



## APPLICATION FORM

Which of the following applies to you? Please as appropriate

- Qualified Nurse     Qualified Nurse abroad (not registered in the UK)     Healthcare assistant
- Support Worker

NMC pin number  Expiry Date

### 1. PERSONAL DETAILS

Title  First Name(s)  Surname

Former Name(s)  Birthdate

Gender  Nationality  NI Number

Current Address

Telephone Number  Email

Previous Address — if less than 5 years at current address please state previous addresses below including time spent there.

ADDRESS	FROM	TO
<input type="text"/>	<input type="text"/>	<input type="text"/>

Next of Kin Name  Relationship to you

Telephone Number  Email



## 2. Eligibility to Work

Please tick appropriately

Do you hold a British Passport?

Yes

No

Are you a member of the EU?

Yes

No

If you do not have any of the above do you have any of the following: Settlement, Student Visa, Work Permit or other (Please specify in the box)

## 3. Formal Education and Qualifications

Course of Study/Qualification(s) gained and year e.g. GCSE's (2015), "A" levels (2015), NVQ (2015) Degree (2015) etc

Qualification	Date From	Date To



## 4. EMPLOYMENT HISTORY

Please type details of all your employment for a period of at least the last 5 years, to include all nursing agency memberships, starting with most present employment. Please include reasons for gaps.

Employer	From	To	Reason for leaving

## 10. REFERENCES

Please supply the names of TWO referees. One of the references MUST be a professional referee.

### REFEREE 1

Name	<input type="text"/>	Address	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>		

### REFEREE 2

Name	<input type="text"/>	Address	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>		



## 11. IMMUNISATIONS

As a general rule, no-one need 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:

- a) 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
- b) 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.

A. Do you have any Criminal Conviction(s)?  Yes  No

B. If yes to question A above, Please provide details below of the Criminal Conviction(s), including the dates of the conviction(s).

## 12. SUPPORTING STATEMENT

Please provide a supporting statement detailing why you are suitable for the position applied.



### 13. 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.

### 14. CRIMINAL OFFENCE

Have you ever been convicted of a criminal offence, cautioned, served a sentence or had a suspended sentence, however minor, however long ago? If yes, please explain

Yes

No

### 15. BANK DETAILS FOR PAYROLL PURPOSES

Please provide us with the following information as soon as possible to ensure prompt payment.

Bank Name/Building society

Account Name

Account Number

Sort Code



## 16. EMPLOYEE STATEMENT

You need to select only ONE of the not been receiving taxable Jobseeker's Allowance, following Statements A, B or C.

- This is my first job since last 6 April and I have Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- As well as my new job, I have another job or receive a State or Occupational Pension.

Do you have a Student Loan which is not fully repaid and all of the following apply?

- You left a course of UK higher education before last 6 April.
  - You received your first Student Loan instalment on or after 1 September 1998.
- NO       YES



## 17. APPLICATION CHECKLIST

Please find below a list of documents required for submission in order to complete your application.

**Proof of eligibility to work in the UK**

Passport, ID Card, Residence Permit or Birth Certificate (Must be a coloured copy)

**Proof of National Insurance Number**

National Insurance Card (Front & Back page) + P45 Payslip (Must be a coloured copy)

**Proof of Address (x 2)**

- Counterpart Driving License
- Bank Statement (Dated within the last 3 months)
- Utility Bill (Dated within the last 3 months)
- Council Tax Bill (Dated within the last 12 months)

**Passport photos for ID card**

**Mandatory training certificates**

Basic Life Support, Control and Restrain (For Mental Health Workers) and Moving and Handling or any another certificates not listed here relevant to the application.

**Fully completed registration form**

**CV (Must show recent experience within the NHS)**

**Disclosure & Barring Service Form**

**Proof of Immunity and blood results to the following vaccinations:**

- Hepatitis B
- MMR (Measles, Mumps & Rubella)
- Varicella
- Diphtheria
- Polomyelitis
- Tetanus
- Confirmation of a visible BCG scar (Must be signed by a recognized GP)
- Tuberculin Test (Mantoux or Interferon-Gamma Test)

**Proof of professional Registration (For Trained Nurses only)**

Copy of Statement Entry

## 18. DECLARATION BY JOB APPLICANT

I declare that I have answered the above questions fully and honestly and I know of no reason why I may not be suitable for the duties introduced to me via The Link Nursing & Care Agency Ltd. I realise that any false or in-complete statement of my part will render me liable to disciplinary action or dismissal. I also understand that my details will be held in a staff database, for administration purposes only.

Signed

Date

**GENUINE CARE LTD**

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