



Nurse's Application Form

Section 1 – Personal Details

Mr Mrs Miss Ms Other _____ Surname: _____

Forename: _____ Middle name(s): _____

Current Address: _____ Telephone: _____
 _____ Mobile Phone: _____
 _____ Email: _____
 Post code: _____ NI Number: _____

Section 2 – Training and Qualifications

Original copies of certificates to be available for sighting at interview.

| | Dates To/From | Name of Company/University College/Institute | Details |
|---|---------------|---|---------|
| <input type="checkbox"/> Degree | _____ | _____ | _____ |
| <input type="checkbox"/> Diploma | _____ | _____ | _____ |
| <input type="checkbox"/> NQF 2 | _____ | _____ | _____ |
| <input type="checkbox"/> NQF 3 | _____ | _____ | _____ |
| <input type="checkbox"/> First aid | _____ | _____ | _____ |
| <input type="checkbox"/> Manual handling | _____ | _____ | _____ |
| <input type="checkbox"/> Basic life support | _____ | _____ | _____ |
| <input type="checkbox"/> Food hygiene | _____ | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ | _____ |

Please summarise any specialist areas of nursing or care:

NMC Pin:
 Do you have professional indemnity insurance:
 What is the date of your most recent drug calculation test?

Renewal Date:
 Renewal Date:
 Date:

Please provide details of any other languages spoken. Please indicate fluency:

Section 3 – Employment History (please be as detailed as possible)

Please list below your employment history starting with the most recent. Include details of employment on a temporary contract or via an employment agency. It is vital that any gaps in your employment history are fully explained.

1. Current or most recent employer:

Your Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

Reason for leaving:

2. Previous employer:

Your Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

Reason for leaving:

3. Previous employer:

Your Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

Reason for leaving:

4. Previous employer:

Your Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

Reason for leaving:

Periods of Non-employment

Section 4 – References

Please provide details of 3 professional referees who ideally have knowledge of your work as a nurse or carer. Referees must be in a managerial or a senior position and not colleagues, friends or relatives. References will be taken up prior to interview if shortlisted.

Must be current or most recent employer

Referee – Name:

Referee job title:

Company Name & Address:

Email:

Telephone:

Referee - Name:

Referee job title:

Company Name & Address:

Email:

Telephone:

Referee - Name:

Referee job title:

Company Name & Address:

Email:

Telephone:

May we contact your reference prior to interview?

Please note we reserve the right to contact any previous employers you have listed for references purposes where relevant.
YES / NO

Section 5 – Document Checks:

All employees will be required to provide originals of their eligibility to work in the UK. If you hold a British passport we will require sight of this. If you have an EEA or non EEA passport please provide details of your eligibility to work in the UK. Please note that some EEA passports are sufficient evidence in themselves.

Passport

Number _____ Origin _____

Issue date __/__/____ Expiry date __/__/____ Date of entry into the UK __/__/____

Work Permit / Visa

Type _____ Expiry date _____

Driving Licence

Number _____ Expiry date _____ Origin _____

Driver status Manual Automatic Both Car owner in the UK Drive in London

Section 6 – Relevant Skills and Competencies

Please summarise any specialist areas of nursing or care:

Section 7 – Other Relevant Experiences, Interests and Activities

Section 8 – Eligibility to Work in the UK

Are you legally entitled to work in the UK? **YES / NO**

Are you subject to any legal restrictions in respect of your employment in the UK? If yes, please provide information separately. **YES / NO**

Section 9 – Disclosure and Barring Records

Do you have any criminal convictions or cautions in the UK or abroad? **YES / NO**

Have you ever been barred from working with vulnerable adults or children or been subject to a Safeguarding investigation by your employer or the independent Safeguarding Authority? If yes, please state separately under confidential cover the circumstances and the outcome including any orders or conditions. (This will not be opened unless you are called in for an interview) **YES / NO**

Have you had an enhanced Disclosure and Barring or criminal records check? **YES / NO DATE:**

Have you subscribed to the DBS online Update Service? **YES / NO**

DATE:

CERTIFICATE NUMBER:

Section 10 – Relationships

Are you related or have close personal relationship with any client, employee or worker of Health First Medical Staffing. If yes, please give details separately under confidential cover. (This will not be opened unless you are called for interview) **YES / NO**

Compulsory Declaration of any Convictions, Cautions or Reprimands Warnings or Bind-Overs Criminal

If you are shortlisted you will be required to complete a "Disclosure of Criminal Record" form. If the job involves contact with children up to the age 8 you will also be required to make a Disqualification Declaration. The information you give will be treated as strictly confidential. Disclosure of a conviction, caution, warning or reprimand will not automatically disqualify you from consideration. Any offence will only be taken into consideration if it is one which would make you unsuitable for the type of work you are applying for. However, offences relating to vulnerable adults and children may make you unsuitable since this is a "regulated position" under the Criminal Justice and Courts Services Act 2000

Data Protection Act

Health First Medical Staffing will process all data in compliance with the provisions of the Data Protection Act 1998. Please sign below to give your explicit consent that the information which you give on this form may be processed in accordance with Health First Medical Staffing registration under the Data Protection Act 1998.

