

Attach Photograph



Application Form

Please complete this form in black ink and complete all sections

Position Applied for	
Your Name and Surname	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Organisation to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

1. Personal Details

Title		Surname		Maiden Name	
Previous surnames (if any)					
Forenames (in full)					
Address		Post Code			
Telephone		Home:		Work:	
				Mobile:	
Email address				Nationality	
May we contact you at work?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Please tick as appropriate	
National Insurance Number				Provide Proof of Right to work in the UK	
Next of Kin to be notified in case of emergency: Name					
Address				Post Code	
Telephone		Home:		Work:	
				Mobile:	

2. Formal Education and Qualifications

2.1 Formal Education and Qualifications			
Name of School/College/University and Location	Dates of attendance From To Month/Year Month/Year	Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc.	Grade

3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name Address Email of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

4. Training – e.g. Manual handling, CPR, infection control, first aid etc., (please provide certificates)

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment

5. Professional Details

The service we give depends on accurate up to date information. Please keep us informed of all developments in your career. To assist us in finding suitable work for you, please tick all nursing specialties of which you have significant, post training experience.

✓ Please tick as appropriate

	Years of experience		Years of experience		Years of experience
A & E		Isolation		Phlebotomy	
Aero medical		ITU		Practice nursing	
AIDS/HIV+		Learning disabilities		Psychiatry	
Anaesthetics		Liver Unit		Radiotherapy	
Burns and plastic		Marie Curie		Recovery	
Cardio-thoracic		Medical		Renal Dialysis	
CCU		Mental Health		SCBU	
Dental Nursing		Midwifery		Screening	
Dermatology		Nanny		Social Work	
District nursing		Neurology		STDs	
Elderly care		NNU		Surgical	
ENT		Occupational Health		Terminal care	
Family Planning		ODA		Theatre	
Genito-urinary		Oncology		Tropical disease	
Gynae		Ophthalmics		Venepuncture	
Haematology		Orthopaedic		X Ray	
ICU		Paediatrics			
Industry		NVO Details			

Please give details of any certificates or qualifications you hold. (Including any in specialties listed)

Please indicate your level of proficiency according to the scale below

1. no experience
2. previously performed but not proficient
3. competent to perform independently

✓ Please tick as appropriate

Cardiovascular				Respiratory			
Skill	1	2	3	Skill	1	2	3
Administering intravenous therapy – via pump - via giving set				Administering oxygen therapy			
Basic ECG interpretation				Care of patient using CPAP			
Care of patient post cardiac surgery				Care of patient with chest tubes/underwater sealed drainage			
Care of patient post vascular surgery eg fem/pop bypass				Care of patient with COAD/COPD			
Care of patient with congestive cardiac failure				Care of the ventilated patient			
CVP readings				Interpret arterial blood gas results			
Perform ECG				Perform chest physio			
Use of cardiac monitor equipment				Pulse oximetry			
Use of defibrillator				Respiratory status assessment skills			
Venepuncture				Suctioning – oropharangeal - nasopharangeal - tracheostomy - Tracheostomy care			

Neurological				Orthopaedics			
Skill	1	2	3	Skill	1	2	3
Care of head injury patient				Application of POP casts			
Care of patient during/ post seizure				Care of patient post hip replacement			
Care of post craniotomy				Care of patient post joint reconstructions			
Care of patient post neck/back surgery				Care of patient post total knee replacement			
Care of patient post spinal cord injury				Care of patient using CPM			
Perform neurological observations							
Use of glasgow coma scale							

Gastrointestinal				Renal			
Skill	1	2	3	Skill	1	2	3
Abdominal assessment eg. For bowel sounds etc				Care of and AV fistula			
Administration of enemas				Care of a patient post nephrectomy			
Administration of NG feeds – bolus - via pump eg				Care of a patient post renal transplant			
Administration of suppositories				Care of nephrostomy			
Care of abdominal drains				Care of patient with renal failure – chronic - acute			
Care of colostomy				Insertion of urinary catheter – male - female - short term/intermittent			
Care of ileostomy				Manage peritoneal dialysis			
Care of patient post gastrointestinal surgery				Manage venous dialysis			
Care of patient with hepatitis				Perform bladder irrigation – continuous - intermittent			
Care of patient with inflammatory bowel disease				Perform urinalysis			
Care of percutaneous endoscopic gastrostomy(PEG) tube							
Care of T-tube							
Check placement of NGT							
Flexiflo systems							
Insertion of naso-gastric tube (NGT)							

