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|  **1. Personal Details** |
| Title |  | Surname |  | Forenames (in full) |  |
| Address |  |
|  | Post Code |
| Telephone | Home  | Work | Mobile |
|  |  |  |
| Email Address |  | Nationality |  |
| May we contact you at work? | Yes No Please ✓ as appropriate |
| Date of Birth |  | National Insurance Number |  |
| Next of kin to be notified in case of emergency: Name |  |
| Address |  |  |
|  |  | Post Code |
| Telephone | Home | Work | Mobile |
|  |  |  |  |
| Relationship to you  |   |



APPLICATION FORM

***The applicant must complete this form personally***

Position Applied For ……………………………………………………………

|  |
| --- |
| **2. Formal Education and Qualifications** |
| Name of School/College/Universityand Location | Dates of attendance |  |  |
| From  | To  | Course of Study/Qualification(s) gained e.g. GCSE’s, A-levels,NVQ, Degree etc. | Grade |
| Month/Year | Month/Year |
|  |  |  |  |  |

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| **3.Training Courses Attended** |
| Course Title | Training Provider  | Duration | Year obtained |
|  |  |  |  |
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| **4a. Employment History** Please print details of all your employment, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps. |
|  | Dates of Employment | Position held and brief summary of duties and responsibilities | Reason for leaving/last salary or wage |
| Name & address of Employer | From | To |
| Month/Year | Month/Year |
|  |  |  |  |  |
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| **4b. Additional Information**Give details of any additional information that you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Agency and their relationship to you. |
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| **5. Qualified Nurses Only** |
| Date on inclusion on Nursing Register: |  |
| PIN Number |  |
| Date of Expiry |  |
| Nursing Qualification(s) |  |
| Do you require a Work permit to Work in U.K? | Yes No |
| Do you currently hold a Work Permit? | Yes No  | If yes please give details: |

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|  |
| **6.References**References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related references. One of the referees should be your current employer, or if presently unemployed, your last employer.  |
| 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 No Please ✓ as appropriate | May we contact the above person now?Yes No Please ✓ as appropriate |

|  |
| --- |
| **7. Health Questionnaire** |
| Have you ever had: | Delete as applicable | Additional Information |
| Chest pain, heart conditions, or high blood pressure? | YES/NO |  |
| Blackouts, fits or attacks of giddiness? | YES/NO |  |
| Depression, mental illness or nervous breakdown? | YES/NO |  |
| Rheumatism or Arthritis? | YES/NO |  |
| Back trouble? | YES/NO |  |
| Typhoid, paratyphoid or gland trouble? | YES/NO |  |
| Digestive or bowl disease? | YES/NO |  |
| Diabetes, thyroid or metabolic disorder? | YES/NO |  |
| Bladder or Kidney trouble? | YES/NO |  |
| Dermatitis or skin trouble? | YES/NO |  |
| Varicose veins? | YES/NO |  |

|  |  |  |
| --- | --- | --- |
| Any other current or recent medical condition or treatment that might affect your attendance at work? | YES/NO |  |
| Any illness or medical condition that might prevent you from attending work for more than a week during the past year? | YES/NO |  |
| Any physical impairment, including defect of sight or hearing? If yes specify any special needs in relation to your disability. | YES/NO |  |
| Do you smoke? | YES/NO |  |

 **Criminal Records-Disclosure Certificate**

**8. Rehabilitation Of Offenders Act**

*Applications for health care positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered “spent” under this act.*

*Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.*

*Have you ever been convicted of any criminal offence, been bound over or cautioned or are you currently the subject of any police investigation, which might lead to conviction, an order binding you over a caution in the UK or any other country? YES/NO (please tick)*

*If yes, please provide details of the nature of the proceedings undertaken including dates and places.*

**Professional Misconduct**

*Have you been, or are you currently a subject to, any fitness to practice proceedings, or any suspension from an employer, or are such pending or threatened against you? YES/NO (please tick)*

*If yes please provide details of the nature of the proceedings undertaken, or contemplated, including the approximate date of proceedings and the name and address of the licensing or regulatory body concerned.*

*The Criminal Records Bureau (CRB) has issued a Code of Practice regarding Disclosure information, a copy of which is available upon request. A Disclosure Certificate (standard of enhanced) will be requested from the CRB which will detail 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.*

**9.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 enquires 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 understand that any false or misleading information could result in my dismissal.

Signed Date

|  |  |
| --- | --- |
| **For Office Use Only**  | Initials |
| Date Application received |  |  |
| Date Application acknowledged |  |  |
| Initial Decision  |  |  |
| Date Applicant informed |  |  |
| Date(s) of interview |  |  |
| Short listed | Yes No  |  |
| Position offered | Yes No  |  |
| Obtain Written References | Yes No  |  |
| Reference from Current Employers requested. | DateReceived  |  |
| Reference from previous Employer requested. | Date Received |  |
| Character Reference required. | Yes No  |  |
| N.M.C Pin Number checked | Date |  |
| CRB check initiated | Date  |  |
| POVA check done | Date |  |
| Appointment Letter posted | Date |  |

Please return, marked **Strictly Private & Confidential,** to:

Liberty Healthcare Service

3 Naseby Close

Paulsgrove

Portsmouth

Hampshire

PO6 4DU

Tel: 02036375649 Mob: 074 4413 2822 Fax: 02392 431 978

Email: contact@libertyhealthcareservices.co.uk

Website: [www.libertyhealthcareservices.co.uk](http://www.libertyhealthcareservices.co.uk)