

Email:
info@integratedmedicalstaffing.com
Web:



www.integratedmedicalstaffing.com

GENERAL STAFF APPLICATION

This Application is part of our recruitment and selection procedure. Please complete in your own handwriting and in **BLACK BALL PEN** as the form may be **photocopied**. Please note: We will need to see the originals of all photocopied documents you enclose with this application form. These can be brought with you on or before the day of the interview.

We will also need to see proof of your National Insurance Number and Eligibility to work in the UK.

Personal Details

Surname.....

Forename(S).....

Martial Status.....**Nationality**.....

Date of Birth.....

Post applied for.....

Qualifications.....

Address-
.....

.....

.....

.....**Post code**.....

Main Tel Number..... **Alternative Tel**
Number.....

Mobile Number
.....

E-mail
Address.....
.....

N.I Number
.....

Professional Details

Registered Nurse Adult	<input type="checkbox"/>	Registered Nurse Child	<input type="checkbox"/>
Registered Mental Nurse	<input type="checkbox"/>	Registered Nurse LDs	<input type="checkbox"/>
Registered Midwife	<input type="checkbox"/>	ODP	<input type="checkbox"/>
Healthcare Assistant	<input type="checkbox"/>	Locum Doctor	<input type="checkbox"/>

Please give FULL details of a person to be contacted in an emergency.

Name.....

Address.....

.....
.....

Post Code.....

Tel Number.....

Relationship.....

Doctors Name

Name and address of
surgery.....
.....

.....
.....

Post code.....

Telephone
number.....

Do you have any
allergies?.....Yes/No

If the answer is yes please state the type of
allergy.....

Do you have any religious beliefs we should pass on to the clients?
Yes/No

If yes please list.....

Do you smoke? Yes/ No If yes, how many per day Can you manage without?
Yes/No

Do you hold a FULL UK driving licence? Yes/No Please quote
number.....

Do you have a car available? Yes/No Is it insured for business
use.....Yes/No

If yes please quote insurers
name.....
Policy number and expiry
date.....Expires.....

Are prepared to drive a client's car?
Yes/No

Skills & Experience (Mainly for carers and support workers)

To enable us to match your previous experience and skills to a client care needs, please indicate which of the following areas of care work you have experience of. Delete the answers that are not applicable.

Peg Feeding	Yes/No
Colostomy care (changing bag only)	Yes/No
Learning difficulties	Yes/No
Spinal injury care	Yes/No
Acquired Head Injury Care	Yes/No
Client senile dementia	Yes/No
Parkinsons	Yes/No
Cerebral Palsy	Yes/No
Muscular	Yes/No
MS	Yes/No
Terminal Illness	Yes/No
HIV/AIDS	Yes/No
Urinary incontinence	Yes/No

Faecal incontinence	Yes/No
Personal Hygiene (washing etc.)	Yes/No
Mental illness care	Yes/No
Client confusion	Yes/No
Stroke	Yes/No
Client aggression (verbal & Physical)	Yes/No
Challenging Behaviour	Yes/No
Have you done any POVA training	Yes/NO
Have you been taught M&H Techniques?	Yes/No
Do you have any certificates?	Yes/No
Please state	
Have you enclosed a copy of your M & H certificate	Yes/No
Have you been taught to use a hoist?	Yes/ No
Do you have any other valid certificates?	Yes/No

Please enclose copies of other relevant courses.

Any Other relevant experience.....

Please give details of any experience you have had at caring capacity, either on a paid, voluntary or personal basis. Please give details of any professional qualifications you have e.g. NVQs, BTEC . Diploma or Degrees and BRING ANY CERTIFICATES TO THE INTERVIEW. Please send photocopies of these certificates with this application if you are posting it.

Additional Information mainly for home carers and live-in carers.

How do you consider your cooking skills? Good/Average

How do you consider your domestic skills? Good/Average

Please give details of any hobbies you enjoy

Any relevant information.....
.....

Health Record

Are you taking any medication prescribed or over the counter drugs
Yes/No

If yes please specify medication and purpose.....
.....