Endocrine/Metabolism				Infection control			
Skill	1	2	3	Skill	1	2	3
Blood sugar level testing				Assessment and care of pressure sores/ulcers			
Care of total parental nutrition infusion/lines				Burn care			
Care of patient post a drug overdose				Care of surgical drains			
Care of patient with diabetes insipidus/ disorders of the pituitary gland				Care of the isolated patient			
Care of patient with thyroid disorders				Knowledge of universal precautions			
Diabetic education				Wound care			
Disorders of the adrenal gland				Wound packing/irrigation			
Insulin administration							
Management of a sliding scale of insulin							

Management of insulin dependent diabetes mellitus							
Management of IV insulin infusion							
Management of non-insulin dependent diabetes mellitus							

6. General information

Do you hold a valid and current British Driver's Licence? Yes ☐ No ☐ Please tick as appropriate
If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? ☐ Yes ☐ No ☐ Please tick as appropriate

If Yes, please give details _____

Please state which languages you speak, including an indication of fluency

How did you hear about this vacancy?

Next of Kin to be notified in case of emergency		Name :	
Address			
		Post Code:	
Telephone	Home:	Work:	Mobile:
Relationship to you			

7. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions ☐ part time ☐ full time ☐

Type of work ☐ NHS ☐ private hospitals ☐ nursing home ☐ industry ☐

Clients in their own home ☐ Other, please specify _____

☐ live in ☐ days ☐ nights ☐ visits ☐

Do you have any other work commitments? Yes ☐ No ☐

Which areas of work do you wish to exclude?

When will you be available to start work?

8. Immunisations - proof of immunisations must be provided		
Rubella	Yes No	Date
Skin Test for TB	Yes No	Date
BCG	Yes No	Date
Tetanus	Yes No	Date
Varicella (Chickenpox/Vz.Abs)	Yes No	Date
Poliomyelitis	Yes No	Date
Diphtheria	Yes No	Date
Hepatitis B	Date of last injection	Booster 1st 2nd 3rd
	Date of last blood	Result (titre levels) IUL

9. Additional Information

Give details of any additional information which 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.

10. References

References are normally taken up for candidates selected for interview. Give details, names, addresses and **email** contact information for the most recent employer, must be work-related Referees that **must** cover the **last three years employment**. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer, or education provider.

Name		Name	
Address and Post Code		Address and Post Code	
Telephone Number		Telephone Number	
Email		Email	
Position		Position	
Relationship to you		Relationship to you	
May we contact the above person now? ✓ Please tick as appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact the above person now? ✓ Please tick as appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed :

Date :

12. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

✓ Please tick as appropriate: I have no convictions ☐ I have convictions (see Note below) ☐

Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

Criminal Records – Disclosure Certificate

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

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes ☐ No ☐ Please tick as appropriate

13. 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 enquiries 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 :

14. Equal Opportunities Monitoring Form

The Quality Team Nursing Agency operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help use to do this we would be grateful if you could complete this short questionnaire.

Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A White

British ☐

Irish ☐

Any other White background, please write in here. _____

B Mixed

White and Black Caribbean

☐ White and Black African

☐ White and Asian ☐

Any other Mixed background, please write in here. _____

C Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Any other Asian background, please write in here. _____

D Black or Black British

Caribbean ☐

African ☐

Any other Black background, please write in here. _____

E Chinese of other ethnic group

Chinese ☐

Any other, please write here. _____

SEX Female ☐ Male ☐

DISABILITY

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e. do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities

Yes ☐ No ☐

For Office Use Only		
		Initials
Date Application received		
Date Application acknowledged		
Initial Decision		
Date Applicant informed		
Date(s) of Interview		
Decision		
Notes		