

1st Floor 13 Old Anglo House
Milton Street
Stourport-On-Severn
DY13 9AE
UNITED KINGDOM

ADVANTAGE



POSITION APPLIED FOR: _____

The information that I give in this application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registering with **Advantage Health & Social care Ltd** .

SECTION 1 – PERSONAL DETAILS

Title: Surname:

Previous Surnames (if any):

Forenames in full:

Address:
Postcode:

Telephone No: Home: Mobile:

Email:

Nationality

National Insurance Number:

Next of kin to be notified in case of emergency: Name:

Address:

Tel No:

Relationship to applicant:

Do you have a current driving licence? Yes/No Do you have transport? Yes/No

Do you speak any foreign languages Yes/No (If Yes, please state which languages _____)

Are you a member of a Union Yes/NO (If Yes, which union? _____)

How did you hear about Advantage Health & Social Care?

Recommendation Newspaper Internet Other _____(please specify)

SECTION 2 – ALL APPLICANTS

PLEASE TELL US ABOUT YOUR FURTHER EDUCATION QUALIFICATIONS & COURSES

Please give relevant details of any training or courses you have attended (e.g. NVQ, BTEC, Degree etc)

Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No
Course	<input type="text"/>	Date:	<input type="text"/>	Certificated	Yes/No

SECTION 3 – ALL APPLICANTS

WHAT KIND OF WORK ARE YOU INTERESTED IN ?

Please specify which type of work you would prefer. You should tick all appropriate boxes.

Type of Work:

Learning Disabilities	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	Challenging Behaviour	<input type="checkbox"/>
NHS/Hospitals	<input type="checkbox"/>	Nursing Homes	<input type="checkbox"/>	Residential Homes	<input type="checkbox"/>
Children's Homes	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Home Care/Live In	<input type="checkbox"/>

Preferred Shifts:

Earlies	<input type="checkbox"/>	Lates	<input type="checkbox"/>	Nights	<input type="checkbox"/>
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Do you have any other work commitments? Yes/No

Do you want to work Full time Part-time

SECTION 4 – ALL APPLICANTS

IMMUNISATION STATEMENT

In line with Occupational Health requirements Advance Health & Social Care Ltd need to ensure that all members of staff are protected against or immune to certain diseases. Please provide details of your current vaccination status (verified proof will be required)

VACCINATION	DATE OF INJECTION	BOOSTER DUE
Tuberculosis		
Hepatitis B		
Varicella (Chicken Pox)		
Measles		
Mumps		
Rubella		
Hepatitis C		
HIV Screening		

All staff will be advised of their vaccination requirements and advised where to obtain the necessary immunisations/boosters.

It is in the interest of all staff to ensure their immunisation record is up to date. Failure to obtain the necessary vaccinations may result in the member of staff being unable to work in certain areas.

SECTION 5 – EMPLOYMENT HISTORY

Please print details of all your full employment history, starting with your present or last position. **Please note any gaps in employment must also be documented.**

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

Name and address of previous employer

Dates

From:

To:

Position held

Duties undertaken

Reason for Leaving:

SECTION 6 – REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975, the provisions 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.

It is therefore not contrary to the act for referees to state any criminal convictions, which would otherwise be considered as spent.

In line with the Care Standards Act 2000, 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.

1. Do you have any convictions or cautions? YES/NO
2. Are you currently the subject of any criminal proceedings (for example charged or summoned but not yet dealt with) or any police investigation? YES/NO

In line with the Care Standards Act 2000, 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. Once a Disclosure has been obtained, members are required to inform the Branch Manager immediately of any conviction, caution or reprimand or inclusion on the Protection of Children Act (POCA) or Protection of Vulnerable Adults (POVA) register, which occur after their commencement with Advantage Health & Social care. Failure to do so may result in disciplinary action.

Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

I agree to the above:

Signed:

Date:

SECTION 7 – PASSPORT DETAILS

Are you a British Citizen or European Union National?

Yes No

**If you have answered NO to the above question please complete the following:
FOR NON-BRITISH & NON-EC NATIONALS ONLY**

Date of entry into the UK:

Type of Visa:

Expiry Date:

You will be required to provide 2 forms of ID e.g. 1. Birth Certificate 2. Home Office Letter

Passport Nationality:

Date of Issue:

Passport Number:

Expiry Date:

Visa Restrictions:

Advantage health & Social Care Ltd can only offer employment to Non-British citizens or Non-EU Nationals on receipt of proof of eligibility to live and work in the UK.

