# Aspire Care Ireland

**17 Great James Street**

**Derry**

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**www.aspirecareireland.com**

 

**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 Aspire Care Ireland.

## 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 here about Aspire Care Ireland ?

Recommendation Yes 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 Date: Certificated Yes/No

Course Date: Certificated Yes/No

Course Date: Certificated Yes/No

Course Date: Certificated Yes/No

Course Date: 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 Psychiatric Challenging Behaviour

 NHS/Hospitals Nursing Homes Residential Homes

 Children’s Homes Social Work Home Care/Live In

All Areas

**Preferred Shifts**: Earlies Lates Days

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 Aspire 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** |
| Tubercolosis |  |  |
| 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

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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:**

|  |
| --- |
| **PLEASE COMPLETE ANY GAPS IN YOUR EMPLOYMENT FROM EDUCATION TO CURRENT**  |

## SECTION 6 – REHABILITION 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 Aspire Care Ltd. 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:

Aspire Care 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 Aspire Care Ireland for temporary work.THIS SECTION SHOULD BE COMPLETED BY HEALTH CARE ASSISTANTS ONLY

Please answer the following questions:

|  |  |
| --- | --- |
| **When you arrive on shift for the first time – what should you do?** |  |
| **Why is Health & Safety important in a care home or hospital setting?** |  |
| If a service user offered you a gift, what would you do? |  |
| What is your understanding of confidentiality? And in what circumstances would you break confidentiality? |  |
| **How can you reduce the spread of infection in a care setting?** |  |
| **Why is Food Hygiene important in a care home?** |  |
| **Whilst on shift for the agency where would you find out what Moving & Handling procedures to use ?** |  |
| **Why is it important to use good Moving & Handling techniques?** |  |

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 |  |  |  |

### 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

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:

Email Address:

 Dates Employed: From To

2. Name: Position:

 Company:

 Address:

Tel No:

Email Address:

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:

Email Address:

Dates Employed: From To

**SECTION 9 – CONDITIONS OF REGISTRATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASPIRE CARE LTD CONDITIONS OF REGISTRATION AND EMPLOYMENT**

1. The company is Aspire Care Ireland Ltd
2. The nature of work, place, hours and period of employment and minimum rates of pay and expenses are provided to each candidate.
3. The period of work is not continuous with any previous periods of work for the Contractor.
4. The Worker shall be paid weekly in arrears in and the Contractor shall deduct National Insurance and P.A.Y.E and all other legally required deductions, unless they are classed as self employed.
5. If the Worker has any grievance, the Worker has the right to present such grievance to the Manager.
6. The Worker must at all times maintain the highest professional standards.
7. The Contractor/Agency acts as an agent for each and every member in accordance with The Employment Agency Act 1973 and any statutory modifications or re-enactments thereof.
8. The Worker must advise their branch of any changes of address and telephone number immediately.
9. The Worker who wishes to discontinue his/her service on a service must inform the branch immediately and give at least 72 hours notice to the client.
10. The Worker who wishes to terminate his/her contract with the Agency must give two week’s notice to the Branch Manager.
11. Aspire Care Ireland Ltd undertakes to find Members suitable employment but cannot guarantee that we can always do this. Members who are unable to report to duty for any reason whatsoever must telephone the appropriate office immediately.

12. Timesheets must be submitted on Monday each week for prompt receipt of wages.

I……………………….………………………………… confirm that I have read and agreed the above Conditions of Registration for Employment.

 Signed:…………………………………………………………………………………………….

 Date:……………………………………………………………………………………………….

**SECTION 10 – 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 Aspire Care Ireland 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) |  |