

Application Form

TITLE:		FORENAME		
SURNAME				
MOBILE NUMBER:				
EMAIL ADDRESS:				
NI NUMBER:				
DATE OF BIRTH:				
ADDRESS:				
POSTCODE:				
JOB ROLE:				
SPECIALIST EXPERIENCE:	PALLIATIVE CARE MENTAL HEALTH	DEMENTIA CHILD CARE	LEARNING DISABILITY END OF LIFE CARE	PHYSICAL DISABILITY
NMC PIN (NURSES):				
PROFESSIONAL INDEMNITY:	YES	NO	REGISTERED WITH: UNISON	RCN OTHER (detail below)

Permissions to Work in the UK

Are there any restrictions on your right to work in the UK?	YES	NO
Can you provide evidence of right to work such as passport or residence permit?	YES	NO

Driving

Do you have a Full Uk Driving Licence	Yes	No	Do you have access to your own vehicle	Yes	No
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Most Recent Employment Information

NAME & DETAILS OF EMPLOYER: <i>name, address, contact details</i>				
POSITION HELD:				
START DATE: MM/YYYY		END DATE: MM/YYYY		
REASON FOR LEAVING:				

15 Years History

Must be a full 10-year history with no more than a 1-month gap, please detail all employment, study and employment gaps with an explanation for why.

COMPANY NAME	POSITION HELD	START DATE	END DATE	REASON FOR LEAVING		
		MM	YYYY	MM	YYYY	

COMPANY NAME	POSITION HELD	START DATE		END DATE		REASON FOR LEAVING
		MM	YYYY	MM	YYYY	

Professional References

Professional references must cover 3 years of employment and must be sent to a workplace email address. Please provide details for all employers covering the last 3 years. By filling the reference details below you are giving consent for us to seek references upon return of the application form

PROFESSIONAL REFEREE 1 – Current or most recent care employer			
Name of Referee		Your Job Title	
Referee Job Title		Company Name	
Address			
Telephone Number		Professional Email Address	
PROFESSIONAL REFEREE 2			
Name of Referee		Your Job Title	
Referee Job Title		Company Name	

Address			
Telephone Number		Professional Email Address	
Additional Reference			
Name of Referee		How do you know this person?	
Referee Job Title		Company Name	
Address			
Telephone Number		Email Address	
Additional Reference			
Name of Referee		How do you know this person?	
Referee Job Title		Company Name	
Address			
Telephone Number		Email Address	

Emergency Contact Details – *Must be based within the UK*

Title:	Surname:	Address:
Forename:		
Relationship:		
Contact Number:		

Disclosure & Barring Services Check

Do you have a DBS certificate that is registered to the update service?

(We cannot use any certificate that has not been registered to the update service and a new check will need to be done costing £50)

<p>YES</p> <p>DBS Certificate Number:</p> <p>Date of Certificate Issue:</p>	<p>NO</p> <p>I confirm that I will pay the sum of £50 for my enhanced DBS application and I understand that this is non-refundable if an unsatisfactory DBS is returned or suitable references cannot be obtained.</p> <p>SIGNATURE: _____ DATE: _____</p>
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Do you have any criminal convictions/ cautions in the UK or abroad?	Yes	No
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If yes, please detail:

Are you / have you been undergoing any clinical investigation, disciplinary or suspension process pending or otherwise?	Yes	No
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If yes, please detail:

Skills

Please select Yes only if you are trained AND experienced.

Manual Handling	Yes	No	Use of Bedpans and Commodes	Yes	No
Use of Hoists and Walking Aids	Yes	No	First Aid	Yes	No
Administering Medication	Yes	No	Care of Eyes	Yes	No
Filling in Care Plans and Care Charts	Yes	No	Care of Bladders and Bowels	Yes	No
Bathing / Showering Customers	Yes	No	Care of Pressure Areas	Yes	No
Use of Bath Aids	Yes	No	Changing of Colostomy Bag	Yes	No
Bed washing Customers	Yes	No	Emptying Catheter Bag	Yes	No
Dressing and Undressing of Customers	Yes	No	Urine Testing	Yes	No
Shaving Customers	Yes	No	PEG Feeding	Yes	No
Care of Hair	Yes	No	Meal Preparation and Feeding	Yes	No
Care of Fingernails	Yes	No	Weight Charts	Yes	No
Making and Changing a bed	Yes	No	Laundry	Yes	No
Recording Fluid Balance	Yes	No	Shopping for Customers	Yes	No
Housework	Yes	No	Report Writing	Yes	No

Can you provide any in date certificates? YES NO	Detail any additional skills and experience
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Health

Please alert the office to any health-related conditions that may affect your ability to work.

GP Surgery:		Address:
GP Name:		
Contact Number:		

Please list any health conditions you have and how these are managed	
How many days and occasions have you been absent from work in the last 2 years and for what reason?	
Please provide details of immunisations you have received.	(We recommend getting the flu jab every year)

Confidentiality

If you are successful in your application for employment with Nightingale Services: All information you see or hear in the course of your duty is confidential. You must not disclose any personal details or information relating to clients, their medical conditions or information which is deemed to be commercially sensitive to the organisation.

Equality and Diversity

Nightingale Services is committed to equal opportunities. Information provided to Nightingale Services will be used for monitoring purposes only. No applicants will be discriminated against on the grounds of age, colour of skin, disabilities, ethnicity, gender, race, religious beliefs, or sexual orientation.

Healthcare organisations are required to collect these details to ensure statutory requirements are being met and to encourage the recruitment of a diverse work force that represents the communities being served.

Data Processing

Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. In line with the legislation Nightingale Services files are kept securely in a safe and secure location. You understand that any personal detail held by Nightingale Services may be accessed from time to time by inspectors from the care quality commission, other regulatory bodies, and designated individuals in line with contractual obligations.

Working Time Regulations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information.

I DO NOT wish to work more than 48 hrs per week	I DO wish to work more than 48 hours per week			
What shift patterns are you able to work?	Early	Late	Long Day	Night

Employment with Nightingale Services

It is Nightingale Services policy to employ the most suitably qualified personnel and to ensure equal opportunity for the advancement of employee. This includes promotion and training and to prohibit discrimination against any individual based on race, colour, ethnicity, nationality, sexual orientation, gender, religion, belief, pregnancy, marital or civil partnership status, age, or disability.

In completion of this application form, I authorise Nightingale Services to obtain references to support this application once an offer has been made and accepted. I release Nightingale Services and the provided referees from any liability caused by giving and receiving any information.

Covid-19

It is Nightingale Services policy to provide care to clients in a variety of settings. I understand that I may come across individuals with symptoms of Covid-19 in the course of my duties and I understand it is part of my role to provide care to these individuals. I confirm that my acceptance of shifts will not be based on the Covid-19 status of the client.

By signing this application form you have confirmed that the information you have provided is accurate and truthful and that false information may result in rejection, or if employed, dismissal. You are also confirming that you have read, understood, and accepted all the above.

SIGN:	
PRINT:	
DATE:	