

|  |
| --- |
| **Karon Care Services Limited****Fairgate House, 205 Kings Road****Tyseley, Birmingham****West Midlands, B11 2AA****M: 07483905466****T: 0121 707 1007** **karoncareservices@gmail.com** |

|  |
| --- |
| **Please fix passport** **photograph here**  |

**NURSING APPLICATION FORM**

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS USING BLACK INK

**PERSONAL DETAILS**

Title \_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Surnames (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forename(s) in Full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualification(s): \_\_\_\_\_\_\_\_ Part of Register \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualified Nurse applicants only) Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NMC Revalidation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Tel No: ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel No: ( \_\_\_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PROFESSIONAL INDEMNITY INSURANCE

|  |  |  |
| --- | --- | --- |
| **Name of Nursing Professional** **Indemnity Insurance provider**  | **Policy Number**  | **Expiry Date**  |
|  |  |  |

**Please confirm qualifications:**

|  |  |
| --- | --- |
| Registered General Nurse (Adult)  | Registered Children’s Nurse  |
| Registered Mental Health Nurse  | Registered Intellectual Disability Nurse  |
| Registered Midwife  | Other (please give details)  |

**PROFESSIONAL QUALIFICATIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **University/College**  | **Qualifications**  | **Details**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TRAINING INFORMATION:**

**Please give details of any further additional training courses you have undertaken during your professional career:**

|  |  |
| --- | --- |
| **Course**  | **Date Attended**  |
|  |  |
|  |  |

**EMPLOYMENT HISTORY** (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From – To**  | **Name & Address of employer**  | **Job Title & Duties**  | **Salary on leaving**  | **Reason for leaving**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# REFERENCES

|  |
| --- |
| Please provide details of two referees who can provide information relating to your competency in your Nursing Role. The referees should be someone that managed you. Referees should be of two different employers. If you are not able to provide two different employers please provide a third reference which would need to be a Character referee or someone which holds a professional position that is not related to you. |
| 1.  | Name:  | 2.  | Name:  |
|  | Position:  |  | Position:  |
|  | Organisation:  |  | Organisation:  |
|  | Address: Postcode:  |  | Address: Postcode:  |
|  | Tel No:  |  | Tel No:  |
|  | Email:  |  | Email:  |
|  | May the company approach the above prior to interview? Yes No  |  | May the company approach the above prior to interview? Yes No  |

# CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to an ACCESS NI check. Any standard or enhanced disclosure made by the ACCESS NI will remain strictly confidential.

 **Yes No**

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

Are you currently the subject of a police investigation or have any prosecutions pending?

Are you currently the subject of a police investigation or have any prosecutions pending?

**If you have answered YES to any of the above please give details:**

# HEALTH DETAILS

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports.

|  |  |  |
| --- | --- | --- |
|   | **Tick as Applicable**  | **Additional Information to “Yes” response**  |
|   | **Yes No**  |   |
| Have you any physical, mental or related problems, which might prejudice you undertaking an assignment?  |   |  |   |   |
|  Have you ever been suspended from work or been the subject of disciplinary action by your employer?  |   |  |   |   |
|  Are you currently under suspension from work or the subject of investigation for professional misconduct?  |   |  |   |   |
|   |   |  |   |   |
| **Have you ever had?**  |  |  |  |  |
| Chest pain, heart condition or raised blood pressure?  |   |  |   |   |
|   |   |  |   |   |
| Blackouts, fits or attacks of giddiness?  |   |  |   |   |
|   |   |  |   |   |
| Depression, mental illness or nervous breakdown?  |   |  |   |   |
|   |   |  |   |   |
| Back pain  |   |  |   |   |
|   |   |  |   |   |
| Dermatitis, skin trouble or any allergies?  |   |  |   |   |
|   |   |  |   |   |
| Any other accident, operation or illness?  |   |  |   |   |
|   |  |   |   |
| Have you any reason to believe you maybe infected with any communicable disease?  |  |   |   |
|   |  |   |   |
| Have you ever had chicken Pox?  |  |   |   |
|   |  |   |   |
| Any other current or recent medical condition or treatment which might affect your attendance or performance at work?  |  |   |   |
|   |  |   |   |
| Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?  |  |   |   |

**AVAILABILITY**

Can you please state your availability if you were successful for the position?

|  |
| --- |
|   |

**SPECIAL REQUIREMENTS (CARE SECTOR)**

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining a standard/enhanced disclosure certificate from ACCESS NI OR AN APPROVED UMBRELLA BODY and ON AN ANNUAL BASIS you will complete a self-Declaration Form

1. Such disclosure being acceptable to the company.

1. Proof of identity – Driver’s license, passport and proof of address (Utility Bill).

1. Two satisfactory written references.

1. That you will supply a photograph of yourself for retention in your records.

1. Evidence of physical or mental suitability for your work.

**DECLARATION (Please read carefully before signing this application)**

* 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

* 1. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

* 1. I agree that should I be successful in this application, I will, if required, apply to ACCESS NI for enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed: ………………………………………………………………………………………….

Date: …………………………………………………………………………………………….