

# REALCARE HEALTH SERVICES



## APPLICATION FORM

### Personal Details:

Title:----- Surname:-----

Forenames:----- Maiden/Former Name:-----

Date of Birth:----- Age:-----

Address:-----

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Post Code:----- Email address:-----

Home Telephone No:----- Mobile Telephone No:-----

Country of Birth:----- Nationality:-----

Ethnic Origin:-----

TRAVEL & WORK PREFERENCES	
Do you hold a current driving license?	
Do you own a car?	
How far are you willing to travel?	
Are you willing to relocate for work? (accommodation can be provided)	
Do you hold a permanent post, or are you an agency worker?	
Which agencies are you currently registered with?	
Are you looking for part-time, or full-time agency work?	
What shifts are you looking for? (days, nights, weekends)	
Have you ever worked in a prison before?	

**It is your responsibility to keep us updated with any changes to your personal details.**

NMC pin number \_\_\_\_\_ NMC expiry date     /     /

NMC Part(s) of register \_\_\_\_\_

HPC number (AHP only) \_\_\_\_\_ HCPC expiry date (AHP only)     /     /

**If you have any issues or investigations outstanding on your NMC Pin please let us know in writing via email to [info@realcarehealthservices.com](mailto:info@realcarehealthservices.com)**

## Education and Qualifications

Professional qualification

Issuing College / University

Year of graduation

Any additional Qualifications

*Please supply dates of your most recent training in:*

TRAINING COURSE	TRAINING PROVIDER	DATE COMPLETED
Manual Handling		
Basic Life Support		
Health and Safety		
Infection Control		
Fire Safety		
Safeguarding Vulnerable Adults & Children Level 2		
Safeguarding Vulnerable Adults & Children Level 3		
Lone Worker		
Information Governance and Data Protection		
Complaints Handling		
Conflict Management		
Food Hygiene		

Please give details of any other training you have which you feel may be relevant	
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**YOUR PASSPORT DETAILS**

National Insurance number ----- Date of birth / /

Your nationality: -----

**Please tell us about your eligibility to work in the UK:**

I am eligible to work in the UK and do not require a work permit.

I am already in possession of a work permit to work in the UK.

If other please specify

I need to obtain a work permit to work in the UK

**YOUR NEXT OF KIN DETAILS**

Name

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Relationship to you

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Address

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Postcode

Daytime phone number

Mobile phone number

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Name

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Relationship to you

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Address

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Postcode

Daytime phone number

Mobile phone number

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<b>CLINICAL EXPERIENCE</b>			
<b>RGN's</b>	<b>Less than 6 months</b>	<b>6-12 months</b>	<b>12 months or more</b>
A&E			
Cardiac			
Chemotherapy			
Community			
Elderly			
HDU			
Intensive Care Unit			
Medical Assessment Unit (MAU)			
Medical/Surgical			
Neo-Natal			
Nursing Homes			
Orthopaedic			
Paediatric			
PICU			
Practice Nursing			
Prisons			
Recovery			
Other			
<b>RMN's</b>	<b>Less than 6 months</b>	<b>6-12 months</b>	<b>12 months or more</b>
Acute			
Forensic			
Psychiatric Intensive Care			
Community/CPN			
Prison			
Other			
<b>RSCN's</b>	<b>Less than 6 months</b>	<b>6-12 months</b>	<b>12 months or more</b>
A&E Paediatric			
General Paeds			
NICU			
PICU			
SCBU			
Other			
<b>Theatre</b>	<b>Less than 6 months</b>	<b>6-12 months</b>	<b>12 months or more</b>
Anaesthetics			
Assisting (ASP qualified)			
Paediatrics			

Recovery			
Scrub			
Scrub – Major Orthopaedic			
Scrub – Cardiac			
Scrub – Neuro			
Other			
<b>Midwifery &amp; Health Visiting</b>			
Ante/Post Natal			
Health Visiting			
Labour ward			

<b>OCCUPATIONAL HEALTH</b>	
When did you last have an occupational health check?	
Which department provided the check?	
Please give details that may be relevant to your last occupational health check	
General Practitioner or Occupational Health Department	
Address	
Telephone	
<b>OCC HEALTH ASSESSMENT</b>	
As part of our policy to ensure that all employees are in good health and able to carry out their duties, we are required to ask questions about your occupational health.	
Are you in good health?	
How much time have you lost from work due to illness in the last five years?	
Have you ever been treated in hospital for serious illness or surgery?	
Have you been treated in hospital during the last 12 months?	
Do you have any physical disabilities that could affect your ability to carry out your assignment?	
Are you a registered disabled person?	
Have you ever left, been retired or denied a job on health grounds?	
Have you ever been denied a driving license on health grounds?	
Do you need to wear glasses or contact lenses?	