In line with Home Office guidance on the Prevention of illegal working we will need to verify and take of copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Advantage Health & Social Care Ltd for temporary work

THIS SECTION SHOULD BE COMPLETED BY QUALIFIED NURSES ONLY

SKILLS & EXPERIENCE

Please complete the following section and indicate whether you have received a training certificate for the skill or whether the skills are based on experience. If based on experience please indicate length of experience.

SKILL	Cert	Exp	Notes
Phlebotomy			
Practice Nurse			
IV Skills			
Tracheotomy			
PEG Feeds			
Administering Injections			
Vaccinations			
Male Catheterisation			
Female Catheterisation			
Palliative Care			
ITU			
A & E			
Wound Care			
Nurse Practitioner			
System One User			
Smart Card User			

REGISTERED NURSES ONLY

PLEASE TELL US ABOUT YOUR QUALIFICATIONS

Registered Nurses P.I.N Expiry Date:

Name of Training Hospital/University	Date of Training	Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tell us about your Post Graduate Experience. Give details of courses, dates and qualifications:

SECTION 8 – REFERENCES

Please give the names of two references, including your present or most recent employer, who we may approach for a nursing/care services reference (not relatives or friends). Please provide work addresses – home addresses are NOT acceptable.

1. Name: Position:
Company:
Address:
Tel No:
Dates Employed: From To

2. Name: Position:
Company:
Address:
Tel No:
Dates Employed: From To

In some circumstances, we may require a third reference. Your interviewer will inform you if this is required.

3. Name: Position:
Company:
Address:
Tel No:
Dates Employed: From To

SECTION 9 – DECLARATION

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Advantage Health & Social Care Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

Name:

Signature

Date:

APPLICATION CHECKLIST:

Completed Application Form	
Application/Interview Notes completed	
Proof of ID (1)	
Proof of ID (2)	
Passport photocopied (Front and all relevant pages)	
Visa Status & Expiry Date	
Student Visa/Uni confirmation letter (where & what studying and expected completion date)	
NI Check	
Current address Check (1)	
Current address Check (2)	
CV	
Full Work History	
HEALTH – Proof of Vaccinations	
HEP B	
Measles	
Mumps	
Rubella	
Tuberculosis	
Varicella	
QUALIFIED NURSES ONLY	
PIN Details/PIN Check	
Statement of Entry	
NMC Fitness to Practice Check	
NHS Alert Check	
Union Membership	
Indemnity Insurance	
Nursing Qualification	
TRAINING	
Degree	
NVQ	
Student Nurse	
Health & Safety	
Safer People Handling	
CPR/First Aid	
SOVA	
Infection Control	
Food Hygiene	
MVA – 2 day	
MVA – 5 day	
Lone Worker	
Complaints Handling	
Information Governance	
Violence & Aggression (Theory)	
Administration of Medicines (HCA)	
Safe Administration of Medicines (RN – NHS ONLY)	

NAME: _____ POSITION APPLIED FOR: _____

CONSULTANT: _____ REF NO. _____

FOR OFFICE USE ONLY

	Ref No.	Date Received	
DBS Completed			
DBS Confirmation Letter			
DBS ONLINE Registration Completed			
	Date Sent	Date Received	
Intel check required? YES/NO			
Written English	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
Spoken English	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
CRB No.	Issue Date:		
Job Description Signed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Induction Checklist Signed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Terms & Conditions Signed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Working Time Regulations Opt Out Signed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Confidentially Agreement Signed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Declaration of Health Completed/Signed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Occupational Health referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
PIN Check	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NMC Fitness to practice check	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NHS Alert Check	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

INTERVIEWER NOTES

1st Interview Date: Interviewer:

2nd Interview Date: Interviewer:

Type of Work: Learning Disabilities Psychiatric Challenging Behaviour
 NHS/Hospitals Nursing Homes Residential Homes
 Nursery Playschemes After School Clubs
 Children's Homes Social Work Home Care/Live In

Training Requirements