

Job Application

Personal Information **all applications are treated with confidentiality*

Title:	Mr, Mrs, Ms, Miss, Other: (circle)	Address: Post Code:
Full Name:		
Tel No:		
Mobile:		
E mail:		

	Yes	No		Yes	No
Are you over 18yrs of age?			Do you hold a current driving licence?		
Are you a registered U.K Citizen?			Do you have access to transport?		
Do you hold a British passport			Please state what languages you speak:		
Do you require a work permit?					
Gender: Male / Female / Other:			Ethnicity:		

Employment History-**Please provide details of your current/previous employment, please list the previous five years only*

From	To	Employer/Address	Position held	Salary	Reason for leaving

		Name: Address:			
		Name: Address:			
		Name: Address:			
		Name: Address:			
		Name: Address:			

*Please use a separate sheet if necessary and label "Employment Continued"

Availability- ** times are guidelines only and not exact shift lengths or patterns*

Please State Hours Required	Part Time		Full Time	
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	Up to 20 hours			Up to 37 hours		
Shifts Required	Morning 6am -3pm		Evenings 3pm- 10.30pm		Nights 10pm-7am	Weekends

Please state the times you will be available for work:			
	Yes	No	Times Available:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

** The above timetable is used as a guideline only and does not constitute exception to emergency cover when required; please only complete times available as this will be your working pattern.*

Experience

Have you ever gained care experience within any of the following environments?			
	Yes	No	How many Years
Nursing Home			
Home Care			
Residential Care			
Relative			

Please state below if you have had experiences of care work:					
	Yes	No		Yes	No

Bath / strip washing / shower			Catheter bags		
Bath aids			Hoists		
Shaving			Stoma care		
Hair care			Dementia		
Denture care			Terminal illness		
Dressing / Undressing			Challenging behaviour		
Commodes			Mental health		
Assisting with feeding / peg			Learning difficulties		
Assisting with medication			Physical disabilities		
Sensory disabilities			Diabetes		

Qualifications/Training - Please list all relevant care qualifications: (e.g., Key skills, NVQ's, QCF, RN, RMN etc)

Qualifications	Awarding Body	Date obtained

* Please continue to use a separate sheet if necessary and label "Qualifications Continued"

What do you feel you have gained from the training undertaken? (relevant to the role) * Please continue to use a separate sheet if necessary?

HEALTH DETAILS

It is necessary to obtain the following medical information to ensure that the employee's health & safety whilst at work is protected at all times and the company does not discriminate on the grounds of Disability. The information that you will provide is considered to be and will be treated as sensitive and highly confidential. It will be stored securely in accordance with our Data Protection Policy.

	Yes	No	Details
Are there any medical conditions that we should be aware of which may prevent you or make it difficult for you to carry out manual handling procedures?			

Please list all absences from work in the past 12 months including reasons and the time (days, month) in total you were absent:

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Please specify any special arrangements you will need to attend an interview:

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The information is complete to the best of my knowledge. I consent to a medical examination if required. I understand that in the event of providing misleading or false information about my employment history, failure to disclose medical information, or provide misleading or false medical information could result in disciplinary action including dismissal.

Disclosure of Criminal Convictions

Due to the nature of the position you are applying for, the post in question is exempt from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information regarding any convictions which for other purposes are "Spent". The Health & Social Care Act 2008 requires YesNurse Healthcare Ltd to carry out Criminal Record Checks on all prospective / current employees, whom will have access to vulnerable adults. As a prospective / current employee you are obliged to inform YesNurse Healthcare Ltd if you have been found guilty of any criminal offence committed, cautioned or have a hearing pending in the future. Please note that all cautions, convictions and offences will appear on your Criminal Records Check.

Have you been found guilty of a crime(s)?	Yes		No	
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If yes –Please specify in the section below

Date Offence Occurred	Nature of Conviction

.Have you undertaken a (DBS) Criminal Record Check before?	Yes / No (If yes please state by whom and the reason and the date obtained)
Are you aware of any current ISA, CQC, or Police enquiries, regarding any allegations made against you, which could have a bearing on your suitability for the post you are applying for? Yes / No (If you answered yes, please detail all relevant information below)	
Have you ever been subject to disciplinary action from a previous or present employer?	Yes / No (If yes- Please state the reason)
Have you ever been dismissed from a previous or present employment?	Yes / No (If yes- Please state the reason)

Professional Referees (References from family members or friends will not /cannot be accepted.)

Referee One (Must be your current or most recent employer)

Title:	Mr, Mrs, Ms, Miss, Other: (Circle)	Company Name & Address: Post Code:
Full Name:		
Tel No:		
E mail:		
Position held:		

Referee Two

Title:	Mr, Mrs, Ms, Miss, Other: (circle)	Company Name & Address: Post Code:
Full Name:		
Tel No:		
E mail:		
Position held:		

Referee Three

Title:	Mr, Mrs, Ms, Miss, Other: (circle)	Company Name & Address: Post Code:
Full Name:		
Tel No:		
E mail:		
Position held:		

* YesNurse Healthcare Ltd reserves the right to contact any previous employer regarding your suitability for this post

Please use this section to provide details of why you believe you are suitable for the position and what benefits would you bring to the role and the company if you were successful?

Data Protection

Under the Data Protection Act 1998 ("The Act") we are required to provide you with certain information and to seek your consent to the processing of personal data supplied by you on this form.

For the purposes of the Act the Data Controller is "P & G Healthcare Ltd". The purposes for which personal data supplied by you on the form are intended to be processed are as follows:

- To assess your skills, suitability and eligibility for work.

The personal data supplied by you on this form may also be disclosed to statutory bodies for e.g. –Local Authority. We may also retain personal data supplied by you on this form after you cease to be an employee in order to comply with current legislation. Please sign this declaration to indicate your consent to the processing by the company of the data supplied by you on this form.

Declaration

I consent to the company processing all or any personal data supplied by me on this form and to the disclosure and transfer of such personal data. I declare that all information given is to the best of my knowledge true and correct. I also understand that any false/incorrect information given will result in rejection as a candidate for the applicant or termination if employment commenced.

YesNurse Healthcare Ltd is authorised to obtain references to support this application. I release YesNurse Healthcare Ltd and referees from any liability caused by giving and receiving information.

Name: _____

Signed: _____

Date: / /

Please note that only applications forms that are completed in full will be considered for short listing.

Once completed in full return your application form to:

Registered in England and Wales No. 14802059
Address: Brooklyn, Cardiff Road, Hawthorn, Pontypridd, Wales CF37 5BB

