

APPLICATION FORM

Registered Nurse · Healthcare/Support Worker

PLEASE COMPLETE ALL RELEVANT SECTIONS AND RETURN THIS APPLICATION FORM TO YOUR LOCAL BRANCH

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SECTION 1: PERSONAL DETAILS

TITLE: Mr Mrs Miss Other (please state).....

Surname: Address:

Forenames:

Maiden / former name:

Home telephone number:

Mobile number:

Email address: Postcode:

Place of birth: Emergency contact numbers

Nationality: Day:

Next of kin: Night:

Relationship to: Next of kin telephone:

National insurance number:

Do you hold a current driving license? Yes No Do you have any endorsements? Yes No

Please state your means of transport: If **YES** Please list:

PLEASE RETURN THIS APPLICATION FORM TO YOUR LOCAL BRANCH

Bristol

Jubilee House
Wapping Road
Bristol BS1 4RW
T 01173 250282
E bristol@deanhealthcare.co.uk

Worcester

T 01905 888003
E worcester@deanhealthcare.co.uk

Gloucester

Westgate House
The Island
Gloucester GL1 2RU
T 01452 507452
E gloucester@deanhealthcare.co.uk

Swindon

The Shaftsbury Centre
Percy St
Swindon SN2 2AZ
T 01793 238483
E swindon@deanhealthcare.co.uk

Hereford

The Rural Enterprise Centre
Vincent Carey Road, Rotherwas
Hereford HR2 6FE
T 01432 818811
E hereford@deanhealthcare.co.uk

Skill check list (Carers & support workers only)

Please tick areas in which you have experience:

- | | | |
|-------------------------------------|--|---|
| <input type="radio"/> Dementia | <input type="radio"/> Personal care | <input type="radio"/> Incontinence of service user |
| <input type="radio"/> Epilepsy user | <input type="radio"/> Use of hoists | <input type="radio"/> Moving and handling of service user |
| <input type="radio"/> Mental health | <input type="radio"/> Autistic Spectrum Disorder | <input type="radio"/> Managing Challenging Behaviour |
| <input type="radio"/> Lone working | <input type="radio"/> Documentation | <input type="radio"/> Learning Disability experience |
| <input type="radio"/> Elderly Care | | |

Other:.....
.....
.....
.....

SECTION 2: GENERAL INFORMATION

Please use this section to tell us about any specialist work or training or any area of healthcare/nursing that you have an interest in or work that you are particularly proud of.

.....
.....
.....
.....
.....
.....
.....

Professional indemnity insurance (Registered Nurse only)

I confirm that I have valid and current professional indemnity insurance

Nursing Registration (Registered Nurse only)

PIN number:.....

Category of registration:.....

Date of first registration:.....

Expiry date:.....

SECTION 3: EMPLOYMENT HISTORY

Please print clearly details of the last 3 years employment history. If you have worked in health and social care prior to 3 years please also include details of this employment. You must state reasons for any breaks in employment. Please start with your most recently held position. Continue on separate sheet if necessary and enclose a copy of your current CV.

Name of employer: Address:
Position held:
Date started/left:
Reason for leaving: Postcode

Name of employer: Address:
Position held:
Date started/left:
Reason for leaving: Postcode

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Position held:
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Position held:
Date started/left:
Reason for leaving: Postcode

SECTION 4: REFERENCES

Referees

Please supply the names and contact addresses of three referees. One of these must be from your current or most recent employer.

| | |
|---------------------|----------------------|
| Name: | Time known: |
| Company name: | Address: |
| Job title: | |
| Tel no: | |
| Email: | Postcode |

| | |
|---------------------|----------------------|
| Name: | Time known: |
| Company name: | Address: |
| Job title: | |
| Tel no: | |
| Email: | Postcode |

| | |
|---------------------|----------------------|
| Name: | Time known: |
| Company name: | Address: |
| Job title: | |
| Tel no: | |
| Email: | Postcode |

Character reference

Please supply the names and contact addresses for a character reference:

| | |
|---------------------|----------------------|
| Name: | Time known: |
| Company name: | Address: |
| Job title: | |
| Tel no: | |
| Email: | Postcode |

SECTION 5: SECURITY

DBS

In view of the nature of your employment, it is exempt from provision of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemption) Order 1975. Your employment is therefore subject, at all times, to having no criminal convictions – spent or otherwise – which may affect your suitability for employment within the care services. As such, it is an express term of your contract that you must disclose any convictions you incur during your employment with Dean Healthcare.

