



26 Church Street, Wellington, Telford, TF1 1DS

Tel: 01952 248529
 info@essencekare.co.uk
 www.essencekare.co.uk

Application Form

Position Applied for:

Date Completed:

Section 1: Personal Details

| | |
|--------------------------------|-------------------------------|
| Title: | Surname: |
| Forenames (in full): | Previous Surname(s) (if any): |
| Address: | Date of Birth: |
| Postcode: | Home tel. no: |
| Date moved to current address: | Mobile tel. no: |
| | E-Mail address: |
| | National Insurance no: |

Do you hold a current UK driving licence? YES NO

Please state details of any penalties on your licence or convictions pending:

Do you own a car? YES NO

| | |
|---|-------------|
| Which of the following applies to you? Please ✓ as appropriate | |
| Qualified Nurse <input type="checkbox"/> Student Nurse <input type="checkbox"/> Support Worker <input type="checkbox"/> | |
| NMC pin number (Please enclose copy of statement of entry and pin card) | Expiry Date |

| | |
|--|-----------------|
| Please state which languages you speak, including an indication of fluency | |
| How did you hear about this agency | |
| Are you a member of a Union or Professional Organisation offering Indemnity Insurance? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate | |
| | |
| | |
| Body Name | Amount of Cover |
| Policy Number | Expiry Date |

| | |
|--------------|--|
| P45 enclosed | |
| P46 enclosed | |

For limited company candidates only

| | |
|---|--|
| LTD company name | |
| VAT certificate | |
| Certificate of incorporation | |
| Limited company bank statement enclosed | |

Bank Details

| | |
|----------------|--|
| Bank Name | |
| Account Name | |
| Account Number | |
| Sort Code | |
| Branch Address | |
| Post Code | |

Section 2: Formal Education and Qualifications

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

Section 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 | | |
| | | | | |

Section 4: Training

e.g., Manual handling, CPR, infection control, first aid etc, (please provide certificates)

| Date from | Date to | Courses taken | Attainment |
|-----------|---------|---------------|------------|
| | | | |

Section 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. Please add additional training and qualifications below.

Please tick (✓) as appropriate

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

Experience in other clinical areas:

Please give details of any certificates or qualifications you hold (Including any in specialities listed above.)

Section 6: Immunisations

| | | |
|--|--|---|
| Rubella | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| Skin Test for TB | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| BCG | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| Tetanus | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| Varicella (Chickenpox/Vz.Abs) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| Poliomyelitis | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| Diphtheria | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
| Hepatitis B | Date of last injection | Booster 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| | Date of last blood | Result (titre levels) IUL |

Section 7: References

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



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Section 8: 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 anyone 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.

Print name:

Signed: Date:

Section 9: Working Times Regulations

The Working Times regulations 1998 (“The Regulations”) require ID Medical Nursing (“The Company”) to limit your average weekly working time to 48 hours unless you agree with The Company that the limit shall not apply to you. The Company wishes to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

1. The 48-hour limit on average weekly time will not apply to you.
2. You may terminate the agreement (so that the 48 hour time limit would apply to you) by giving the person at The Company to whom you usually report 4 weeks’ written notice. Under the Regulations, The Company must keep records relating to your working time. This is the case whether or not you reach an agreement with The Company about waiving working time limits.

If you accept The Company’s proposals, please sign below. This document will then be the record of agreement.

Print name:

Signed: Date:



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Section 10: Access to Medical Records

I do hereby give permission for Essence Telford Ltd to have access to my medical records pertinent to my immunisation history.

Print name:

Signed: Date:

Section 11: Mandatory Training Induction, Information & Declaration

I the undersigned hereby declare that I have read and understood the Clarriots Healthcare Nurse Induction Handbook and that I am already trained to the NHS standards in all the areas as specified in the handbook. In the event that I feel I require further training in any area I will inform Clarriots Healthcare without delay. I will ensure my annual Mandatory Training is updated and I will forward copies of certification to Clarriots Healthcare. I believe the above to be a true declaration and I fully understand that should it come to light following my employment with the prospective employer, that any of the information I have provided within this application proves to be false or a misrepresentation my employer may terminate my employment with immediate effect.

Print name:

Signed: Date:

Section 12: Criminal Records – Disclosure Certificate

The DBS/CRB has 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.

Section 13: Equal Opportunities Monitoring Form

Essence Telford 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 use 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

Bangladashi

Any other Asian background, please write in here.



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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

Do you have to give notice to any present Employer?

Section 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 agree that if I have given any false or misleading information, or do not give relevant information now or in the future, this may result in termination of an assignment without notice.
- I acknowledge that I have been given a copy of the Terms and Conditions and access to the Nurse Induction Handbook by Essence Telford Ltd and I will abide by those Terms and Conditions. Furthermore I hereby consent to Essence Telford Ltd disclosing to the Authority, or any person, firm or organisation duly authorised on the Authority's behalf, documentation for the purposes of an external audit required in accordance with the relevant authority.

Print name:

Signed: Date:
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