Quality Healthcare Agency Limited

Pushing Boundaries in Social and Health Care

APPLICATION FORM

Please Complete Application in BLOCK CAPITALS

Position Applied For: .....

Title:	Mr Mrs Miss Ms	Forename(s):		Surname:	
Address:		Date of Birth:	Age:	Telephone Numbers:	
		Gender:		Home:	
		NI Number:		Mobile:	
Email:					

Work Requirements

Are you an EU Citizen?	Yes No	☐ ☐
Do you hold a British or EU Passport?	Yes No	☐ ☐

If you do not hold a British/EU Passport, do you have any one of the following?	
Student Visa	☐
Work Permit	☐
Residency Visa	☐
Spousal Visa	☐
Settlement	☐
Other:	
Expiry Date:	

Do you hold a current Driving Licence?	YES/NO
Do you have access to a car?	YES/NO

How far are you willing to drive?	10-20 miles ☐	20-30miles ☐	30-40miles ☐	40-50miles ☐	50+ miles ☐

Education

Name(s) of School/College	**Date(s)**		**Qualification(s) Gained/Award**
	From	**To**	

Rehabilitation of Offenders Act 1974

Please Note: All healthcare posts are subject to the Rehabilitation of Offenders Act 1974; therefore you must disclose all cautions, reprimands, final warnings and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.

Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police? **YES/NO**

If **YES**, please give details including dates: .....

.....

Are you aware of any police enquiries being made against you that may affect your suitability for this post? **YES/NO**

If **YES**, please give details: .....

.....

Next of Kin/Emergency Contact Details

Name:	
Address:	Relationship:
	Mobile:
	Email:

Registered Nurses

Did you qualify in your maiden name? **YES/NO** Maiden Name: .....

Part of Register and Grade: .....

Date Qualified: ..... NMC PIN Number: ..... Expiry Date: .....

Do you have Professional Indemnity? **YES/NO** Membership Name & Number: .....

Work Preference

Are you a Limited Company? Yes/No (Please provide appropriate documentation)

Full Time	☐	Part Time	☐	Mornings	☐	Evenings	☐
Weekends	☐	Bank Holidays	☐	Nights	☐	Sleep In	☐

Have you ever been dismissed from work? **YES/NO**

If **YES**, please explain .....

.....

Have you ever been disciplined for any cause in your last employment? **YES/NO**

If **YES**, please explain .....

.....

Employment History

Please enter ALL your previous employment details giving reasons why you left. Please give reasons for any gaps in employment. Start with the most recent employment.

Position:	Name of Company/Organisation	From/To	Reasons for Leaving

Trainings

Please tick (√)

Health & Safety	☐	Moving & Handling	☐	First Aid	☐
Urinalysis	☐	Food Hygiene	☐	Infection Control	☐
12 Lead ECG	☐	Vital Observations	☐	MVA	☐
MAPPA	☐	Fire Safety	☐	Safeguarding	☐
NVQ Level 2	☐	NVQ Level 3	☐	NVQ Level 4	☐
Rescue Medication	☐	Medicine Management	☐	Basic Life Support	☐

Other Trainings and Professional Qualifications:

Qualification	Place were obtained	From (month/year)	To (month/year)

(Please provide documentary evidence of all the above – all certificates will be verified)

Where did you hear about Quality Healthcare Agency?

Quality Healthcare Agency website ☐ Job Centre ☐ Indeed ☐ Other ☐

If other, where?.....

References

Please give the names and addresses of 2 professional referees, both of whom should be your current/previous line manager(s) and who have known you for at least 2 years. Relatives are not acceptable as referees.

1. Name:	Company:
Address:	Relationship to You: Telephone Number: Fax Number: Email Address:

2. Name:	Company:
Address:	Relationship to You: Telephone Number: Fax Number: Email Address:

Please give the name and address of 1 character reference (preferably a work colleague)

3. Name:	Relationship to You:
Address:	Telephone Number: Email Address:

Declaration

All applicants please read carefully and sign

I declare that the information given in this application is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties I will be expected to undertake, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from the register, warnings as to future conduct both before and after any employment with Quality Healthcare Agency. This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with Quality Healthcare Agency. I will declare any dismissals or disciplinary acts from any previous employment. I do understand that any offer of employment is subject to an Enhanced DBS check, indicating my suitability for employment.

Signature: **Date:** / /

Print Name:

Please attach your current CV with this application Form

Clinical Details & Work Experience

To be completed by all nurses and support/care staff. Please tick (√) the appropriate.

	Less than 6 months	More than 6 months	Over 1 year experience	When did you last work? Please add notes if necessary.
General Nurse:				
Medical				
Surgical				
Elderly Care				
Gynaecology				
Orthopaedics				
Palliative Care				
A & E				
Oncology				
ITU/HDU/CCU				
Renal/Urology				
Cardiology				
Neurology/Respiratory/COPD				
Theatre				
Mental Health:				
Mental Health Acute Wards				
Community Psychiatric Nurse				
Elderly Care				
Substance Misuse				
Eating Disorder				
CAMHS				
Prison				
Secure Units				
Learning Disability:				
Autism Spectrum				
Brain Injury				

Equal Opportunities Monitoring Form

Quality Healthcare Agency aims to select applicants solely based on merit irrespective of age, gender, sexual orientation, marital status, disability, religious beliefs, nationality and/or ethnic origin. The following information will be held in confidence and will be used for monitoring purposes only. It will not be considered during our recruitment and selection process.

Please tick (√) the most appropriate

Gender

Male ☐ Female ☐

Ethnic Origin

A. White

British ☐
Irish ☐
Other (specify) ☐

B. Mixed

White & Black Caribbean ☐
White & Black African ☐
White & Asian ☐
Other (specify) ☐

C. Asian or Asian British

Indian ☐
Pakistan ☐
Bangladeshi ☐
Other (specify) ☐

D. Black or Black British

Caribbean ☐
African ☐
Other (specify) ☐

E. Oriental or Other

Chinese ☐
Japanese ☐
Philippine ☐
Other (specify) ☐

Disabilities

Do you have any disabilities? YES/NO

If **YES**, please give details below: .....

.....

.....

.....

Do you require Quality Healthcare Agency to make any reasonable adjustments under the terms of the Disability Discrimination Act for you to undertake the duties of this post? YES/NO

If YES, please give details below: .....

.....

.....

.....

PLEASE PROVIDE THE FOLLOWING DOCUMENTS ALONGSIDE WITH YOUR APPLICATION

2 X Passport sized photos

Proof of ID – Passport, Driving License, UK Birth Certificate

Proof of Address – Utility Bill, Bank Statement, Council Tax Letter, and etc.

Proof of NI – P45, P60, HM Revenue Award Letters, DWP Award Letters and etc.

Evidence of Trainings – Certificates, Letterhead and stamped Letter from previous employer stating trainings

Evidence of Vaccinations – Health Record Book, Letter from GP stating current vaccinations

DBS Update Service Ref. Number (If registered with the Update Service) otherwise,

Provide Addresses where you have lived in the last 5 years

Any letters provided should be dated within the last 3 months, except annual award letters e.g. HM Revenue and DWP award letters

PLEASE SEND BY POST/EMAIL TO:

Suite 9, Compass House
45 Gildridge Road
Eastbourne
BN21 4RY
Email: info@qualityhealthcareagency.co.uk