Notes

Under the Criminal Justice and Courts Service Act 2000 it is an offence for an individual who has been disqualified from working with vulnerable adults and children to knowingly apply for , offer to do, accept, or do any work in a “regulated position”. The position you are applying for is an ask and when position”.

- Canvassing, directly or indirectly, an employee will disqualify the application
- Candidates recommended for appointment will be required to provide a satisfactory Enhanced DBS certificate and complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in an offer of employment being withdrawn or disciplinary action which could include dismissal, and in respect of the information relating to criminal records if I have knowingly made a false statement may result in a criminal conviction.

I consent to Health First Medical Staffing making a DBS check at any time and/or accessing via the online DBS Update Service for initial and ongoing periodic status checks.

Signed Applicant:

Print Name:

Date:

ULTIMATE QUALITY CARE LIMITED
Unit 314a, M25 Business Centre, Ability House, 121 Brooker Road, Waltham Abbey, Essex
, EN9 1JH
Email Address: info@ultimatequalitycare.co.uk

Equality and Diversity Monitoring

This section will be separated on receipt. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act

PERSONAL DETAILS

Position applied for:

Date of Birth:

Last Name:

Forename(s):

Sex: Male Female Nationality:

| Ethnic Group | Workforce Census Code | | Please ✓ |
|------------------------|------------------------|---|----------|
| White | WBRI | British English Welsh Northern Irish Scottish | |
| | WIRI | Irish | |
| | WOTH | Other White background | |
| Mixed | MWBC | White and Black Caribbean | |
| | MWBA | White and Black African | |
| | MWAS | White and Asian | |
| | MOTH | Other Mixed background | |
| | Asian or Asian British | AIND | Indian |
| | APKN | Pakistani | |
| | ABAN | Bangladeshi | |
| | CHNE | Chinese | |
| | AOTH | Other Asian background | |
| Black or Black British | BCRB | Caribbean | |
| | BAFR | African | |
| | BOTH | Other Black background | |
| Other ethnic group | OOTH | Arab | |
| | | <i>Write in:</i> | |
| Prefer not to say | REFU | | |

| Religion | Please ✓ |
|---|----------|
| No religion | |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | |
| Buddhist | |
| Hindu | |
| Jewish | |
| Muslim | |
| Sikh | |
| Any other religion <i>write in</i> | |
| Prefer not to say | |

| Disability | Please ✓ |
|--|-----------------|
| Do you consider that you have a disability? | |
| If Yes <i>Please complete the grid below</i> | |
| No | |
| Prefer not to say | |
| My disability is: | Please ✓ |
| Physical Impairment | |
| Sensory Impairment | |
| Mental Health Condition | |
| Learning Disability/Difficulty | |
| Long standing illness | |
| Other | |
| Prefer not to say | |

| Sexual Orientation | Please ✓ |
|--------------------|----------|
| Bi-sexual | |
| Gay | |
| Lesbian | |
| Heterosexual | |

| Gender | Please ✓ |
|-------------------|----------|
| Female | |
| Male | |
| Transgender | |
| Prefer not to say | |

| | |
|-------------------|--|
| Other | |
| Prefer not to say | |

| Personal relationship | Please ✓ |
|-----------------------|-------------|
| Single | |
| Living together | |
| Married | |
| Civil Partnership | |
| Prefer not to say | |

Health/Disability

Are there any special arrangements which we can make for you if you are called for an Interview? Yes No.

If yes, please specify (e.g. ground floor venue, sign language, interpreter, audiotape etc.)

All successful applicants will be required to complete a medical questionnaire and may be required to undergo a medical examination pre-employment to ensure their fitness for the post.

REGISTERED NURSE SKILLS EVALUATION

| | | |
|--------------|-------------|---------------------|
| Name: | PIN: | Expiry Date: |
|--------------|-------------|---------------------|

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

| General | 1 | 2 | 3 | Comments |
|------------------------|---|---|---|----------|
| Cancer | | | | |
| COPD | | | | |
| Diabetes | | | | |
| Dementia | | | | |
| Lymphoedema | | | | |
| Neurological disorders | | | | |
| Pain | | | | |
| Palliative care | | | | |

