

Application form

Position applied for	
Approx. hours per week	Locum preferred: yes / no
PAYE : yes/no	Limited company: yes /no
Full-time/pat-time	Day/nights/mornings/afternoons/evenings /weekends (please circle which you are able to work)
Surname (if applicable please supply documentary evidence, e.g. marriage certificate, deed of name change)	Frist name (s)
Mobile no:	
Telephone:	
Email address:	
(Please provide addresses in last 10 years, use separate sheet if required) <b>Current address:</b>	
Post code	From: .....to: .....
Previous address:	From: .....to:.....
Previous address:	From: .....to:.....
Own transport (yes/no)  How long have you had your licence?	Clean licence, yes/ no  Endorsements: (provide details)
<b>Education</b>	
School/college university	Examination passed/qualifications gained (please supply copies of certificates)

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Training History/professional status		
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Date of graduation/qualification	Location details	Notes/comments

You are required to attend the following courses on an annual basis, please tick the relevant courses you have attended and will be sending us a valid certificate for.

	Place and date obtained		Place and date obtained
Basic life support		Health and safety	
Moving and handling		RIDDOR/Incident reporting	
Food hygiene		Violence/aggression	
Safe guarding children and young people (Level 2/3)		Information governance/data protection/caldicott protocol	
Protection of vulnerable adults		Infection control (incl. c.diff, MRSA)	
Complaints handling		Lone worker training	
COSHH			
Fire safety			

Professional registration (registered nurses)	
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NMC registration number:	Expiry date:
	Revalidation date:
Professional indemnity insurance provider:	Expiry date:

Policy number:	
National insurance number (all applicants):	

Current /most recent first, information must cover your working life in the last 10years, State reasons leaving and also state reasons for any breaks in employment, use separate sheet if required.

### Employment History

Employer name and address	
Date employed:	From.....To: .....
Position held	
Key skills & responsibilities	
Reason for leaving	
Employer name and address	
Date employed:	From.....To: .....
Position held	
Key skills & responsibilities	
Reason for leaving	
Employer name and address	
Date employed:	From.....To: .....
Position held	
Key skills & responsibilities	
Reason for leaving	
Employer name and address	
Date employed:	From.....To: .....
Position held	
Key skills & responsibilities	
Reason for leaving	

Please give details of any other experience e.g. work situation, voluntary work, charity work or home situation.

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Assistance with interview and assessment:

Do you require any special requirements 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 provide details below. ( this information will not be used to make a decision to offer you employment)
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Any offer of employment will be subject to a satisfactory medical report.

GP' name:
Address: <span style="float: right;">Tel</span>

Do you give permission for us to contact your GP if so required as part of the recruitment process?  
YES / NO

NEXT OF KIN:	
Name	
Relationship	
Tel;	
Address:	

Identity details:

Nursing and Midwifery PIN number (registered nurses only)	
National Insurance Number (all applicants)	

**Disclosure and Barring Service check:**

This post is subject to the Rehabilitation of offenders Act (exceptions order) 1975 and the Health and Social Care Act 2008, and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service to check for any previous criminal convictions.

NOTE: You may not be eligible to work in a care setting if you are on the DBS register.

Please declare all criminal convictions, whether spent or not, charges, whether preceded with r not, and warnings and cautions in the space provided below:		
Signature and Declaration PLEASE READ BEFORE SIGNING		
I declare to the best of my knowledge and belief the information given by me in this application is true and I understand that the above information forms the basis of my contract for employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may be terminated immediately.		
I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS register status, and that should I be subsequently be offered a post, that offer will be subject to two satisfactory references, one of which must be from my previous employer and that confirmation of the employment will be subject to a satisfactory criminal records check from the DBS.		
<b>Have you had an enhanced disclosure barring service (DBS) check?    Yes / no</b>		
<b>DBS number:</b>	<b>Date:</b>	
Print name:	Signature:	Date:

**Capacity to work in the UK**

Tier 2 Certificate of Sponsorship (formerly a work permit) Applications from job seekers who require Tier 2 sponsorship to work in the UK are welcome and will be considered alongside all other applications. However non EEA candidates may not be appointed to a post if a suitably qualified and skilled EU/EEA is available to take up the post as the employing body is unlikely in these circumstances to satisfy the Resident Labour Test Market Test. The UK Visas and Immigration department requires employers to complete this test to show that no suitably qualified EEA/EU worker can fill the post. For further information please visit the UK Visas and Immigration website.

**UK Registration:** Applicants must have a current UK professional registration (registered nurses).

Note: minimum age legislation dictates that care workers must be over 16years, please notify your interviewer immediately if you do not meet the criteria.

**Working time directive:**

**AGREEMENT TO WORK MORE THAN 48 HOURS PER WEEK**

In addition to the paragraph detailing your normal hours of duty in your term and conditions of engagement with Promicare and training services, you specifically agree to work such hours, including such hours over 48 hours over any seven day period as is required of you to carry out your duties. You therefore give your consent to waive your right under the Working Time Regulations to have your working time limited to an average of 48 hours per week over the reference period as it may be defined from time to time. You further agree that, in the event that you wish to withdraw this consent, you will give Promicare three months’ written notice of the withdrawal of your consent. It is the duty of Promicare to generally monitor your working hours including hours that you work for a

person, firm, health service body or company other than Promicare. You therefore agree that within two weeks of the day on which you sign these terms you will inform Promicare following:

- Any other work you carry out for any other person, firm, health service body or company, other than Promicare
- The days on which you carry out such other work.
- The hours that you work for such other person, firm, health service body or company and the times at which you carry out such work.

In addition, you agree that within two weeks of any change to work you carry out for a person, firm, health service body or company other than Promicare, you will notify Promicare of such change whether it involves a change to the total hours of such work, the times at which you perform such work or, indeed, where you commence work for a different person, firm, health service body or company. I have read and understood the terms set out above and agree to them. I also agree that the terms set out above form part of my overall terms and conditions of engagement with Promicare and training services : **(Please only sign below if you wish to opt out of the 48hour week directive, that is if you DO NOT wish to work more than 48hours a week)**

Name (block capitals): \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### Referees

You must provide references from 2 of your most recent employers. Please inform your referees that you have used their name for a reference.

Name	
Job title	
Address	
Telephone	
Email:	
Name	
Job title	
Address	
Telephone	
Email:	

**IDENTITY CHECK (clearly tick one item from sections 1 or 2, and one from section 3.**

Original documents only	I confirm that I have seen the original documents,  Signed for to confirm the identity of the applicant (signed by the interviewer)	Date
1. Photographic 1a. passport 1b. photo driving licence		
OR		
2. Birth certificate		
2b. with correct name		
2c. or in another name, with evidence of name change		
AND		
3. Proof of address		
3a. utility bill, correct name and address and less than 3months old and paid or		
3b. Credit card statement, correct name and address less than 3 months old		
3c. Bank statement, correct name and address and less than 3 months old		
3d. Council tax bill, correct name and address, less than 3 months old		
3e. Other (specify)		
<p><b>IMPROTANT:</b> Permanently attach a photocopy of the ID evidence produced to the applicants file, and one of the recent passport size photograph provided. The other photograph will be used for the DBS application.</p>		