

## Application form

Date of application:

Please complete this form in full using BLOCK CAPITALS and bring with you to your interview along with supporting documents

### Section 1: Personal Details

Surname:

Forenames:

Title: Mr / Mrs / Miss / Ms

Any other surname you have been known by?

Address:

Postcode:

Telephone Numbers: Home

Mobile:

Email address:

National Insurance number:

Date of birth:

Sex:

Male / Female

### Next of Kin (to be notified in case of emergency)

Full name:

Relationship:

Address

Telephone number:

### Section 2: Experience

To enable us to assess your experience please tick the appropriate boxes:

Carer – Nursing & Residential Homes

Carer – Domiciliary Care

Team Assistant – General ward in a hospital

Senior Carer

Support worker – Learning disabilities/Mental Health

Kitchen Assistant

Doctor

Speciality

GMC Reg. No.

GMC Status

RN (Mental)

RN (General)

RN(LD)

NMC Pin No.

NMC Expiry

Social Worker

Speciality

HCPC Reg No

### Section 3: Work experience & Education

Please provide details of your secondary education **FIRST** and then your **FULL employment history in order from school until today's date. Please date any gaps and the reasons for these gaps. (where there are gaps please provide personal references for this time period or job centre references). From 16 years of age onwards**

Name of School / University / Actual employer who paid your wages

1.

Position:

Address:

Date of attendance:

From:

To:

Reason for leaving:

2.

Position:

Address:

Date of attendance:

From:

To:

Reason for leaving:

3.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

4.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

5.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

6.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

7.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

8.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

9.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

10.

Position:

Address:

Date of attendance: From:  To:

Reason for leaving:

Please list any other agencies you are currently working for

## Mandatory Requirements

Please provide the dates that you last undertook the following training courses and provide copies of certificates

### Training Course

### Issue date

Health & Safety (1974 / 1999 Acts including COSHH/RIDDOR)

Safeguarding Adults & Children Level 2/3

Food Hygiene

Moving & Handling

Fire Safety

CPR & First Aid

Administration of Medication

Infection Control

Others (please specify):

## Source

Where did you hear about Primary Care Recruitment Ltd?

Job board

Journal/magazine

Search Engine

Referral (please specify name)

Job fair

Promotion

Other (please specify)

## Section 4: Work Preference

Full time

Part time

Please state the areas in which you feel competent and confident to work in: (i.e. homes, hospitals etc.)

First Choice:

Second Choice:

**Qualified Nurses** - Please tick all of the specialities where you are comfortable working, and have experience:

Medical

Please state which type:

Surgical

Please state which type:

Scrub

Which theatres

Anaesthetics

Which theatres

Cardiology

Oncology

Neurology

Occupational Health

Recovery

SCBU/PICU

ITU

A & E

Elderly Care

Practice Nursing/Family Planning

Palliative Care

Venepuncture

Mental Health

Male catheterisation

Female Catheterisation

Transcribing

IV's

ECG's / SATS Monitoring

## Professional Indemnity Insurance (Qualified Nurses, Doctors and Social Workers only)

All **qualified** staff members are required to hold individual professional indemnity insurance to the value of £3million (please provide evidence of this)

Name of professional body

Membership Number:

## Section 5: General Information

Do you hold a current UK driving license?

Yes / No

Do you have a car available?

Yes / No

Do you speak any other languages?

Yes / No

If yes please specify:

## Section 6a: Rehabilitation of Offenders Act 1974 & Criminal Records

By virtue of the Rehabilitation of Offenders Act 1974 (exemptions) (Amendments) Order 1986, the provisions of the section 4.2 of the Rehabilitation of Offenders Act 1974 DO NO APPLY to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should therefore list all offences on a separate sheet even if you believe them to be "spent" or "out of date" for some other reason

Have you ever been convicted of a criminal offence or been cautioned?  
(if you have answered "yes" please give details including dates in section 6b.)

Yes / No

Signed:

Dated:

 /  / 

**CRB, The Criminal Records Bureau, is the executive agency of the Home Office responsible for conducting checks on criminal records.**

Our clients insist on agencies making informed recruitment decisions, which require criminal record checks to be made on all staff. It is a condition of proceeding with your application that you apply for a CRB disclosure (or that you produce an acceptable original disclosure which you have already obtained). The disclosure will be compared with the information given above in section 6a and any inconsistencies could invalidate your application or lead to the cancellation of your registration with Primary Care Recruitment Ltd.