| Stroke/TIA | | | | |
|--|----------|----------|----------|-----------------|
| Medication Administration | 1 | 2 | 3 | Comments |
| Oral | | | | |
| Peg | | | | |
| Naso Gastric | | | | |
| Topical | | | | |
| Injections – intra dermal, subcut, intramuscular | | | | |
| PR, PV Suppositories | | | | |
| Intravenous Therapy | 1 | 2 | 3 | Comments |
| Heparin Lock | | | | |
| Peripheral line | | | | |
| Central line | | | | |
| Hickman catheter | | | | |
| Intravenous drug calculations | | | | |
| Preparation and administration of IV Medication | | | | |
| Administration of blood and blood products | | | | |
| Bolus Injections | | | | |
| Infusion pumps | | | | |
| Syringe drivers | | | | |
| Venepuncture | | | | |
| Cannulation | | | | |
| Parental Feeding | 1 | 2 | 3 | Comments |
| Knowledge of solutions | | | | |
| Administration | | | | |
| Site dressing | | | | |
| Gastrointestinal | 1 | 2 | 3 | Comments |
| Colostomy / Ileostomy care | | | | |
| Stoma therapy | | | | |
| Peg feeding | | | | |
| Bladder | 1 | 2 | 3 | Comments |
| Male catheterisation | | | | |
| Female catheterisation | | | | |
| Catheter care | | | | |
| Suprapubic catheter | | | | |
| Bladder washout/instillation | | | | |
| Urine testing | | | | |
| MSU/CSU | | | | |
| Rehabilitation | 1 | 2 | 3 | Comments |
| Paraplegia | | | | |
| Quadriplegia | | | | |
| Amputation | | | | |
| Equipment | | | | |
| Wheel chair | | | | |
| Monkey pole | | | | |
| Hoist | | | | |
| Walking frames | | | | |

| | | | | |
|-------------------------------------|----------|----------|----------|-----------------|
| Electronic beds/chairs | | | | |
| Air bed | | | | |
| Crutches | | | | |
| Slide sheet | | | | |
| Transfer boards | | | | |
| Wound Care | | | | |
| Norton/Waterlow chart | | | | |
| Dressings | | | | |
| Respiratory | 1 | 2 | 3 | Comments |
| Tracheostomy | | | | |
| Chest drains | | | | |
| Oxygen therapy: | | | | |
| Cardiovascular | 1 | 2 | 3 | Comments |
| 12 lead ECG | | | | |
| Interpretation of basic arrhythmias | | | | |
| Angina | | | | |
| CCF | | | | |
| Oncology | 1 | 2 | 3 | Comments |
| Chemotherapy treatment | | | | |
| Radiotherapy treatment | | | | |

I declare that the information I have given is true. I understand that if information given on the application form is found to be false, it may result in termination of the recruitment process or disciplinary action which could result in dismissal.

Name:

Signature:

Date:

| | |
|------------------------|---|
| Job Title | Registered Nurse |
| Job Purpose | To provide care for clients/ patient in hospitals, nursing homes, hospice , community ,rehabilitation centres and patient in their own homes, in a professional and compassionate manner in accordance with Health First Medical Staffing's policies and procedures. To comply with health and Social Care Act 2008 (regulated activities) regulations 2010 and CQC (registration) regulations 2009. (See attached outcomes) |
| Accountable to: | Health First Medical Staffing at 107-111 Fleet Street, London, EC4A 2AB |

| | |
|--|---|
| <p>Main Activities</p> <p>Specific Duties</p> <p>Other Duties</p> | <p>The specific requirements of each assignment will vary and these will be discussed with you before you accept the assignment.</p> <p>You will provide nursing care according to the client's specific diagnosis and needs. Your duties will include:</p> <ul style="list-style-type: none"> • Communicating effectively with the client, the multi-disciplinary team and Health First Medical Staff • Keeping accurate, factual written accounts of your time with the client • An awareness of the client's emotional and spiritual needs • Observing and following the Health First Medical Staffing Health and Safety policy • It is the responsibility of each member of staff to prevent and control infection. <p>Your role may also include:</p> <ul style="list-style-type: none"> • Care of intravenous therapy • Care of a syringe driver/pump • Administration of medicines, injections, enemas and suppositories • Dressings • Catheter care (change of catheters for females only) • Bladder wash outs • Feeds via a PEG tube • Vital signs • Management of MRSA (Methicillin Resistant Staphylococcus Aureus) including information sharing if client is transferred <p>You may be required to perform tasks that would not normally be required within the hospital environment, for example:</p> <ul style="list-style-type: none"> • Meal preparation • Light household duties • Care of pets • Escorting clients to appointments • Making transport arrangements • Any other duties which may be part of a specific assignment |
| <p>Code of Conduct</p> | <p>As a registered nurse, you are required to practice in accordance with the Nursing & Midwifery Council's Code of Professional Conduct.</p> |
| <p>Knowledge and Expertise</p> | <ul style="list-style-type: none"> • NMC registration • General nursing experience • Ideally some experience of nursing clients in their own home • Evidence of up to date training |
| <p>Essential Requirements</p> | <ul style="list-style-type: none"> • An enhanced disclosure with the Disclosure & Barring Service • Satisfactory References • Occupational Health Clearance • Completion of Health First Medical Staffing Induction Training • Health First Medical Staffing Mandatory training |

Health First Medical Staffing

- Care and treatment must be appropriate and reflect clients' needs and preferences.
- Clients must be treated with dignity and respect.

ULTIMATE QUALITY CARE LIMITED

Unit 314a, M25 Business Centre, Ability House, 121 Brooker Road, Waltham Abbey, Essex , EN9 1JH. Tel 01992879636

- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Clients must be protected from abuse and improper treatment.
- Clients' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons requirement).
- Registered persons must be open and transparent with clients about their care and treatment (the duty of candour).

The Fundamental Standards are incorporated into the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.