

APPLICATION FORM

Position Applied for:			
PIN Number: (Nurses Only)		Issue Date:	
Do you require: Full Time/Part Time Days/Nights			
First Name:		Last Name:	
DOB:		Previous Names:	
Mobile Number:		Home Number:	
E-mail			
Current Address:			Please provide 5 years address history there is a section at the end of the application form for you to do this.
Postcode			
NI Number:			
DBS Number:		Issue Date:	
Do you require a VISA to work in the UK?	Yes/No		Expiry Date & Restrictions:
Own Transport? (Car, Motorbike) YES/NO		Driving License	
		Endorsements:	
Next of Kin:			
Relationship			
Contact Number:			
Address:			

EDUCATION		
Dates Attended	Name of University	Qualifications
Dates Attended	Name of College	Qualifications
Dates Attended	Name of School	Qualifications
Short Courses Attended		Pass/Fail & Date

Referees (Please provide one from your most recent employment)

EMPLOYMENT HISTORY

MOST RECENT FIRST!

Name & Address	
Dates Employed:	
Position Held	
Salary	
Name & Address	
Dates Employed:	
Position Held	
Salary	
Name & Address	
Dates Employed:	
Position Held	
Salary	
Name:	
Post Held:	
Address:	
Post Code:	
Email Address:	
Contact Number:	
Name:	
Post Held:	
Address:	
Post Code:	
Email Address:	
Contact Number:	

Workers of Glory Recruitment Services will be subject to a Police Record check called a DBS Certificate. Please declare all convictions, spent or unspent, charges, whether proceeded with or not, warning and Cautions you have received in the box below.

Please be aware that you will also have to pay for this check as part of the application process.

Signature and Declaration – IMPORTANT – READ BEFORE SIGNING

I declare that to be best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment.

I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response have been received with respect to my DBS register status, and that should I subsequently be offered a post, that offer will be subject to receipt of TWO satisfactory references, ONE of which should be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response have been received from the DBS, and my employment confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people.

If the post I have applied for is as a registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery council records and registers.

By my signature, I authorise the originations to request a DBS register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter.

I undertake to inform my employer immediately if my DBS register status or criminal status changes at any time during my employment, such as by being charged with and offence (other than motoring offences), the administering of a warning, criminal conviction referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed:

Date:

CRIMINAL HISTORY

Assistance with Interview and assessment

Do you require us to make any special arrangements in order for you to participate in the recruitment process?

For example, large print forms? Or additional time to complete forms?

Yes/No

If yes please give details:

Any offer of employment may be made subject to a satisfactory medical report.

GP Name & Address

Telephone Number

Changes in Address & Gaps in Employment

Please give details of any changes of address in the box below including DATES & postcode.

We require 5 years of address history to process employment.

Please provide any gaps in employment that you have had in the box below including a reason for the gap ie. Pregnancy, leave of absence, holiday etc.

Signed:

Date:

REGISTERED NURSE SKILLS EVALUATION

Please tick the box to indicate your level of competence.

1. I am experienced and competent in this
2. I am familiar with this procedure but do not have experience
3. No Knowledge

Electronic beds/chairs		Nasogastric Feed/suction etc		Administration of blood and blood products	
Cancer		Tropical		Bolus Injections	
COPD		Injections – intra dermal, subcutaneous, intramuscular		Infusion pumps	
Diabetes		PR, PV Suppositories		Syringe drivers	
Dementia		Heparin Lock		Venepuncture	
Lymphoedema		Peripheral line		Cannulation	
Neurological disorders		Central line		Knowledge of solutions	
Pain		Hickman catheter		Administration	
Palliative care		Intravenous drug calculations		Site dressing	
Stroke/TIA		Preparation and administration of IV Medication		Colostomy / Ileostomy care	
Bladder washout/instillation		Peg feeding		Stoma therapy	
Urine testing		Male catheterisation		Amputation	
MSU/CSU		Female catheterisation		Wheel chair	
Paraplegia		Catheter care		Chemotherapy treatment	
Radiotherapy treatment		Suprapubic catheter		Air bed	
Monkey pole		Dressings		12 lead ECG	
Hoist		Tracheostomy		Interpretation of basic arrhythmias	
Chest drains		Angina		Walking frames	
Quadriplegia		CCF			

Declaration: I confirm that the above information is correct regarding my abilities and to MARS verifying all the above with other agencies.

Name:

Nursing Pin:

Date:

Signature:

Official Statement

We are satisfied that all the Information provided by the candidate is correct to the best of our knowledge.

We confirm that candidate is competent and employable.

Name of Agency Representative:

Position:

Date: