

Fosse Healthcare Services NHS Qualified Application Form

Surname:		Forenames:	
Maiden Name: (if applicable)		Date of Birth:	
Nationality:		Religion:	
Home Address:		Next of Kin: Relationship: Address:	
Postcode: Home Tel: Mobile: Email:		Postcode: Telephone Number:	
NI Number:		Please confirm your immunisation status against the following:	
Are you eligible to work in the UK: Yes / No	Expiry Date: (If applicable)	Hepatitis B Yes / No	Varicella Yes / No
Own Transport: Yes / No		Tuberculosis Yes / No	Rubella Yes / No
		Measles Yes / No	Mumps Yes / No
NMC PIN Number:	Expiry Date:	Confirm your Qualification: (circle as appropriate)	
		RNA / RNMH / RNLD / OTHER	
Preferred Shifts: (circle as appropriate) Earlies/ Lates/ Long Days/ Nights		If other, please specify:	
Moving & Handling Certificate: Yes / No	If Yes, Expiry Date:	Basic Life Support Certificate: Yes / No	If Yes, Expiry Date:
Please indicate which Client Groups you have experience of working with: (circle as appropriate)			
Medicine	Surgery	Critical Care	Community
Mental Health			
Are you competent practising the following extended skills:			
Phlebotomy Yes/No	IV Administration		Yes/No
Cannulation Yes/No	Anaphylaxis Procedures		Yes/No
Do you currently hold Professional Indemnity Insurance? Yes/No			
Name of Insurer:		Expiry Date:	

Qualifications (Relevant to Healthcare / Nursing)

Qualification	Place where obtained	Dates from: MM/YY	To: MM/YY

Only include below additional training you have a **valid** certificate of attendance for:

Course	Where obtained	Date completed (MM/YY)
Drug Administration		
Health & Safety		
COSHH		
Challenging Behaviour		
Adult Abuse		
Infection Control		
Fire Procedures		

Employment History

(10 years work history required starting with the most recent first)

Name & Address of Employer	Dates DD/MM/YY	Position/Job Title	Reason for Leaving	Pay
<u>Name:</u> <u>Address:</u>	From: ___/___/___ To: ___/___/___			
<u>Name:</u> <u>Address:</u>	From: ___/___/___ To: ___/___/___			
<u>Name:</u> <u>Address:</u>	From: ___/___/___ To: ___/___/___			
<u>Name:</u> <u>Address:</u>	From: ___/___/___ To: ___/___/___			
<u>Name:</u> <u>Address:</u>	From: ___/___/___ To: ___/___/___			

Have you have been dismissed, had disciplinary action taken against you or been reported to the NMC in the past 10 years?

Yes / No

Details:

Do you have any health issues or disabilities that will be prevent you from carrying out your duties as a Healthcare Professional to a satisfactory standard?

Yes / No

If yes, what are your needs in terms of reasonable adjustments to enable you to carry out your duties to a satisfactory standard?

Please specify:

References

(We can **only** accept work references from your Direct Line Manager **not** work colleagues. Please use **work contact details only** ensuring one reference is your current or most recent employer. We do not accept personal references)

Name:
Position:
Company Name:
Address:

Telephone No:

Name:
Position:
Company Name:
Address:

Telephone No:

Rehabilitation of Offenders Act 1974

In view of the nature of the work for which you are applying, this post is exempt from the provision of 2.4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicant are, therefore, not entitled to withhold information about convictions, which for other purposes are "spent" under the provision of the Act and, in the event of employment, any failure to disclose such convictions would result in dismissal. Any information given will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted of a criminal offence by a Court of Law? Yes / No

Equal Opportunities

Fosse Healthcare is fully committed to the principle of Equal Opportunities in recruitment irrespective of colour, race, sex, marital status, sexual orientation, ethnic origin, nationality, religion, disability or age.

Declaration

I confirm that I have received a copy of the following Documents and will adhere to all policies and guidance as required:

- Staff Handbook
- Moving & Handling handout
- NMC Standards for Medicines Management
- NMC The Code
- NMC Guidance for the Care of Older People
- NMC Guidance for Continuing Professional Development
- NMC Guidance for Record Keeping
- Nurses Job Description

By signing this application I declare that all information given by me is accurate and in no way misleading or false.

SIGNATURE _____ **DATE** _____