**APPLICATION FORM**

**Basic Information**

Position applied for \*

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Title\* Forename\* Surname\*

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Address\*

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Phone Number\*

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Email\*

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Nationality\*

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Date of birth\*

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Visa Number\*

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 Are you eligible to drive in the UK? Do you have use of a car?

**Employment History**

Previous positions

Position 1

Position held\*

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Employer name and address\*

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Start date\* End date (Leave blank if current)

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Reason for leaving

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If your application was successful, when will you be able to start? \*

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**References**

Please supply details of three referees of which one must be your current or most recent employer. References will be sought upon receipt of this application.

Reference 1

Name\*

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Address

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Phone\*

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Position\*

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Relationship to you\*

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Reference 2

Name\*

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Address

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Phone\*

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Position\*

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Relationship to you\*

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**Qualification and Training**

Certification

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Nursing Reg. Cert. Part of Register Expiry Date

Qualifications Date Obtained Place of Training

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**Training**

 Management of violence and aggression Food and Hygiene

 Fire awareness First Aid

 Health and Safety Moving and Handling

 Maybo Safe Guarding of Vulnerable Adults

 Infectious Disease Control Safe Handling of Medication

**Training Date obtained Training Company Expiry Date**

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Your Health

Please Tick Any that Apply:

Back Trouble Yes/No

Heart Disease/Blood Pressure Yes/No

Epilepsy Yes/No

Diabetes Yes/No

Asthma Yes/No

Dermatitis/Skin Problems Yes/No

Any Major Operations Yes/No

Major Notifiable Diseases Yes/No

Smoker Yes/No

Taking Any Long Term Medication Yes/No

Major Allergies Yes/No

Eye Sight Problems Yes/No

Hearing Problems Yes/No

Mental Health Problems Yes/No

Infectious Diseases Yes/No

Immunisation

Name Received Date

Rubella ………………………. ……/…../………..

Hepatitis B ………………………. …../…../…………

Typhoid ………………………. …../…../…………

Tuberculosis ………………………. …../…../………..

Tetanus ………………………. …../…../………..

Polio ………………………. …../….../……….

Name and Address of your GP

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 I declare that to the best of my knowledge I have no infections or contagious or debilitating medical conditions and that I know of no reason relating to my health which could in any way restrict my ability to carry out the functions and duties required in Health Profession. I am aware that it is my responsibility to maintain up to date immunisation against infectious disease. I do not know of any reason which, on medical grounds, would prevent me from giving care or assistance to a member of the public. I hereby confirm that I am not currently in receipt of sickness benefit from any employer or from the state.

Declarations

Rehabilitation of Offenders

Because of the nature of the work for which you are applying, this post is exempt from provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of Rehabilitation of Offenders Act 1974 (Exceptions) order 1975.

Applicants are, therefore, not entitled to withhold information about convictions which for the purpose are "Spent" under the provisions of the Act.

Failure to disclose such convictions, following discussion, could result in withdrawal of employment offer, or in the event of employment disciplinary action which may result in dismissal, in either event this will be reported to the local Health Authority/CSCI

All information given is strictly confidential and will be considered only to applications to which the Order applies.

If you have any criminal convictions, please disclose them here

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DBS Statement

 If your application is successful an enhanced disclosure will be sought from the Criminal Records Bureau and the Protection of Vulnerable Adults (POVA) register will also be consulted.

Company Policy

We will comply fully with the DBS code of practice\* and not discriminate unfairly against any subject of a DBS disclosure on the basis of conviction or other information revealed. Having a criminal record will not necessarily bar an applicant from working for the company, as the nature of the disclosed conviction and its relevance to the post in question will be considered first.

\* Copy available on request.

Declaration

By signing, I declare that the information I have supplied is accurate and complete, I understand that if any information I have given is found to be untrue or misleading I may be subject to disciplinary procedure which could lead to withdrawal of an employment offer or termination of current employment.

Any further information to support your application

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Signed…………………………………………………………………………. Date……………………………………………………………