

Please return your completed Application Form to the office address indicated above.

Employment Application Form For Registered Nurses or Care Assistants

Please complete this form using BLOCK CAPITALS. Please continue on a separate sheet, if necessary.

Position Applied For:

How did you hear about this position?

Personal Details:

Title (Mr, Mrs, Ms or Miss):

Surname:

Forename:

Are you over 18? **Yes / No**

NI Number:

Full Address:

Postcode:

Home No:

Day No:

Mob No:

Email Address:

Do you have any other part time work? **Yes / No** *If yes please give details:*

Education

Please provide details of your qualifications (e.g. Secondary Education and Above) You may be expected to provide originals of any

Name of Institution/School/College/University	Course taken/Subject	Level	Qualifications/Grades

Please give details of any work related/professional/vocational training or qualifications you hold:

certificates.

Relevant Experience: To help us to assess your suitability could you please tick the boxes below as appropriate.

Bath/shower/strip wash	<input type="checkbox"/>	Experience of caring for the terminally ill	<input type="checkbox"/>	Use of bedpan/commodes etc	<input type="checkbox"/>
Preparation Of Meals	<input type="checkbox"/>	Shaving	<input type="checkbox"/>	Emptying catheter bag	<input type="checkbox"/>
Use of bath aids	<input type="checkbox"/>	Answering the telephone, taking, recording and conveying messages	<input type="checkbox"/>	Changing colostomy bag	<input type="checkbox"/>
Feeding Patients	<input type="checkbox"/>	Care of hair	<input type="checkbox"/>	Moving and Handling Patients	<input type="checkbox"/>
Mouth Care (including denture care)	<input type="checkbox"/>	Bed making	<input type="checkbox"/>	Use of walking aids	<input type="checkbox"/>
Ensuring Medication has been taken	<input type="checkbox"/>	Care of fingernails	<input type="checkbox"/>	Use Of Hoist	<input type="checkbox"/>
Care of feet (excluding toenails)	<input type="checkbox"/>	Light Housework, washing of personal laundry	<input type="checkbox"/>	Supervising Care Staff	<input type="checkbox"/>
Observing Changes in patients/clients & reporting	<input type="checkbox"/>	Care of Eyes	<input type="checkbox"/>	Client Reviews	<input type="checkbox"/>
Dressing/undressing	<input type="checkbox"/>	Shopping/collection of pensions	<input type="checkbox"/>	Care Plans	<input type="checkbox"/>
Simple Dressings	<input type="checkbox"/>	Toileting	<input type="checkbox"/>	Direct Observations	<input type="checkbox"/>
Bed Bath	<input type="checkbox"/>	Experience with Dementia	<input type="checkbox"/>	Training Care Staff	<input type="checkbox"/>

Where/How did you gain this experience? Please continue on a separate sheet, if necessary.

Work Experience

Are you currently employed? **Yes / No**

Please give details of your complete employment history. Please continue on a separate sheet, if necessary.

Name and Address of Employer Present /Last Employer	Position/Duties	Date From	Date To	Reasons for Leaving

Please state any reasons for gaps in your employment:

Do you plan to continue with any other paid work after joining us? **Yes / No**

Have you ever worked for ETP Healthcare? **Yes / No**

If yes please give details & dates:

Work Availability

(All Care Workers/Supervisors are expected to commit to some weekend working)

 Full Time Part Time Term Time Only School Holidays Only Flexible Hours

Approximate Shift Patterns. Please tick when you are available to work: *(Please note, these times are guidelines only. Actual shifts can vary and be flexible.*

 Mornings/Lunch Afternoons Evenings Weekends Mon Tues Wed Thurs Fri Sat Sun

Date available to commence:

Working Time Directives

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. You will never be compelled to work more than 48 hours per week but you may choose to do so. Please indicate your preference to confirm that you have read and understood this information, indicating your preference by ticking the most appropriate box.

 I **DO NOT** wish to work more than 48 hours per week I **DO** wish to work more than 48 hours per week Do you hold a current full driving licence? **Yes / No** Do you have a car available? **Yes / No**

General Information

Reason for Applying Please continue on a separate sheet, if necessary.

