Phillpotcares

HEALTH CARE APPLICATION FORM

PERSONAL DETAILS

Title: Surname …….

Forename: Maiden Name

Middle Maiden: Marital Status:

Date of Birth Male Female:

Age: National Insurance:

Address:

City / Town Country

Postcode: Home Telephone;

Mobile phone: Work Phone:

Page No Email Address:

Preferred Contact Method

Are you willing to expect Morning calls: Yes No:

Are you willing to expect late Night Calls? Yes: No

VARIOUS INFORMATION

Work status Passport Number: Exp date:/

Nationality ..... Birth certificate No: .....

Home Office Letter ref: ..... Have Work Permit? Yes No…….

Work Permit Type ..... Expiry Date: .....

Name of College/University (if student) .....

.....

Studying Nursing: Yes, No If yes, when do you graduate: .....

Are you undergoing Adaptation: Yes No .....

If yes, Give Your Completion date .....

Have your own transport: ..... Type of Transport: .....

Have you a Driving License: Yes / No ..... If yes, any endorsement: .....

Religion ..... Ethnic Origin .....

Children under 18 years: Yes / No ..... Ages .....

.....

.....

Do you smoke? Yes / No Registered Disabled? Yes ..... No .....

Registration No: .....

Give details of Hobbies / Leisure Activities .....

.....

.....

PROFESSIONAL EDUCATION AND TRANING.

Please list any Training / Course / Nursing qualification you have and when you gained them

Qualification: School / College University Dates Gained

…..…… …… ……

…… …… ……

…..…….… …… ……

…..……. …… ……

…… …… ……

…..……..…… …… ……

NMC Pin No

Where obtained:

Registration date: Expiry Date …….

EMPLOYMENT HISTORY

Please Give Details Of Your Past 5 years Of Continuous Work History Giving Reason/s For Any Breaks In Employment.

From / / To / / Employer

Address

Telephone: Main contact

Post Title: Grade

Full time or part-time Salary:

Main responsibilities:

Dept / ward:

Reason for leaving:

From / / To / / Employer

Address

Telephone: Main contact

Post Title: Grade

Full time or part-time Salary:

Main responsibilities:

Dept / ward:

Reason for leaving:

From / / To / / Employer

Address

Telephone: Main contact

Post Title: Grade

Full time or part-time Salary:

Main responsibilities:

Dept / Ward:

Reason for leaving:

From / / To / / Employer

Address

Telephone: Main contact

Post Title: Grade

Full time or part-time Salary:

Main Responsibilities:

Dept / Ward:

Reason for Leaving:

Have you ever been dismissed from a job? YES NO

If Yes, Why?

HEALTH DECLARATION

To be completed by all applicants.

Have You Been Vaccinated Or Tested Against The Following?	YES	NO	DETAILS (Plus dates if YES)
Hepatitis B			
HIV			
Tetanus			
Poliomyelitis			
Typhoid			
Rubella (German Measles)			
Tuberculosis and BCG			
Hepatitis B Antibodies			
Mantoux, tine or Heaf			
Varicella			
Last X-ray			
Others (Specify)			
Do You Or Have You At Any time Suffered From Any Of The Following?	**YES**	**NO**	**Details. (Required If YES)**
Skin complaints- dermatitis, Psoriasis, Eczema			
Diabetes or glandular complaints			
Headaches or Migraine			
Hypertension/ heart problems/ similar illness			
Back pains / Back injury or problems			
Jaundice / Hepatitis			
Epilepsy or fainting attacks			
Pleurisy /Bronchitis / Pneumonia			
Asthma			
Infections - ear / sore throat			

Psychiatric/ Mental disorder/ depression etc.			
At present Are You Having Any injections/medications	YES	NO	Details (if YES)
Are you under any treatment of any kind of condition?			
Have you had any major operations?			
Physical Disabilities?			
How much time have you taken off work in the Last 5 years due to illness?			
Please state any other information about your health which may affect your work			
If you do not have vaccination information, please provide details of where we can request them below.			

