Candidate Application Form.

Please complete in black ink in **BLOCK** capitals and return to *info@oncehealthcare.com*

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Personal Details.

Mr / Mrs / Miss / Ms		Surname	
First Name(s)			
Address & Postcode			
DOB (dd/mm/yyyy)		Mobile No.	
Email Address			
National Insurance No.			

NMC Pin No.		Registration No. (if applicable)	
Registration Status			
Experience (years & months)			
What role are you applying for?			

Next of kin name		Relationship	
Contact no.		Country	

	Yes	No
Are you eligible to work in the UK? (You are required to provide a copy of an eligible passport or visa.)		
Do you hold a full and current UKdriving license?		
Have you ever been involved inany disciplinary/ dismissal proceedings with an employer?Ifyes, please explain below.		

	Yes	No
Are you currently under investigation by the NMC?		
Have you ever been subject to investigations in the past?		
Have you ever been subject to safeguarding investigations?		
Do you have any cautions with the NMC?		
Are you currently working for another nursing agency?		

If yes, which one(s)?	

Further & Higher Education Details.

University/ College			
Course Taken			
Date (From - To)		Level / Grade Obtained	

University/ College			
Course Taken			
Date (From - To)		Level / Grade Obtained	

University/ College			
Course Taken			
Date (From - To)		Level / Grade Obtained	

Post Primary Education Details.

Secondary School / College		
Subject taken	Grade Obtained	Date (From - To)

Secondary School / College		
Subject taken	Grade Obtained	Date (From - To)

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Please list previous employers from **current/most recent**. Any gaps in employment will be discussed during the interview. Continue to the separate page provided, if necessary.

Employment Details.

Band / Position		Date (From - To)	
Employer Name			
Main duties and responsibilities:			
Reason for leaving:			

Band / Position		Date (From - To)	
Employer Name			
Main duties and responsibilities:			
Reason for leaving:			

Band / Position		Date (From - To)	
Employer Name			
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Band / Position		Date (From - To)	
Employer Name			
Main duties and responsibilities:			
Reason for leaving:			

Rehabilitation of Offenders Act 1974.

The provisions of section 4.2 do not apply to any employment that relates to the provision of health services and which enables the post holder to have access to people in receipt of such services in the course of their normal duties. Therefore, applicants must declare any criminal convictions, including those which would otherwise be considered 'spent'.

	Yes	No
Do you have any convictions or cautions?	☐	☐
Are you currently the subject of any criminal proceedings?	☐	☐
Are you currently the subject of any police investigations?	☐	☐

If you have answered 'yes' to any of the above, please give details below to include relevant dates and the nature of the conviction, caution, proceedings, or investigation.

Please note if you have a criminal record, this does not necessarily bar you from employment.

	Yes	No
Are you aware of any reason you cannot work with children or vulnerable adults?	☐	☐

If yes, please provide a reason why below.

All applicants will be required to apply for an Access NI Enhanced Disclosure as part of the recruitment process. The "Code of Practice", Policy on Recruitment of Ex-offenders and the handling, storage and disposal of disclosure information can be found on our website. *www.oncehealthcare.com*

Failure to do so will result in an unsuccessful application. Any change in criminal conviction, proceedings, or investigations status post-employment must be communicated to Once Healthcare as a matter of urgency.

If you would like more information on Access NI's Code of Practice, please refer to: *https://nidirect.gov.uk/publications/accessni-code-practice*

Health Declaration.

Have you ever had or do you currently have any problems with the following?

Anxiety / Mental health issues	☐	Heart circulation disorders / Blood pressure	☐
Chest conditions / Asthma	☐	Skin disorders (including allergies)	☐
Diabetes	☐	Neck pain / Back related problems	☐
Arthritis / Joint pain	☐	Fainting / Epilepsy	☐
Migraine / Severe headaches	☐	Sight / Hearing impairments	☐

Night working: (all candidates must complete)

	Yes	No
Do you have any condition which causes difficulty sleeping?	☐	☐
Do you have any medical condition requiring medication to a strict timetable?	☐	☐
Do you have any other health factors that might affect your fitness to work?	☐	☐

Have you ever had any of the following diseases?

	Yes	No
Hepatitis A,B or C	☐	☐
Tuberculosis	☐	☐

If you have answered yes to any of the above questions, please give details below.

Office Use Only

Based on this health declaration, I can confirm that this candidate is fit to work.

Name:	
Position:	
Date dd/mm/yyyy:	

Disability Discrimination Act 1995.

The act defines disability as a physical or mental impairment which has a substantial and long term effect on a persons ability to carry out normal day-day activities.
If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer 'yes' below.

	Yes	No
Having read this description, do you consider yourself as having a disability?	☐	☐

If yes, please indicate which type of impairment(s) apply to you.

- ☐ Long standing illness such as cancer, HIV, diabetes, chronic heart disease or epilepsy.
- ☐ Learning disability, such as Down's syndrome, Dyslexia or Cognitive Impairment such as Autism.
- ☐ Mental health condition, such as Depression or Schizophrenia.
- ☐ Physical Impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches.
- ☐ Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment.

Working Time Disclaimer.

You have the choice to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulations

Yes, I wish to work 48 hours or more. ☐ No, I wish to work up to 48 hours. ☐

Work Availability (select all that apply)

☐ Days ☐ Nights ☐ Weekends ☐ Bank/Student ☐ Permanent/long term ☐ Part time Other please state

I understand that I may end this agreement by giving one week's notice in writing to Once Healthcare, at any time.

Signed:		Date dd/mm/yyyy:	

Confidentiality Declaration.

ONCE Healthcare Ltd processes personal data in compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. This includes information collected during recruitment and ongoing compliance, such as:

- Identity verification and proof of right to work in the UK
- Qualifications, training records, and professional registration
- Disclosure and Barring Service Access NI checks
- Health declarations and occupational health clearance
- References, contracts, and assignment history

This information is stored securely and only accessed by authorised personnel. Data may be shared with regulatory bodies (e.g., RQIA), client organisations, or auditing entities strictly for lawful purposes, such as safeguarding, placement suitability, or regulatory inspections.

Work-seekers have the right to request access to their data and can also request rectification or erasure where legally permissible. Some data must be retained for specific periods to meet our legal or contractual obligations.

By signing this you agree that the company may process personal data relating to you for personel administration and management purposes and may, when necessary for those purposes, make such data available to its advisors, third parties providing products and/or services to the company and as required by law.

Signed		Date (dd/mm/yyyy)	

Reference Details.

Please give the names of two people, one must be your current/most recent employer, whom we can contact for a reference (not relatives or friends). We recommend you ensure that you notify the people you list below that we will contact them and that they are willing to give you a reference before you nominate them.

Professional Reference 1

Name		Contact no.	
Job Title of Referee			
Organisation Name			
Email Address			
Address			

Professional Reference 2

Name		Contact no.	
Job Title of Referee			
Organisation Name			
Email Address			
Address			

Declaration.

The inforamtion that I have given in this application form is, to the best of my knowledge, complete and accurate in all aspects.

I understand that knowingly giving false information will disqualify me from membership with Once Healthcare.

Signed		Date (dd/mm/yyyy)	

Contact Us.

info@oncehealthcare.com
(+44)7802469064
oncehealthcare.com

Foundry 8, City East Business Centre, 68-72 Newtownards Road BT4 1GW

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Continuation Sheet.

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