Have you got any history of mental illness? Yes/No

Vaccinations

Hep B 1 _____ Date given _____ Evidence seen
yes/no

Hep B 2 _____ Date given _____ Evidence seen
yes/no

Hep Booster _____ Date given _____ Evidence seen
yes/no

Hep B Immunity response *(please provide certificate for immunity response)*

Hep B immunity response certificate copy received Date _____
Result _____

BCG _____ **Date given** _____

Scar present _____ **Yes/ No**

Rubella _____ **Date given** _____ **Had measles as a**
child yes/no

Chickenpox _____ **immune or not immune**

Covid Vaccinations

Name of Vaccine. _____

1st Dose Date
given _____ / _____ / _____

2nd Dose. Date given _____ / _____ / _____

Boosters Date given _____ / _____ / _____

NMC Pin number.....NMC

expiry date.....

Branch of Nursing or part of the
register.....

Registration

Status.....

Are you subject to fitness for practice
investigation..... Yes/No

Availability

Full Time

Weekends Only

Part Time

Preferred Location.....

Distance you are willing travel.....

Do have training in the following mandatory courses- if yes please
provide copies with your application.

- **Basic Life Support**
- **Moving and Handling**
- **SOVA**
- **Food Hygiene**

- **First Aid**
- **Conflict Resolution**
- **Lone Working**
- **Fire Training**
- **Mental Capacity**
- **Medicine Training (Boots MDS)**

For trained nurses please list down any additional skills that you are competent in and provide certificates where necessary e.g. Male catheterisation, Nasal-gastric tube insertion and so on continue on a separate piece of paper if necessary. **Please continue on additional piece of paper if required..**

Please write the level of experience where you have worked so we can book you with the right ward or nursing home.

- Cardiology**.....
- Care Homes**.....
- Community**.....
- ENT**.....
- Gynaecology**.....
- Mental Health**.....
- Neurology**.....
- Obstetrics**.....
- Oncology**.....
- Orthopaedics**.....
- Paediatrics**.....
- Practice Nurse**.....
- Renal/Dialysis**.....
- Respiratory Medicine**.....
- Surgical**.....

Urology.....

Learning Disabilities.....

Haematology.....

Please list your skills so we can match you with the right clients.

Female Catheterisation.....

Male Catheterisation.....

Catheter Care and management.....

Venepuncture.....

Phlebotomy.....

Leg Ulcer Care.....

Wound Management.....

Syringe Driver.....

Burns.....

ITU.....

HDU.....

A&E.....

Pain Management.....

Please attach copies of certificates obtained for your training where necessary.

Employment History

(Recent work to the last 5 years. Please use separate sheet if necessary)

Name of current or most recent employer.....

Type of business.....

Address..... Start date.....

..... Leaving date.....

Post code..... Pay on leaving.....

Reason for leaving.....

.....

Briefly describe your duties.....

.....

.....

Name of current or most recent employer.....

Type of business.....

Address..... Start date.....

..... Leaving date.....

Post code..... Pay on leaving.....

Reason for leaving.....

.....

Briefly describe your duties.....

.....

.....

Name of current or most recent employer.....

Type of business.....

Address..... Start date.....

..... Leaving date.....

Post code..... Pay on leaving.....

Reason for leaving.....

.....

Briefly describe your duties.....

.....

.....

Qualifications

Please list your qualifications below.

- 1..... Year obtained.....
Awarding University or College.....
- 2..... Year obtained.....
Awarding University or College.....
- 3..... Year obtained.....
Awarding University or College.....

Are you a student? Yes/No Please give details of University/College you are attending and the Course you are taking.....
.....
.....
.....

References

Please provide the FULL names, addresses, telephones numbers and relationship details of the TWO people who will give you a reference. One must be a care or nursing reference mainly from your line manager. You must have known them for at least 12 months and not be related to them.

Previous or Current Employer Reference

1) Contact
Name.....Address.....
.....
.....
Post code.....
Tel No..... Fax
No.....
e-
Mail.....
.....
Company Name:
.....

Personal Reference

2) Name
Address.....
.....
.....
Post Code.....
Tel No Fax
no.....
Email.....
.....

Relationship.....
.....

Working Time Regulations (1998)

I agree that I can be required to work for more than 48 hours per week over the duration of the contract made between the Client (and/or Integrated Medical Staffing and myself because of the continuous nature of the services provided to the client.

I understand that I can change my mind by giving four weeks written notice to the Client (and/or Integrated Medical Staffing) and I agree to provide a copy of that notice to the Integrated Medical Staffing for information.

Holiday Pay

If you would like holiday pay to be deducted from your salary, please show your consent by ticking the appropriate choice.

Yes, I would like holiday pay to be deducted from my weekly salary

Sign and date.....

No, I am happy earning my salary without holiday pay deducted, and will not ask for any holiday pay from Integrated Medical Staffing.

Sign and date.....

Rehabilitation of Offenders Act (1974)

Do you have any criminal convictions either "spent" or "unspent"?

Yes /No

If the answer is yes please state the nature of the

offence.....

.....

.....

Do you have any criminal proceedings pending? Yes/ No

*N.B. The Organisation will require an enhanced Criminal Record Disclosure will be required in all cases. Work will only be allocated to those who have CRB and two references.

Recruitment Policy .

It is the policy of Integrated Medical Staffing to employ the best qualified and experienced people and to provide equal opportunities for career advancement of its employees including promotion and training, and not to discriminate against any person because of race, colour, country of origin, gender, marital status, sexual orientation, age, disability, religion or belief. If it is likely that you will need any special arrangements to be made for you during the recruitment process, please let us know in advance and we will be happy to help.

Applicant's Declaration

I confirm that information given on this form is true and correct and I understand that the information given on this form will remain private and confidential and will be used for the purpose of recruitment and selection. I also understand and agree that the organisation may, from time to time use the information for marketing purposes where a detailed profile of my qualifications, NMC pin number, and competence will be sent to different organisations. Where this is the case, processing will take place in accordance with the provisions of data processing act 1984 and 1998. I am aware that the organisation may contact other third parties to verify the accuracy of information that I have given. By signing this form, I am providing the organisation with my consent to all the uses.

Finally, I am fit and able to carry out all the tasks of a carer or Registered Nurse.

SignedDate.....

Please say how you heard about the agency (e. g. Job Centre, Advertisement, specific post etc.)

If newspaper, please state which paper. If Job Centre Please give ref. no. and specific post give details.

Please insure that the following documentation is enclosed when returning this form:-

- Copy of driving licence (Where applicable)
- Copy of car insurance policy (Where applicable)
- 2 Recent passport size photograph
- Copy of your passport Details and Visa
- Nationality of passport.....
- Passport number.....
- Expiry date.....

Your immigration status (Please tick the box that matches you immigration status .

- I have indefinite leave to remain in the UK.
- I am a student on a student visaExpires on.....
- I am a recognised refugee with indefinite leave to remain in the UK
- I am on a work permit.....Expires on.....
- I am on a spouse visa.....Expires on.....
- I am on working holiday visa.....Expires on.....

- I am a British passport holder.....No.....Expiry date.....
- I am an EU National.....
- Nationality.....Passport..... number.....Expiry date.....
- I have limited leave to remain and am allowed to work in the UK Expiry date for limited leave to remain in the UK.....

For all cases please provide your passports, Thank you.

***Please note::: We will not be able to process your application if copies of the listed documents are not enclosed, especially where the role involves driving a client’s care e.g live- in care, shopping and house sitters.**

For pay roll department. (We pay your salary directly into a your bank account)

Name of bank.....

Address.....

Post Code.....

Name as it appear on bank account

.....

Account no.....

Sort code.....

For Official Use only

<i>Application received</i>	<i>Date</i>	<i>Initials</i>
<i>All documents received</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Candidate allowed to work in the UK</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>CRB Received: anything recorded?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>