### Section 6b: Continuation for details of Cautions or Convictions

### Section 7: References

Please give the names of professional people of a senior/grade position to you going back 3 years, including your present and most recent employer whom we may approach for a nursing reference (not relatives).

They must be able to provide a credible comment on your ability to undertake the duties of the post applied for.

**(where there are gaps please provide personal references for this time period or job centre references).**

*Home addresses of referees are not acceptable*

#### Reference 1.

Company Name:

Referee Name:

Position:

Work Address (Not home)

Telephone number:

Professional email address:

How long has this person known you in a professional/work context?

Was this person senior to you?

#### Reference 2.

Company Name:

Referee Name:

Position:

Work Address (Not home)

Telephone number:

Professional email address:

How long has this person known you in a professional/work context?

Was this person senior to you?

#### Reference 3.

Company Name:

Referee Name:

Position:

Work Address (Not home)

Telephone number:

Professional email address:

How long has this person known you in a professional/work context?

Was this person senior to you?

**Reference 4.**Company Name: Referee Name:  Position: Work Address (Not home) Telephone number: Professional email address: How long has this person known you in a professional/work context?  Was this person senior to you? **Reference 5.**Company Name: Referee Name:  Position: Work Address (Not home) Telephone number: Professional email address: How long has this person known you in a professional/work context?  Was this person senior to you? **Reference 6.**Company Name: Referee Name:  Position: Work Address (Not home) Telephone number: Professional email address: How long has this person known you in a professional/work context?  Was this person senior to you? **Reference 7.**Company Name: Referee Name:  Position: Work Address (Not home) Telephone number: Professional email address: How long has this person known you in a professional/work context?  Was this person senior to you? **Reference 8.**Company Name: Referee Name:  Position: Work Address (Not home) Telephone number: Professional email address: How long has this person known you in a professional/work context?  Was this person senior to you?

## Section 8: Passport & Work Permits

People with an automatic right to work are citizens of the U.K., European Union and E.E.A. & certain commonwealth citizens.

Please state your Nationality:

**Immigration status:** EU Passport  Tier 1  Tier 2  Tier 4  British Citizen  Residents Permit   
Indefinite leave to remain  Dependant Visa

Do you need permission to work in the UK?  Yes / No

**If Yes, please answer the following questions:**

Are you visiting Britain on a working holiday?  Yes / No

Do you hold a Student Visa?  Yes / No

Do you require a work permit?  Yes / No

On entering Britain what entry was put on your passport by immigration?  
(Write in full)

**Original documentation MUST be shown**

Passport Nationality:  Place of Issue:

Passport Number:

Date of issue:  /  /  Expiry Date:  /  /

## Section 9: Working Hours

In line with Government legislation under the terms of 'working Time Regulations' we recommend that your working hours should not exceed 48 hours per week (averaged over a 17 week period). Should you wish to waive this right, please confirm this by ticking here:

## Equal Opportunities

Primary Care Recruitment Ltd has an Equal Opportunities policy which is available upon request. For the sole purposes of monitoring our Policy please complete the following:

**Gender** Male  Female   
**White** British  European  Other   
**Asian** Bangladeshi  British  Indian  Pakistani  Other   
**Black** African  British  Caribbean  European  Other

## Section 10: Data Protection Act 1998 & Inspection

We are required to hold personal information on staff, e.g. National Insurance number, address, qualifications, a mechanism for checking health and fitness including records of immunisation, record of training, annual leave, sickness, two written references & Rehabilitation of Offenders information. From time to time we may be required to release elements of this. If you wish to discuss it further, please contact your manager.

**I consent / do not consent (please circle as appropriate) to the disclosure of information required to place me on assignments.**

Print name::

Signed::  Date:  /  /

Note: Regulatory bodies such as the Home Office, Immigration, NHS Trusts have the right to access personal files for inspection purposes in order to verify compliance with legislation.

## Section 11: Declaration

The information that I have given in this registration 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 registration with Primary Care Recruitment Ltd. I also agree to keep PCR advised of any changes to the information supplied.

Signed::

Print name::

Qualification::

Date:  /  /

## For office use only:

Are the candidate's communication and written skills to a good standard? :  Yes / No

Interviewers Name::  Signature:

Place of interview: Primary Care Recruitment Ltd, Gosforth, Newcastle Upon Tyne, NE3 1HN