The Employer cannot guarantee your continued employment if it is deemed that a conviction against you impacts upon your validity to remain working within the care services. Furthermore, failure to disclose convictions, will lead to the disciplinary procedure being invoked and could result in your dismissal. No decision will be made until you have had the opportunity to state your case.

Have you ever been convicted or cautioned of any offence? Yes No

If **YES** please provide details:.....
.....
.....
.....
.....
.....

Please note that this application will require a criminal background check by the criminal records bureau disclosure procedure at enhanced level. A fee will be charged for the Disclosure and Barring check.

SECTION 6: HEALTH

Please select below the statement that best describes your current health:

- I am not aware of any health conditions which might impair my ability to undertake effectively the duties of the position which I have been offered.
- I do have a health condition which might affect my work and which might require special adjustments to my work or at my place of work.

SECTION 7: IMMUNISATION INFORMATION

| | Date immunisation given or immunity verified | Date booster given/required | Notes/comment |
|-------------------------|--|-----------------------------|---------------|
| Polio | | | |
| MMR | | | |
| Tetanus | | | |
| Hepatitis B * | | | |
| Rubella * | | | |
| BCG (Tuberculosis) ** | | | |
| Varicella (Chicken Pox) | Declare if you had Chicken Pox: <input type="radio"/> Yes <input type="radio"/> No When: <input type="radio"/> Childhood <input type="radio"/> Adulthood | | |

* Documentary evidence required ** Provide documentary evidence if you have it. If not screening is provided

SECTION 8: TRAINING

Training provision

Dean Healthcare actively encourages all employees to achieve their maximum potential. We provide opportunities for everyone to develop their skills and qualifications.

Training agreement

During the course of your employment you will attend both compulsory and voluntary courses some of which will be funded by the organisation. Staff will be expected to refund the cost of any course for which they do not attend and fail to give adequate notice. Dean Healthcare is committed to providing a high standard of training and in return your commitment to attend these courses. **We would therefore ask you to sign the declaration in section 11.**

SECTION 9: CODE OF CONDUCT, HEALTH & SAFETY, POLICIES & PROCEDURES

Dean Healthcare code of conduct, health & safety policies and procedure documents are available on request from Dean Healthcare head office should you require any clarification or further advice on them.

It is each employee’s responsibility to ensure that they understand and comply with these policies, procedures and codes of conduct.

SECTION 10: ALCOHOL AND ILLEGAL SUBSTANCE ABUSE

Any employee found to be under the influence of alcohol whilst at work will be immediately suspended from work which may, after and investigation, lead to termination of employment. The taking or possession of illegal substances whilst on the premises of Dean Healthcare or on the premises of your placement is regarded as an act of gross misconduct and will be dealt with accordingly. In the event where illegal substances are discovered the police will be informed.

Alcohol and illegal substance abuse disclaimer - please see section 11: Final statement and declaration

SECTION 11: FINAL STATEMENT AND DECLARATION

PLEASE COMPLETE THE FOLLOWING STATEMENTS AT YOUR INTERVIEW

I (name)..... declare that all the information given on this application form is true in every aspect.

- I understand that my acceptance on to Dean Healthcare South West Ltd's agency register may only be gained after relevant checks are made, satisfactory references are received and I have attended an interview/agency induction.

Section 5: Security

I declare that all the information given in **Section 5: Security** is true in every aspect and I agree to the statements contained within it.

- I agree to Dean Healthcare South West Ltd carrying out a Disclosure and Barring Service check on me.
- I agree to pay Dean Healthcare South West Ltd the applicable fee for a DBS check.

Section 6: Health

- I declare that all the information given in **Section 6: Health** is true in every aspect.

Section 8: Training

- I acknowledge my responsibility to attend courses for which I have verbally agreed to attend and been booked on. And agree to give one weeks notice if I am unable to attend.

Section 9: Code of conduct, health & safety, policies & procedures

- I am aware that it is my responsibility to ensure that I understand and comply with Dean Healthcare South West Ltd's code of conduct, health & safety, policies & procedures.

Section 10: Alcohol and illegal substance abuse

Alcohol and illegal substance abuse disclaimer.

- I agree that whilst at work employed by Dean Healthcare South West Ltd that I shall not indulge in the taking of any alcohol or illegal substances during my specified working hours.
- I agree that if found stealing from my work placement, drinking alcohol on the premises or found to be under the influence of alcohol whilst at work I be will immediately suspended.

Any information about me and my application may be shared within Dean Healthcare South West Ltd. It will not be shared with any other parties unless it is in direct relation to my application and in accordance with the data protection act 1988.

Signed:..... Date:.....

Print Name:.....