I certify the above information is correct and hereby give permission to Phillpot Care Services to request a further report from my GP/ Occupational Health/ Hospital for clarification if required and for my health report

GP /Occupational Health/ Hospital .....

Address .....

.....

Tel: ..... Mobile .....

Email address: .....

Signed (Applicant) .....

WORK PREFERENCE

What kind of Nursing/Care work are you interested in? (tick all that apply)

NHS PRIVATE HOSPITAL NURSING HOME

RESIDENTAL HOME: OTHERS

(Please specify) SHORT TERM LONG TERM

Please indicate when you would like to work. Please tick all relevant boxes.

DAILY.

PART-TIME FULL-TIME BANK HOLIDAYS

EVENINGS (M-F) DAYS (M-F) NIGHTS (M-F)

EVENINGS (SAT-SUN) DAYS (SAT-SUN) NIGHTS (SAT-SUN)

AVALIBILITY

From when are you available to work? Come for an interview?

Do you have any holiday booked? When:

REHABILITATION OF OFFENDERS ACT 1974.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, entitled to withhold information about convictions, which for other purposes are 'spent' under the provision of the Act in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Information provided will be kept confidential and use in relationship to the post applied for.

Have You Ever Been Convicted of A Criminal Offence? YES…….NO……

If yes, please specify

Do You Have Any Spent or Unspent Convictions? YES NO

If yes, please specify

Have You Instigated an Enhanced Disclosure Within the Last Six Years? YES/NO

I Consent to **Phillpot Care Services** Checking the Details I Have Provided Against the Various Data Sources in Order to Verify My Identity and Process This Application. This Details Maybe Use to Assist Other Organisation Such As DBS/CRB, NMC for Identity/Fitness-to-Practice Purposes.

SIGNATURE **DATED**

REFERENCES.

Please give the names and addresses of two of most recent employers with work addresses who are able to comment on your work ability and experience, starting with your present to most recent employer if possible.

(A)

Name of Reference:

Company Name and Address:

Postcode: City/ town; Country

Telephone no: Fax no:

Email address: Mobile phone:

Start date: / / End date: / / To date

(B)

Name of Reference:

Company Name and Address:

Postcode: City/ Town; Country

Telephone no: Fax no:

Email address: Mobile phone:

Start date: / / End date: / / To date

BUILDING SOCIETY /BANK DETAILS

Bank Name

Bank Address

Building Society Bank Roll

Account Holder's Name

Sort Code Account No

I authorise Phillpot Care Services to pay my weekly wages into the above Bank Account and I will notify PhillpotCare Services if changes occur to my details.

Signed _____ **Date** _____

NEXT OF KIN

Name of Emergency contact _____

Relationship to you: _____

Address: _____

_____

Post Code : _____ Home Telephone: _____

Work No: _____ Email Address: _____

_____

Mobile No _____ Pager No _____

WORKING TIME REGULATIONS

I have read and understood the Working Time Regulations and I hereby consent that the working time limit shall not apply to my assignments

Print Name .....

Signed ..... **Date** .....

FINAL STATEMENT

I declare that the information provided on this application form is true to the best of my knowledge. I have read the terms and condition of engagement and agree to comply with the current Health and Safety at Work Act. I understand that my appointment is subject to the receipt of two satisfactory references and also subject to Enhanced CRB Disclosure. **Phillpot Care Services** is free to make any other enquiries they may find necessary relating to my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to.

Signed ..... **Date** .....

AGENCY INFORMATION. OFFICE USE

CHECKLIST		**NOTES**
Application		
Proof of Address	Utility bills, bank statements, others.	
Proof of identity	Passport, driving license others	
Eligibility to work	Visa, Work Permit, passport, birth cert	
NMC Pin No + Expiry date.		
DBS / CRB Application		
48 hours opt out		
PAYE Form		
2 passport photographs		
Immunization		
Signed contract		

AGENCY SIGN OFF

I Certify that I interviewed the above applicant in accordance with the **Phillpot Care Services** requirements and I am satisfied that this applicant is cleared for work.

Name of Consultant _____

Signature of Consultant _____

Date _____

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