

Application Form

Dear Applicant,

Thank you very much for showing an interest in joining our team here at **Professional Healthcare UK Ltd.**

Please find an application pack attached, once you have completed, kindly send by post to The Porter Building, 1 Brunel Way, Slough SL1 1FQ or email through **recruitment@professionalhealthcare.uk**

We will also need the following original documentation if you are successful in getting through to the interview stage:

Passport – Showing work status and VISA documentation

Right to Work Visa – Share code

DBS – a copy of your DBS Certificate

NMC Pin Card and Statement of Entry (Registered Nurses only)

Driving License (If held)

Utility Bill or Bank Statement (must be less than 3 months old) – This is required to verify your current address for your DBS application.

National Insurance Number – NI Card or P60 showing your number

Payslip - (must be less than 3 months old)

Two passport photographs – One of which will be used for your ID Badge

Bank Details - For Payroll

All original training certificates – If any (we can offer full mandatory training or refresher training from our own Training provider)

Record of Immunity (Vaccination)

Please make sure you have all your supporting documentation when attending your interview as this will ensure a swift application process.

We require **two references** one of which must be from your current employer. Please inform your referees that we will be sending a reference request form for them to complete.

Yours sincerely,

Jean Castillo

Recruitment Advisor
03330 116377

PLEASE FILL-IN COMPLETE INFORMATION BELOW

Position applied for:

Location of post:

PERSONAL DETAILS

Title: <i>Mr. / Mrs. / Miss</i>	Surname:	Forename:	Previous names: <i>Including maiden name</i>
Complete Address:			Post Code:
Email Address:	Mobile / Landline Number:	Date of Birth:	Nationality (at birth):
			Nationality (at present):

RIGHT TO WORK IN UK

Passport Number:	Date of Issue:	Place of Issue	Expiry Date:
National Insurance Number:			
IF APPLICABLE			
Visa Type:	Visa Number:	Expiry Date:	

NEXT OF KIN DETAILS

Surname:	Forename:	Relationship:	Tel Number:
Address:			

DBS Requirements | Please provide your addresses for the past 5 years

IF YOU HAVE A RECENT DBS (No need to provide addresses)

DBS Number:	Date Taken:
Previous Address 1:	Dates to and from that address:
Previous Address 2:	Dates to and from that address:
Previous Address 3:	Dates to and from that address:

EDUCATION AND TRAINING

Education and training Start with the most recent and work back. Continue on separate sheet if necessary.

University / College / School / Others:	Course Studied / Qualifications:
University / College / School / Organization / Others:	Course Studied / Qualifications:
University / College / School / Organization / Others:	Course Studied / Qualifications:
University / College / School / Organization / Others:	Course Studied / Qualifications:
University / College / School / Organization / Others:	Course Studied / Qualifications:

MANDATORY AND NON-MANDATORY TRAININGS ATTENDED

Please Provide Certificate

Course Title	Date Taken	Expiry Date
<i>Moving and Handling Training</i>		
<i>Infection Control</i>		
<i>First Aid or Basic Life Support Training</i>		
<i>Health and Safety</i>		
<i>Medication Management (RGN Only)</i>		

REGISTERED NURSES ONLY | START

TO BE COMPLETED BY REGISTERED NURSES ONLY

We need to know your qualifications. These are to include details of NMC registration, post-registration qualifications and any other qualifications that you think are relevant.

NMC PIN Number:	Part of Register:	Expiry Date:	Revalidation Date:
Name of Training Hospital or University	Date	Qualifications	

REGISTERED NURSES ONLY | END

EMPLOYMENT HISTORY

Please provide details of Employment History for the last five years accounting for any breaks in employment (e.g. due to pregnancy, sickness etc.) starting with your current or most recent employer including a contact name. Please account for any intervals of non-employment and include temporary jobs and full time service, please continue on a separate sheet if necessary.

Employer Name:	Address:	Contact Name:
Position:	Disciplines / Experience:	Date From:
		Date To:
Employer Name:	Address:	Contact Name:
Position:	Disciplines / Experience:	Date From:
		Date To:

REFERENCES

Please give details of two UK references. The first reference must be from a professional person within the community (e.g. Nurse, Company Director, Accountant etc.) and the second reference must be from your most recent employer. (Relatives, Family & Friends are not acceptable)

Name:	Position Held:
Contact Number:	Email Address:
Address:	
Name:	Position Held:
Contact Number:	Email Address:
Address:	

IMPORTANT NOTICE: HEALTH DECLARATION

All applicants are reminded that it is unethical for Health Care Workers who know or believe themselves to be infected with any blood borne viruses (HIV, Hepatitis B or C) or other communicable diseases (e.g., Tuberculosis) to put patients at risk by failing to seek appropriate counselling or by failing to disclose it when notified. Such behaviour may affect your ability to practice within the health or social care industry.

