

Application Form

Please Complete Application in BLOCK CAPITALS

Position Applied For:					
Title:	Mr Mrs Miss Ms	Forename(s):		Surname:	
Address:		Date of Birth:	Age:	Telephone Numbers:	
		Gender:		Home:	
		NI Number:		Mobile:	
Email:					

Work Requirements

Are you an EU Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a British or EU Passport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you do not hold a British/EU Passport, do you have any one of the following?	
Student Visa	<input type="checkbox"/>
Work Permit	<input type="checkbox"/>
Residency Visa	<input type="checkbox"/>
Spousal Visa	<input type="checkbox"/>
Settlement	<input type="checkbox"/>
Other:	
Expiry Date:	

Do you hold a current Driving Licence? YES/NO

Do you have access to a car? YES/NO

How far are you willing to drive?	10-20 miles <input type="checkbox"/>	20-30miles <input type="checkbox"/>	30-40miles <input type="checkbox"/>	40-50miles <input type="checkbox"/>	50+ miles <input type="checkbox"/>
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Education

Name(s) of School/College	Date(s)		Qualification(s) Gained/Award
	From	To	





Rehabilitation of Offenders Act 1974

Please Note: All healthcare posts are subject to the Rehabilitation of Offenders Act 1974; therefore you must disclose all cautions, reprimands, final warnings and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.

Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police? **YES/NO**

If **YES**, please give details including dates:
.....

Are you aware of any police enquiries being made against you that may affect your suitability for this post? **YES/NO**

If **YES**, please give details:
.....

Next of Kin/Emergency Contact Details

Name:	
Address:	Relationship:
	Mobile:
	Email:

Registered Nurses

Did you qualify in your maiden name? **YES/NO** Maiden Name:

Part of Register and Grade:

Date Qualified: NMC PIN Number: Expiry Date:

Do you have Professional Indemnity? **YES/NO** Membership Name & Number:

Work Preference

Are you a Limited Company? Yes/No (Please provide appropriate documentation)

- Full Time Part Time Mornings Evenings
 Weekends Bank Holidays Nights Sleep In

Have you ever been dismissed from work? **YES/NO**

If **YES**, please explain
.....

Have you ever been disciplined for any cause in your last employment? **YES/NO**

If **YES**, please explain
.....



Employment History

Please enter ALL your previous employment details giving reasons why you left. Please give reasons for any gaps in employment. Start with the most recent employment.

Position:	Name of Company/Organisation	From/To	Reasons for Leaving

Trainings

Please tick (v)

- | | | | | | |
|-------------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|
| Health & Safety | <input type="checkbox"/> | Moving & Handling | <input type="checkbox"/> | First Aid | <input type="checkbox"/> |
| Urinalysis | <input type="checkbox"/> | Food Hygiene | <input type="checkbox"/> | Infection Control | <input type="checkbox"/> |
| 12 Lead ECG | <input type="checkbox"/> | Vital Observations | <input type="checkbox"/> | MVA | <input type="checkbox"/> |
| MAPPA | <input type="checkbox"/> | Fire Safety | <input type="checkbox"/> | Safeguarding | <input type="checkbox"/> |
| NVQ Level 2 | <input type="checkbox"/> | NVQ Level 3 | <input type="checkbox"/> | NVQ Level 4 | <input type="checkbox"/> |
| Rescue Medication | <input type="checkbox"/> | Medicine Management | <input type="checkbox"/> | Basic Life Support | <input type="checkbox"/> |

Other Trainings and Professional Qualifications:

Qualification	Place were obtained	From (month/year)	To (month/year)

(Please provide documentary evidence of all the above – all certificates will be verified)

Where did you hear about Gracious Healthcare Solutions? Gracious HS website Job Centr Indeed Othe

If other, where?.....



References

Please give the names and addresses of 2 professional referees, both of whom should be your current/previous line manager(s) and who have known you for at least 2 years. Relatives are not acceptable as referees.

1. Name:	Company:
Address:	Relationship to You: Telephone Number: Fax Number: Email Address:

2. Name:	Company:
Address:	Relationship to You: Telephone Number: Fax Number: Email Address:

Please give the name and address of 1 character reference (preferably a work colleague)

3. Name:	Relationship to You:
Address:	Telephone Number: Email Address:

Declaration

All applicants please read carefully and sign

I declare that the information given in this application is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties I will be expected to undertake, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from the register, warnings as to future conduct both before and after any employment with Gracious Healthcare Solutions. This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with Gracious Healthcare Solutions. I will declare any dismissals or disciplinary acts from any previous employment. I do understand that any offer of employment is subject to an Enhanced DBS check, indicating my suitability for employment.

Signature:

Date: / /

Print Name:

Please attach your current CV with this application Form



Clinical Details & Work Experience

To be completed by all nurses and support/care staff. Please tick (v) the appropriate.

	Less than 6 months	More than 6 months	Over 1 year experience	When did you last work? Please add notes if necessary.
General Nurse:				
Medical				
Surgical				
Elderly Care				
Gynaecology				
Orthopaedics				
Palliative Care				
A & E				
Oncology				
ITU/HDU/CCU				
Renal/Urology				
Cardiology				
Neurology/Respiratory/COPD				
Theatre				
Mental Health:				
Mental Health Acute Wards				
Community Psychiatric Nurse				
Elderly Care				
Substance Misuse				
Eating Disorder				
CAMHS				
Prison				
Secure Units				
Learning Disability:				
Autism Spectrum				
Brain Injury				



Equal Opportunities Monitoring Form

Gracious Healthcare Solutions aims to select applicants solely on the basis of merit irrespective of age, gender, sexual orientation, marital status, disability, religious beliefs, nationality and/or ethnic origin. The following information will be held in confidence and will be used for monitoring purposes only. It will not be considered during our recruitment and selection process.

Please tick (v) the most appropriate

Gender			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

Ethnic Origin	Disabilities
<p>A. White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	<p>Do you have any disabilities? YES/NO</p> <p>If YES, please give details below:</p> <p>.....</p> <p>.....</p>
<p>B. Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	<p>Do you require Gracious Healthcare to make any reasonable adjustments under the terms of the Disability Discrimination Act in order for you to undertake the duties of this post? YES/NO</p> <p>If YES, please give details below:</p> <p>.....</p> <p>.....</p>
<p>C. Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistan <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>D. Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>E. Oriental or Other</p> <p>Chinese <input type="checkbox"/></p> <p>Japanese <input type="checkbox"/></p> <p>Philippine <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	<p>.....</p> <p>.....</p> <p>.....</p>