**  
APPLICATION FORM**

**The recruitment process within this organization has a minimum of two stages.**

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

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| --- | --- |
| **Position applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Approx. no. of hours wanted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Full-time / part-time** (please circle which you want to work) | **Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only** (please circle which you are able to work) |
| **Surname:** | **First name(s):** |
| Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current address (Since ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Post code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Telephone number** (home):/work/mobile  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Own Transport (Yes/No): |

**EDUCATION** *(Please supply copies of certificates)*

|  |  |
| --- | --- |
| School/College/University | Examinations Passed/Qualifications gained |
|  |  |
|  |  |
|  |  |

**TRAINING HISTORY/PROFESSIONAL STATUS** *(Please supply copies of certificates/membership details)*

|  |  |  |
| --- | --- | --- |
| Date of Graduation/Qualification | Location/Details | Notes |
|  |  |  |
|  |  |  |
|  |  |  |

**SHORT COURSES ATTENDED**

|  |  |
| --- | --- |
| Subjects | Location |
|  |  |
|  |  |

Current / most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** | |
| Date employed:\_\_\_/\_\_\_\_/\_\_\_\_\_ | Nature of business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary / Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position held and reason for leaving |  |
| **Name and address of Employer prior to the employer listed above:** | Date employed:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Nature of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Salary / Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position held and reason for leaving: |
| **Other roles/employments**  (use additional sheet if needed ): |  |

This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |  |
| --- | --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process?  For example, large print forms?  Or additional time to complete forms? **Yes / No** If yes, please give details: | |
| Any offer of employment may be made subject to a satisfactory medical report. *(Your GP will not be contacted without your permission)* | |
| GP’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NEXT OF KIN**

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| --- | --- |
| Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:\_\_\_\_\_\_\_\_\_ | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IDENTITY DETAILS**

|  |  |
| --- | --- |
| Nursing and Midwifery Council PIN number: (Nurses only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | National Insurance Number: (all applicants)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CAPACITY TO WORK IN THE UK**

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| --- |
| Are you allowed to work in UK if yes please provide evidence. ( biometric card/ passport etc. |

**Note: Minimum age** legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

**REFEREES**

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

**Current or most recent Employer**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_Post code\_\_\_\_\_\_\_\_\_\_\_\_ |

**Previous employer to the one above**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_Post code\_\_\_\_\_\_\_\_\_\_\_\_ |

**Character reference**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_Post Code\_\_\_\_\_\_\_\_\_\_\_ |

**CRIMINAL RECORD**

 Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a Care setting if you are on the DBS Register(s).

**Declaration for DBS Disclosure services**

I hereby allow The NURSE International to process my criminal record (CRB/ DBS) services which is essential for my job as -------------------------

Please provide information

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| Title | Mr | |  | | | Mrs | | | |  | | Miss | |  | | | | Ms | |  | | | Other | | |  | | | | | | |
| Surname | | | | | | | | | | | | | | | | Middle name | | | | | | | | | | | | | | | | |
| Forename | | | | | | | | | | | | | | | |
| Have you ever been known by any other name? | | | | | | | | | | | | | | | | Yes | | |  | | | No | |  | | | | Write new name here. | | | | |
| Date of birth | | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City of birth | | | | | | | | | | | | | | | | Country of birth | | | | | | | | | | | | | | | | |
| Gender ( if you wish to ) | | | | | | | | Male | | | | |  | | | | Female | | | |  | | | | | | | Other | |  | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact number | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance number | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Driving licence number if any | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Nationality at birth | | | | |  | | | | | | | | | | | Present nationality | | | | | | | | |  | | | | | | | |
| Passport number and | | | | | | |  | | | | | | | | Start date | | | | | |  | | | | | | Expiry date | | | |  | |
| Present Address:    Dates From: To: | | | | | | | | | | | | | | | | Continue… | | | | | | | | | | | | | | | | |
| Other Address if present address less than 5 years) | | | | | | | | | | | | | | | |
| Have you ever been convicted of a criminal  Offence or received a caution, reprimand or warning. (Please tick) | | | | | | | | | | | | | | | | No | | | | | |  | | | | | | | Yes | | |  |
| By signing the declaration, I confirm that the provided correct information at best of my knowledge. Knowingly providing false statement for this purpose may be a criminal offense | | | | | | | | | | | | | | | | Your signature:…………………………..  Date:…………………………………….. | | | | | | | | | | | | | | | | |
| ID Verified by :- Shaza Qazi (Manager) | | | | | | | | | | | | | | | | Signature  --------------------------------------------------- | | | | | | | | | | | | | | | | |

**Documents provided**-**Group 1 – Primary Trusted Identity Credentials**  Current valid Passport. Biometric Residence Permit (UK). Current Driving Licence (UK) (Full or provisional) Isle of Man /Channel Islands; Photo card only (a photo card is only valid if the individual presents it with the associated counterpart licence; except Jersey).  Birth Certificate (UK and Channel Islands) - issued at the time of birth; Full or short form acceptable including those issued by UK authorities overseas, such as Embassies, High Commissions and HM Forces. (Photocopies are not acceptable). **Group 2a – Trusted Government/State Issued Documents**  Current UK Driving licence (old style paper version).  Current Non-UK Photo Driving Licence **(valid for up to 12 months from the date the applicant entered the UK).**  Birth Certificate (UK and Channel Islands) - (issued after the time of birth by the General Register Office/relevant authority i.e. Registrars – Photocopies are not acceptable).  Marriage/Civil Partnership Certificate (UK and Channel Islands).  Adoption Certificate (UK and Channel Islands).  HM Forces ID Card (UK).  Fire Arms Licence (UK and Channel Islands). **Group 2b – Financial/Social History Documents**  Mortgage Statement (UK or EEA)\*\* (Non-EEA statements must not be accepted).  Bank/Building Society Statement (UK **and Channel Islands** or EEA)\* (Non-EEA statements must not be accepted).  Bank/Building Society Account Opening Confirmation Letter (UK).  Credit Card Statement (UK or EEA)\* (Non-EEA statements must not be accepted).  Financial Statement \*\* - e.g. pension, endowment, ISA (UK).  P45/P60 Statement \*\*(UK & Channel Islands).  Council Tax Statement (UK & Channel Islands). \*\*  Work Permit/Visa (UK) (UK Residence Permit) **(valid up to expiry date).**  Letter of Sponsorship from future employment provider (Non-UK/Non-EEA only – valid only for applicants residing outside of the UK at time of application).  Utility Bill (UK)\* – Not Mobile Telephone.  Benefit Statement\* - e.g. Child Allowance, Pension.  A document from Central/ Local Government/ Government Agency/ Local Authority giving entitlement (UK & Channel Islands)\*- e.g. from the Department for Work and Pensions, the Employment Service , Customs & Revenue, Job Centre, Job Centre Plus, Social Security.  EU National ID Card.