Do you have any difficulty with your eyesight which is not corrected by glasses or contact lenses?	
Have you any problems working with Visual Display Units?	
Do you get discomfort or pain in the chest or shortness of breath on exercise?	
Do you have any difficulty in moving rapidly over short distances?	
Would you have difficulty looking over either shoulder?	
Have you ever had any problems with your joints including pain, swelling or stiffness?	
Have you any disability related to your physical or mental health?	
Have you ever suffered from any mental illness, psychological or psychiatric problems?	
Are you taking any medication that makes you dizzy or drowsy?	
Are you receiving medicines, pills or tablets from a doctor or on prescription?	
Do you have a medical condition affected by changing sleeping patterns or affecting day time sleep?	
Have you any problems working in confined spaces/using lifts?	
Do you have any difficulty hearing normal conversation?	
Have you suffered from any alcohol or drug related illness or had an alcohol or drug problem?	
Are you having or awaiting any treatment at the moment?	
What is the date of your last chest x-ray?	
Do you smoke?	
Please enter your height	
Please enter your size (for uniform)	

*Have you ever suffered from any of the following?*

Hepatitis/Jaundice?	
Recurrent Infections e.g. sore throats/ear infections/Eye infections	
Back injury or back problems	
Dermatitis/Skin sensitivity/Psoriasis/Eczema/Allergies	
Psychiatric Illness/Anxiety/Depression	
Headaches/Migraine	
Epilepsy/Fainting/Blackouts/Fits/Sudden Collapse	
Tuberculosis	

Bronchitis/Pneumonia/Pleurisy	
Asthma/Hay Fever	
High or Low Blood Pressure	
Heart Problems/Circulatory Illness/Hypertension	

*Have you ever been tested or inoculated for any of the following?*

IMMUNISATIONS		
		Date tested/inoculated
Hepatitis A		
Hepatitis B		
Hepatitis C		
HIV		
Tuberculosis including BCG		
Measles		
Mumps		
Rubella		
Varicella		

## References:

- Please supply the names and work addresses of at least 2 clinical professional referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months duration.
- 2<sup>nd</sup> needs to be a employer unless you have been employed more than 3 years then it must be someone from your current or most recent employer.

May we contact your referees prior to an interview?      YES NO

**Clinical      Reference      1**

Name

Position

Address

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?



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Start Date (mm/yy)

End Date (mm/yy)

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**Clinical Reference 2**

Name

Position

Address

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Start Date (mm/yy)

End Date (mm/yy)

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**Clinical Reference 3**

Name

Position

Address

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Start Date (mm/yy)

End Date (mm/yy)

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**YOUR PROFESSIONAL CONDUCT**

**Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?**

YES    NO

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**If "YES" please supply details:**

**REHABILITATION OF OFFENDERS ACT:**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975).

Applicants are therefore, not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies and should be entered at the end of any Particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

*Please give additional information which you think may be relevant in support of your application:*

Have you ever been convicted of a criminal offence? (NB. The Rehabilitation of Offenders Act 1974)	
If Yes, please give details	
Do you have any previous convictions, whether or not they are "spent" within the Act, including any cautions, reprimands, final warnings, bind-overs or any convictions from overseas?	
If Yes, please give details	
Do you hold a Disclosure and Barring Service (DBS) or Criminal Record Bureau (CRB) check?	
If Yes, please give the reference number and date	
Have you ever been issued with a caution of suspension from the NMC or other professional body?	
If yes, please give details	

**Data Protection Statement.**

The information that you provide on this form and on any CV given, will be used by RealCare Health Services to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

## **Equal Opportunities Statement**

Realcare Health Services is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a trade union and we place an obligation upon all staff to respect and act in accordance with the policy

Realcare Health Services shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers

Realcare Health Services will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by a particular vacancy.

## **Final Statement and Declaration.**

Candidate declaration:

*"I declare the information I have provided in this form is true and complete to the best of my knowledge and belief. I understand that my occupational health provider may be contracted with my consent for information which may be relevant to this application. I have read and understood the Terms of Engagement booklet given to me. I agree to comply with the current Health & Safety Act. I understand that my appointment is subject to satisfactory reference checks and subject to DBS or CRB disclosure check. I authorise Realcare Health Services to make enquiries as they deem necessary to support my application. I agree to respect the confidentiality of patients and clients."*

NAME:	
DATE:	

## **CONFIDENTIALITY**

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date