



APPLICATION FORM

Imperial Care Agency Limited, 43 King Street, Yeovil, BA21 4DN

Mob: 01935 315007 | **Email:** office@imperialcare.co.uk

www.imperialcare.co.uk

Stick
your photo
here

APPLICATION FORM

Please print carefully in black ink.

POSITION APPLIED FOR: _____

The information that I give in this application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registering with Imperial Care Agency Ltd.

SECTION 1 – PERSONAL DETAILS

Title: Forenames

Surname :

Previous Surnames (if any):

Address:
Postcode:

Telephone No: Home: Mobile:

Email:

Nationality

NI Number: Date of Birth:

NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY:

Name:

Address:

Tel No:

Relationship to applicant:

Do you have a current driving licence? **Yes/No** Do you have own transport to work? **Yes/No**

Are you a member of a Union Yes/NO (If Yes, which union? _____)

SECTION 2 – ALL APPLICANTS

PLEASE TELL US ABOUT YOUR EDUCATION QUALIFICATIONS & COURSES

Please give relevant details of any training or courses you have attended (e.g. Care certificate, NVQ, BTEC, Degree etc)

Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No

Preferred Shifts: Earlies Lates Days Nights

Do you have any other work commitments? Yes/No

Do you want to work Full time Part-time

SECTION 3 – EMPLOYMENT HISTORY

Please print details of all your full employment history, starting with your present or last position. **Please note any gaps in employment must also be documented.**

1) Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

2) Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:



3) Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:



4) Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

Note: Please Use additional sheets for more employment history

SECTION 4 – REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties.

It is therefore not contrary to the act for referees to state any criminal convictions, which would otherwise be considered as spent.

In line with the Care Standards Act 2000, all nurses and care staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process.

1. Do you have any convictions or cautions? YES/NO
2. Are you currently the subject of any criminal proceedings (for example charged or summoned but not yet dealt with) or any police investigation? YES/NO

In line with the Care Standards Act 2000, all nurses and care staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process. Once a Disclosure has been obtained, members are required to inform the Branch Manager immediately of any conviction, caution or reprimand or inclusion on the Protection of Children Act (POCA) or Protection of Vulnerable Adults (POVA) register, which occur after their commencement with Greys Nursing. Failure to do so may result in disciplinary action.

Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

SECTION 5 – PASSPORT DETAILS

Are you a British Citizen or European Union National? Yes No

**If you have answered NO to the above question please complete the following:
FOR NON-BRITISH & NON-EC NATIONALS ONLY**

Date of entry into the UK:

Type of Visa: Expiry Date:

You will be required to provide 2 forms of ID e.g. 1. Birth Certificate 2. Home Office Letter

Passport Nationality: Date of Issue:

Passport Number: Expiry Date:

Visa Restrictions:

REGISTERED NURSES ONLY

PLEASE TELL US ABOUT YOUR QUALIFICATIONS

NMC Pin No

Date:

TRAINING DETAILS

Please complete the following section and indicate whether you have received a training certificate for the skill or whether the skills are based on experience. If based on experience please indicate length of experience.

Training	Date	Certificate?	Notes
Moving & Handling			
Safeguarding Vulnerable Adults			
Infection Control			
Fire Safety			
Health & Safety			
COSHH			
RIDORR			
Food Hygiene			
Equality & Diversity			
Data Protection			
Basic Life support / First Aid			
Medication Administration/Management			
Person Centred Care			

SECTION 6 – HEALTH CHECK

Have you ever suffered from any of the following:	Tick if Yes	Give Details if YES
Depression, anxiety state, nervous illness or breakdown		
Epilepsy or disease of the nervous system		
Ailment of lungs or chest		
Spinal problem (backache)		
Arthritis, Rheumatism or Gout etc		
Any heart or circulatory, including blood problems		
Illness of the kidneys, bladder, liver or glans		
Diabetes		
Skin disorder		
Are you presently taking medication or undergoing treatment?		
Do you smoke ?		
Do you consume alcohol?		
Are you a registered disabled person?		
How many working days have you been absent from working during the last 12 months?		
Are you now pregnant?		
Any other Details to share?		

Please Give your GP name, Surgery and address:

SECTION 7 – REFERENCES

Please give the names of two references, including your present or most recent employer, whom we will approach for a nursing/care services reference.

1. Name: Position:
Company:
Address:
Tel No:
Dates Employed: From To

2. Name: Position:
Company:
Address:
Tel No:
Dates Employed: From To

In some circumstances, we may require a third reference. Your interviewer will inform you if this is required.

3. Name: Position:
Company:
Address:
Tel No:
Dates Employed: From To

SECTION 8 – DECLARATION

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I hereby give consent for this information being used for personnel administration and business purposes. I consent to references being passed onto potential employers.

Name: ----- Signature ----- Date-----

APPLICATION CHECKLIST:

Completed Application Form?	
Completed Full Work History ?	
Completed 2 Employer References?	
ID proof (Passport or Driving Licence if British)	
Visa / Biometric card	
2 x address proof (Bank statement / Utility bills issued within 3 months)	
Copy of Disclosure and Barring Service (DBS) ?	
DBS Update Service?	
Passport size photo	
Training Certificates	

CONSULTANT: _____

Interview date : _____

FOR OFFICE USE ONLY

Interview form completed?	
P45 or HMRC checklist completed?	
Personal details collection form completed?	
ID proof Checked?	
2 x address proof checked?	
Passport size photo received?	
DBS received?	
DBS Update Service information?	
Mandatory training certificates?	
Medication training for Registered Nurses?	
NMC pin for Registered Nurses verified?	
Details added to the Database / Software?	
Contract signed?	
ID card issued?	
Timesheet issued?	
Uniform Issued?	
Handbook issued?	

Notes: