**Katalyzt Uk Enterprises ltd**

**Job Application**

***PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.***

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| 1. ***Personal Details*** | | | | | | | | | | | |
| *Title* | *Surname* | | | | | *Forename* | | | | | |
| *Middle Name(s)* | | | *Previous Name(s) (if any)* | | | | | *Date of Birth* | | | |
| *Address* | | | | | | | | | | *Post Code* | |
| *Phone* | | *Alternate Phone* | | | | | *Email* | | | | |
| *National Insurance Number* | | | | | *NMC PIN (if applicable)* | | | | | | |
| *Professional Indemnity Yes/No*  *Professional Organisation (RCN, UNISON etc) Membership Details (if any)* | | | | | | | | | | | |
| *Next of Kin (NOK) to be notified in case of emergency* | | | | | | | | | | | |
| *NOK Name* | | | | *Phone* | | | | | *Relationship to you* | | |
| *Address* | | | | | | | | | | | *Post Code* |

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| 1. ***Additional Information*** | | |
| *Have you ever been employed by this organization in the past? Yes/No (Please circle)* | | |
| *I certify that I am a UK citizen, permanent resident, or a foreign national with authorization to work in the United Kingdom. Yes/No (Please circle)* | | |
| *Have you ever been disciplined by a professional body (NMC etc)? Yes/No (Please circle)*  *If Yes, please explain:* | | |
| *Do you have a UK driving license?*  *Yes/No (Circle appropriate)* | *Driving License No.* | *Convictions Yes/No (circle)*  *Details:* |

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|  | 1. *Education* |  |  |  |
| *Name of School/College/University* | *Location (mailing address)* | *Years Completed* | *Grade* | *Degree/Diploma* |
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| 1. *Employment History* | | | | |
| *Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.* | | | | |
| *Name and Address of Employer* | *Date of Employment* | | *Position held and Summary of duties & responsibilities* | *Reason for leaving* |
| From | To |
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| 1. *References* | | | |
| *Two References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer* | | | |
| 1. *Name, address and Post Code* | | 1. *Name, address and Post Code* | |
|  | |  | |
| *Phone* |  | *Phone* |  |
| *Email* |  | *Email* |  |
| *Position* |  | *Position* |  |
| *May we contact the above person now? Yes/No* | | *May we contact the above person now? Yes/No* | |

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| 1. *Confidentiality Declaration* |
| *Registration implies acceptance of our code of confidentiality. In the course of your duties you may have access to confidential information about our clients. On no account must information relating to identifiable client be divulged to anyone other than the manager. You should not disclose ANY information to your family, friends or neighbours. If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER. Failure to observe these rules will be regarded as serious misconduct which could result in disciplinary dismissal.*  *I have read and I understand the above and I agree to abide by the contents therein.*  *Name*  *Signature* |

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| 1. ***Rehabilitation of Offenders Act*** |
| ***DBS DISCLAIMER***  *A Disclosure and Barring Service check is necessary for the position you are applying for. Should you be successful in your application, you will be asked to sign a DBS disclaimer. This will be explained, in full, prior to signing the form.*  *Rehabilitation Of Offenders Act 1974 – Notice To Offenders*  *Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.*  ***Do you have any convictions to disclose?***  ***Yes/No*** *(Please circle)*  *If yes, please provide details of any convictions which are not spent under the terms of the Rehabilitation of Offenders Act 1974. This information will be treated as confidential and will not necessarily preclude you from employment.*  ***Details:***  ***Name:***  ***Signature****:* |

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| 1. ***DBS and Barring Checks*** |
| *Do you have an Enhanced Disclosure from the Criminal Records Bureau (CRB) now known as Disclosure Baring Services?*  *If yes provide DBS certificate number:*  *Have you subscribed for the ‘DBS Update Service’?*   |  | | --- | | ***YES/No (Please Circle)*** |   *I hereby give consent for Crown care services to verify my DBS details.*  ***Name:***  ***Signature****:* |

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| 1. ***Personal Declaration*** | |
| *I agree that Crown Care Services Limited can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the General Data Protection Regulations (GDPR). I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*  *I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal.*    *I give the employer the right to investigate all references.* | |
| *Name*  *Signature* | *Date* |

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| 1. ***Name of assessment or Skills (Please tick as appropriate yes or no)*** | ***Yes*** | ***No*** |
| *PEG Feed* |  |  |
| *Blood Pressure* |  |  |
| *Wound Management* |  |  |
| *Drug Administration* |  |  |
| *Insulin Administration* |  |  |
| *Injection S/C and I/M* |  |  |
| *Venepuncture* |  |  |
| *Managing Challenging Behaviours* |  |  |
| *Suctioning* |  |  |
| *Syringe Driver* |  |  |
| *Tracheostomy Care* |  |  |
| *Use of Glucometer (Blood Sugar Monitoring)* |  |  |
| *Urethral Catheterization and Supra Pubic Catheterization* |  |  |
| *Other……….* |  |  |
| *I confirm that the above statement is correct to my knowledge.*  *Name: Sign: Date:* |  |  |