute medicine		Midwifery		Screening	
Dental Nursing		Nanny		Social Work	
Dermatology		Neurology		STDs	
District nursing		NNU		Surgical	
Elderly care		Occupational Health		Terminal care	
ENT		ODA		Theatre	
Family Planning		Oncology		Tropical disease	
Genito-urinary		Ophthalmic		Recovery	
Gynae		Orthopaedic		Venepuncture	
Haematology		Paediatrics		X Ray	
ICU					
Industry		<b>NVQ Details</b>			

## 6. General information

Do you hold a valid and current British Driver's Licence? Yes ☐ No ☐ Please ☒ as appropriate  
If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes ☐ No ☐ Please ☒ as appropriate  
If Yes, please give details

Please state which languages you speak,  
including an indication of fluency

How did you hear about this agency?

## 7. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions: ☐ part time ☐ full time

Type of work: ☐ Private hospitals ☐ Nursing home ☐ Care Home

Other, please specify \_\_\_\_\_

☐ live in ☐ days ☐ nights ☐ visits

Do you have any other work commitments? Yes ☐ No ☐ Please ☒ as appropriate

Which areas of work do you wish to exclude?

When will you be available to start work?

## 8. Additional Information

Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Agency and their relationship to you.

## 9. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, Address and Post Code		Name, Address and Post Code	
Email		Email	
Telephone Number		Telephone Number	
Position		Position	
Relationship to you		Relationship to you	
May we contact the above person now?		May we contact the above person now ?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate		Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate	

## 10. Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

## 11. Rehabilitation of Offenders Act

As a general rule, no-one need to answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to: any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions ☐

I have convictions (see Note below) ☐

Please ✓ as appropriate



(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

## 12. Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

## 13. Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or

The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes ☐ No ☐ Please ✓ as appropriate

Please state type of eligibility to work in the UK.

## 14. Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.

- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## 15. Equal Opportunities Monitoring Form

TrueLife Healthcare Ltd operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire.

Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

**What is your ethnic group?**

**Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.**

**A White**

British ☐

Irish ☐

Any other White background, please write in here.

**B Mixed**

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed background, please write in here.

**C Asian or Asian British**

Indian ☐

Pakistani ☐

Bangladeshi ☐

Any other Asian background, please write in here.

**D Black or Black British**

Caribbean ☐

African ☐

Any other Black background, please write in here.

**E Chinese or other ethnic group**

Chinese ☐

Any other, please write here.

SEX: Female ☐

Male ☐

**DISABILITY**

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

Yes ☐

No ☐

**For Office Use Only**

		Initials
Date Application received		
Date Application acknowledged		
Initial Decision		
Date Applicant informed		
Date(s) of Interview		
Decision		
<b>Notes</b>		