I certify that I know of any reason why my health would affect my ability to practice within the health or social care industry.

I understand that no medical details will be disclosed without my permission to any individual other than those necessary and authorised within **Professional Healthcare UK Ltd.**

I understand that failure to disclose information or the giving of false information may prohibit an offer of temporary staffing assignments.

Printed Name

Signature

REHABILITATION OF OFFENDERS ACT

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Amendments Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any spent convictions. This may or may not affect your application. All Nurses and Care Staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process. Please include any driving offences as these will appear on an enhanced CRB disclosure form.

Have you ever been convicted of a criminal offence?

Yes No

If 'Yes', please give details:

Nature of conviction:

Date of Conviction:

Please continue on 'Section 6.0 Your Notes' or on a separate sheet if required.

Are you currently the subject of criminal proceedings?

Yes No

e.g. charges or summons that are not yet being dealt with

If 'Yes', please give details:

Nature of conviction:

Date of Conviction:

Please continue on 'Section 6.0 Your Notes' or on a separate sheet if required.

Have you ever been dismissed from a nursing or care post?

Yes No

If 'Yes', please give details:

Nature of dismissal: <i>Please continue on 'Section 6.0 Your Notes' or on a separate sheet if required.</i>	Date of dismissal:
Are you currently suspended, on notice or for dismissal from employment, or under investigation from any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please give details: <i>Please continue on 'Section 6.0 Your Notes' or on a separate sheet if required.</i>

EQUAL OPPORTUNITIES MONITORING FORM	
<i>This form will not be used during the short listing process but will be used separately and for the purpose of recruitment monitoring and provision of statistical data. All information supplied will be treated in the strictest confidence.</i>	
Please tick the appropriate boxes	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (Please specify):
identified as transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Age	<input type="checkbox"/> 16 - 24 <input type="checkbox"/> 25 - 29 <input type="checkbox"/> 30 - 34 <input type="checkbox"/> 35 - 39 <input type="checkbox"/> 40 - 44 <input type="checkbox"/> 45 - 49 <input type="checkbox"/> 50 - 54 <input type="checkbox"/> 55 - 59 <input type="checkbox"/> 60 - 64 <input type="checkbox"/> 65 - 69 <input type="checkbox"/> 70 - 74 <input type="checkbox"/> 75+
Sexual orientation	<input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Prefer not to say
Do you consider yourself to have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
<i>A disability is an impairment that has (or is likely to have) a substantial (more than minor), adverse, long-term (more than a year) effect on the ability to carry out normal day-to-day activities.</i>	
What is the effect or impact of your disability on your ability to give your best work?	

THE INFORMATION IN THIS FORM IS FOR MONITORING PURPOSES ONLY. IF YOU BELIEVE YOU REQUIRE A 'REASONABLE ADJUSTMENT' AT INTERVIEW OR DURING EMPLOYMENT, PLEASE DISCUSS THIS WITH THE RECRUITING MANAGER OR WITH HR.

ETHNICITY

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Asian / Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian background please specify
Mixed / multiple ethnicity	<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed background please specify
Black / African / Caribbean / Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Somali <input type="checkbox"/> Other Black background please specify
White	<input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other white background please specify
Other	<input type="checkbox"/> Any other ethnic or national group please specify

RELIGION, FAITH OR BELIEF

<input type="checkbox"/> No religion or belief	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other religion, faith or belief please specify			

NEW EMPLOYEE FORM

Employer: Professional Healthcare UK Ltd		PAYE Reference: 475/FB3122											
Employee Details													
Surname:	Forename:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Address:		Contact Information:											
		Post Code:											
NI Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> <td style="border: 1px solid #0056b3; width: 20px; height: 20px;"></td> </tr> </table>												Email Address:	

Contact Information (in case of emergency)

Name of person to contact:

Relationship to you:

Mobile:

Bank Details

Bank Name:

Account Number:

Account Name:

Sort Code:

STARTER DECLARATION*Tick one of the following three statements:*

This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.

This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

As well as my new job, I have another job or receive a State or Occupational Pension

Student Loans

I make Type 1 Student Loan repayments through payroll

I make Type 2 Student Loan repayments through payroll

P45

I attach a copy of the P45 from my previous employer

DECLARATION

Signed:

Date: