

Application Form

STAFF NURSING LTD

care at its best



Private & Confidential

Position Applied For	<input checked="" type="checkbox"/> tick	Registered Nurse	Care Assistant
Date Available From			

PERSONAL DETAILS

Title (Mr,Mrs,Miss,etc)	Surname	Forenames
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Maiden Name	Date of Birth	Marital Status
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Address	Telephone No
	Day
Town / County	Evenings
Postal Code	Mobile

E-Mail	Tel No in an Emergency (+ name & relationship)				
Nationality					
Passport No	Do you have a Current Driving Licence? <input checked="" type="checkbox"/> tick		Yes	No	
Do you have a Work Permit or Residence permit? <input checked="" type="checkbox"/> tick	Yes	No	Do you have access to a car? <input checked="" type="checkbox"/> tick	Yes	No
National Insurance Number					

WORK PREFERENCES

Work available for <input checked="" type="checkbox"/> tick	Mornings	Evenings	Nights	Weekends
Geographical area considered				

REGISTRATION / UNION DETAILS (if applicable)

Union	RCN, Unison etc	Indemnity Insurance
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NMC / Nursing Board Registration Details	Qualifications	
Reg. / Pin No	Reg. Date	EXP. Date

tick How Did You Hear of Staff Nursing?

Job Centre	Other
Advert	
Website	

If referred by someone who already works for Staff Nursing please give details

EDUCATION & TRAINING

Secondary School	
Name	
Address	
From	
To	

Examinations Passed	Date

College		Duration	
University		Qualification Obtained	

Training Hospital (Nurse Only)	
Name	
Address	
From	
To	

Qualifications	Date
Registration No.	

Extra Courses	

1	Present Employer
Name	
Address	
From	

Qualifications gained	Date

NOTE: A full employment history is required!

Employment History				In <u>descending</u> order from present employer
	Name & Address	Position	Dates (From/To)	Description of Duties & Responsibilities
2				
3				
4				
5				
6				

If necessary use the continuation sheet to complete your employment history

REFERENCES

Give the names and addresses of **2 persons**, both in senior professional capacities who can comment on your professional capacity. These should be your most recent employers. In all instances references will be taken up unless a specific request is made by you not to do so.

Reference 1
Name
Organisation
Address
Tel No.
Position

Reference 2
Name
Organisation
Address
Tel No.
Position

REHABILITATION OF OFFENDERS ACT 1974

Under the Rehabilitation of Offenders (Exceptions Order NI 1979) the NI Health and Social Services are included in the list of exempted employments. As such any criminal conviction may never be regarded as "spent" and must be disclosed when applying for a post within the Health Service. It is necessary therefore to ask the following question; in receipt of such services in the course of his/her normal duties.

Have you ever been convicted of a criminal offence?



tick

Yes

No

(If Yes - please give details)

It should be noted however, that disclosure of a conviction does not necessarily debar any applicant from obtaining employment

Are you under investigation by the NMC



tick

Yes

No

I confirm that to the best of my knowledge, the information given on this form is true and correct. I understand a physical examination may be required and any offer of employment made will be subject to a satisfactory medical report. I understand that any false information or deliberate omissions may disqualify me from employment or may render me liable to dismissal.

I understand that Staff Nursing operates an equal opportunities policy which means that will not discriminate directly or indirectly against people on the grounds of their sex, marital status, or on the grounds of race, colour, religion or ethnic origin. Staff Nursing will not discriminate in advertising, selecting, offering training or providing benefits and services. Every vacancy will be open equally to those who have the required qualifications.

I understand that it is my responsibility to ensure that my professional Indemnity Insurance is current at all times. Staff Nursing Ltd will not be liable for professional negligence, errors, omissions or accidents whilst you are the client's custody or control.

Signed:

Date:

"Thank you for choosing Staff Nursing"