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Choice Resource Group Ltd

Care and Nursing Staff
Application Form

**Edinburgh Napier University,
Suite 1-53
219 Colinton Road
Edinburgh
EH14 1DJ**

Tel: 0131 343 1953

Mob: 07488 257692

Position Applied For:	Care Assistant (Senior) / Nurse (RGN) (RMN)
Preferred Employment Type:	Full-Time/Part-Time Day/Night/Any
Surname:	Chengeta
Forename(s):	Tendayi
National Insurance Number:	
Address:	
Postcode:	
Mobile:	
Work:	
Email:	

Section 2 – Applicable Experience (Please Tick)

Hospital (General)		Community		Prison Health		Hospital (Mental Health)	
A&E	<input type="checkbox"/>	Supportive Living	<input type="checkbox"/>	In-Patient Care	<input type="checkbox"/>	Acute	<input type="checkbox"/>
Medical Wards	<input type="checkbox"/>	Live in Care	<input type="checkbox"/>	Out-Patient Care	<input type="checkbox"/>	Rehab	<input type="checkbox"/>
Surgical Wards	<input type="checkbox"/>	Homecare	<input type="checkbox"/>	Wing Based Care	<input type="checkbox"/>	PICU (General)	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	IDTS	<input type="checkbox"/>	Rehab(Forensic)	<input type="checkbox"/>
Recovery	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Reception Screening	<input type="checkbox"/>	Rehab(General)	<input type="checkbox"/>
SCBU	<input type="checkbox"/>	Health Visiting	<input type="checkbox"/>	Primary Mental Health	<input type="checkbox"/>		<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	CPN	<input type="checkbox"/>	In-Reach	<input type="checkbox"/>		<input type="checkbox"/>
Renal	<input type="checkbox"/>	Drug and Alcohol Services	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Urology	<input type="checkbox"/>	Practice Nurse	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Oncology	<input type="checkbox"/>	Macmillan Nurse	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please summarise your nursing/caring experience, stating any specialist areas:

YES/NO

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Section 3 – Education and Qualifications

Please Provide details of your school leaving qualifications and the grades achieved: (please include dates and names of establishments in the table below:

Please Provide details of any post-graduate qualifications: (Training school, Hospital, university, post school etc.)

Subject/Qualification	Place of study	Grade/Result	Year

Section 3A – Membership of professional Bodies, if not required please go to section 4

I have applied for UK registration	YES	NO
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I have current UK registration	YES	NO
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Professional Body	Membership or Registration type	Membership/Registration/PIN	Expiry/Renewal Date / /

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	YES	NO
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Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	YES	NO
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If yes provide more information:

Section 4 –Supporting information

In this section please give your reasons for applying for this post and any additional information which shows how you match the person specification for the job:

Section 5 - References

Please give the names of the people who have agreed to supply references. For all positions you must provide at least 2 references from your most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable.

Referees:	Job Title:	Relationship:	Can the referee be approached prior to interview?	
			YES	NO
Business Name: Full Name: Address: Postcode: Tel: Email:				
Business Name: Full Name: Address: Postcode: Tel: Email:				

I hereby give my consent to send my CV to the clients and also give my permission to ask for References prior to being placed.

Print Name

Signature

Date

Section 6 – Passport and Driving Licence Details

Are you eligible to work in the UK without a work permit?		YES/NO	
If NO please provide work permit -		Expiry Date / /	
Passport Number:		Place of Origin:	

(you will be required to produce your passport so that we can verify your right to work in the UK)

Do you hold a valid UK Drivers licence?	YES/NO
Do you have access to a vehicle which can be used for work purposes?	YES/NO

Section 7 – Criminal Records

Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974?	YES/NO
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If yes, please give details/dates of offences(s) and sentence:

Read ALL the following statements carefully and select the one box that applies to you.

- I have another job or receive a state or occupational pension.
- This is my first job since 6th April and I have not been receiving taxable jobseekers allowance or incapacity benefit. I do not receive a state or occupational pension.
- This is now my only job but since last 6th April I have had another job or have received a taxable jobseekers allowance or incapacity benefit. I do not receive a state or occupational pension.

Your professional conduct.

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

YES/NO

Rehabilitation of offenders Act

Convictions will not necessarily be a bar to obtaining a post. However because of the nature of the work for which you are applying for, this post is exempt from the provisions of section 4(2) of the rehabilitation of offender's act 1974. Applicants are therefore required to declare information about convictions, cautions, reprimands and final warnings, for which other purposes are "spent" under the provisions act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Are you on the update service? YES/NO	Have you at any time been convicted of any offences? YES/NO	Do you have a current PVG/DBS check? YES/NO	PVG/DBS Number:
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Section 8 – Next of Kin

Please provide details of 2 next of kin. This could be your spouse, parent, relative or guardian.

Name:		Relationship to you:									
Telephone Number:		Address:									
Mobile Number:		Postcode:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

Name:		Relationship to you:									
Telephone Number:		Address:									
Mobile Number:		Postcode:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

Section 9 – Declaration

I confirm that the information in this application is true to the best of my knowledge. I am permitted to work in the UK. I understand that my registration is subject to the receipt of two satisfactory references and enhanced disclosure from the Disclosure and Barring Service (DBS). I undertake to inform 1st Choice Resource Group Ltd Agency should I be convicted of an offence in the future. I undertake to inform 1st Choice Resource Group Ltd Agency immediately if I am engaged through their introduction, including offer of permanent employment following a temporary assignment. I will respect the confidentiality of service users and any other information I may have access to at all times. I am clear that 1st choice resource group Ltd Agency cannot guarantee assignments and that they have no responsibility to pay for hours not worked. I understand that my registration with 1st Choice Resource Group Ltd Agency can be terminated at any time following unsatisfactory work reports. I have read, understood and agree to the conditions of work for temporary workers of which I have been given a copy.

Acceptance of work time regulation YES/NO

In accordance to the Working Time Regulations 1998 (as amended), I consent to work in excess of 48 hours per week. I understand that I may withdraw this consent by giving 1st Choice Resource Group Ltd Agency not less than three months' notice.

Data Protection

I agree that 1st Choice Resource Group Ltd Agency retains the right to hold this application and any other data required to process it and to pass on to any other authorised third party the details held within, and also to retain these details for as long as reasonably necessary in accordance to the Data Protection Act.

Health Records Consent

I hereby give consent to 1st Choice Resource Group Ltd Agency to have access to any medical/occupational or health records that may be held by you in accordance with the Access to Health Records under the Data Protection Act 1998 (subject Access Request)

Signature:		Date:	/ /
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