References

Please give the names of two professional people of a senior/grade position to you, including your present and most recent employer whom we may approach for a reference. They must be able to provide a credible comment on your ability to undertake the duties of the post applied for. **Home addresses of referees are not acceptable.**

 Can we contact your references before we interview you? **Yes / No**

Reference 1

Reference 2

Rehabilitation of Offenders Act 1974 and Criminal Records

This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and also subject to an enhanced Criminal Record Bureau (CRB) and Protection of Vulnerable Adults (POVA) check. You MUST consent to these checks before you can be considered for employment by us. Your answers to the following questions must also include any 'spent' convictions and any outstanding criminal proceedings.

Have you ever been convicted or received a police caution, formal warning or reprimand in respect of any criminal offence? **Yes / No**

If YES please give details.

Are you currently, to your knowledge, the subject of any criminal proceedings (e.g. police investigation, charge or summons)

not yet dealt with? **Yes / No** *If YES, please give details.*

Data Protection Act 1998 and Inspection

In order to operate efficiently, the Company collects and retains information about the people who work for it. Such information is dealt with in compliance with the Data Protection Act 1998. Should you be successful in your application, the information you supply will be retained on your personal record, whether in manual or computerised form, and may be viewed by the Company and/or its third party advisors. We will destroy unsuccessful applications after 12 months. In signing the declaration below, you acknowledge that your personal information will be treated in this way.

Disability

Under the Disability Discrimination Act 1995, employers are required to provide people with disabilities with an opportunity to compete fairly for jobs and be given equal opportunities as far as is practical in employment. To ensure that we comply with the Act, please answer the following questions.

Are you disabled? **Yes / No** *If YES please state the nature of your disability*

If you have a disability, would the company need to make any special arrangements in order for you to attend interview? **Yes / No**

If offered employment with the company, would any special adjustments be needed in order for you to carry out this job? **Yes / No**

If YES, please give details

Declaration

The information that I have given in this application form, is to the best of my knowledge, accurate and completed by me in all aspects. I understand that knowingly giving false information will result in my application being withdrawn. I also agree to provide any changes to the information supplied.

Signed:

Dated:

Print Name:

Documentation Required (please tick box if able to provide the following at interview)

2 Passport photographs

Relevant certificates of training

Proof of National Insurance Number

Proof of identity (UK birth or marriage certificate or UK driving licence paper & photocard, passport and motor insurance certificate)

Copy of work permit, visa stamp and entry stamp in your passport for overseas applicants

Utility bill or bank statement in your name/address (dated within last 3 months)

A copy of your Criminal Records Bureau certificate if held

Please return your completed Equal Opportunities Monitoring Form to the office address indicated above.

Equal Opportunities Monitoring Form

This information is required so that we can monitor the implementation of our equal opportunities policy. It will enable us to compile statistical information about applicants, in relation to gender, age, ethnic background and disability, for the purposes of comparison with similar statistical information on those actually recruited. It will not be used for any other purpose, and will not be looked at by those shortlisting or interviewing candidates. We would encourage you to complete it so that we can have a full picture of our recruitment and selection patterns.

Name:	
Date of Birth:	
Male/Female (please delete as appropriate):	
Position applied for:	
Where did you see this job advertised?	
Do you have any disabilities? Yes / No	
How would you describe your ethnic origin? Please indicate one of the following categories:	
<input type="checkbox"/> White	
<input type="checkbox"/> Black - African	
<input type="checkbox"/> Black - Caribbean	
<input type="checkbox"/> Black - Other, please specify	
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Chinese	
<input type="checkbox"/> Asian - other, please specify	
<input type="checkbox"/> None of the above, please specify:	

These categories were used for the 1991 census by the Office of Population Censuses and Surveys and are recommended by the Commission for Racial Equality. They do not refer to the place of birth, citizenship or nationality, but to the ethnic group to which you belong.

I hereby give my consent for the information contained in this form to be processed for monitoring purposes

Signed:

Dated: