

Application Form

Section 1

Personal Details

Title (Mr/Mrs/Miss/Ms):	
Surname/Family Name:	
First Name:	
Middle Names:	
Previous Surname (if Married):	
Date of Birth:	
Nationality:	
Current Address:	
Post Code:	
Contact Telephone numbers:	
Home:	
Mobile:	
Email address:	
Full UK Driving Licence? Yes / No	
D/Licence NO:	
Role Applying for	Circle as Appropriate Nurse/ Support Worker/Health Care Assistant
Do you have DBS/CRB	Yes/No
DBS Update Service?	Yes/No If (Yes) Certificate Number:

NMC PIN Number - If applicable	
NMC Part of Register & date	
NMC Number Expiring date	

Immigration

Are you a British or EU National?	
Do you hold a valid VISA	
Please specify any work Restriction:	
Passport Number: Passport Expiring Date	
VISA Number: Visa Expiring Date:	

Section 2

Qualifications

Please give full details of any academic and vocational qualifications you have undertaken as well as relevant training. Including secondary, further and higher education. Continue on separate sheet of paper if required. Please be prepared to bring original certificates to interview.

Qualification gained / pending	
Grade/Level	
Establishment school / college / university	
Date achieved	
Awarding body	

Courses Course Training provide Date of Certification

CSTF Infection Control (incl. MRSA & C.DIFF)	
CSTF Complaints Handling	
CSTF Moving & Handling Level 1 & 2	
CSTF Fire Safety	
CSTF Food & Hygiene Safety	
Lone Worker Training	
CSTF Resuscitation Level 1	
CSTF Resuscitation Level 2 (Adult basic life support)	
CSTF Resuscitation Level 3 (Adult Immediate Life support)	
Handling Violence and Aggression	
Caldicott Protocols	
Preventing Radicalisation	
CSTF Safeguarding Adult Level 1 & 2	
CSTF Safeguarding Children Level 1 & 2	
Equality, Diversity and Human Rights	
Health and Safety	
Health & Safety (incl. COSHH & RIDDOR)	

Tick Areas of Speciality (Please tick are current areas of skill speciality)

A&E Wards	
Community Health Clinics	
Elderly Care	
Home Care	
Supported Accommodations	
ITU	
Orthopaedics	
Paediatrics	
Surgical	
Theatres	
Neonatal	
Psychiatric Hospitals	
Nursing Homes	
Learning Disabilities	
Medical	
Mental Health	
Prisons	

Section 3

Employment History

Please give full details of all your previous employment. This should include paid and unpaid employment, work experience and placements. Exact dates of employment must be given. If different posts with the same employer include them separately.

Please indicate reasons for any substantial gaps in employment and full-time study on Gap section continue on a separate sheet if necessary. Please start with your present employer. If you are not currently in employment, please leave blank

Date From	Date To	Employers Name	Your Duties	Grade	Reason for Leaving

3b. Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? Yes/No

If Yes , please supply details below.

3c Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 197 applies. Applicants are required to give information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies. We may have to disclose information regarding convictions to our clients prior to booking.

Have you at any time been convicted of an offence? Yes/No

If you answered ‘Yes’, state below the nature and circumstances of the offence, the consequences of your conviction and a reflection on your conduct.

Address History covering last 10 years

Full Address	Approx. Date Moved IN	Approx. Date Moved out

Bank Account Details, NI Number and Paye Status

We pay your wages directly into a bank account.

Name of bank:

Branch Name:

Account Holder Name:

Sort Code: Account:

National Insurance Number:

Section 4

References

Please provide details of two clinical professional referees. One referee must be your current or most recent employer and your previous employer. References are usually taken up before interview/placement. Please indicate your permission if this is acceptable: Yes/ No

A job will not be offered until references have been obtained.

REFEREE DETAILS (1)

Name

Job Title:

Company:

Address:

Postcode:

Telephone Number:

Work Email contact

Relationship to self:

REFEREE DETAILS (2)

Name

Job Title:

Company:

Address:

Postcode:

Telephone Number:

Work Email contact

Relationship to self:

Section 4

Emergency Contact Details

Next of Kin Details

Name

Professional:

Address:

Postcode:

Telephone Number:

Email contact

Relationship to self:

Section 5

Name of GP:

Current Address:

Post Code:

Name of Surgery:

Telephone numbers:

Occupational Health

I understand it is my responsibility to have all the necessary tests if I think I have or am carrying a serious or communicable condition and to act on the advice of a suitably qualified colleague about and/or modifications to my clinical practice.

I also understand that I must take and follow advice from a consultant in Occupational Health or another suitably qualified colleague if my judgement or performance could be significantly affected by a condition or illness.

I agree to provide evidence of immunisations to Sky99 UK Healthcare Services before starting my first locum assignment.

I give / I do not give Sky99 UK Healthcare Services permission to contact my GP to obtain further information if necessary

Print name

Signature

Date

Section 6

Declarations

Rehabilitation of Offenders Act

By the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which enables the provider to have access to vulnerable persons in the course of his/her normal duties. Your answer to the following question should therefore include 'spent' duties.

Have you ever been convicted?

of a criminal offence? Yes No

I undertake to inform Sky99 UK Healthcare should I be convicted of an offence in the future. Yes No

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed Yes/No

If yes please give details:

Continue in a separate sheet

The DOH Circular (88, 19), Protection of Children, requires that any professional with access to Children must not be/ have been a named person on the Protection Of Children Act List 99 Register.

Have you ever been included on the POCAL99 Register or Banned from Working with Children
Yes/No

Please confirm that you have received, read and understood the

The information that you provided will be handled and processed in accordance with the Data Protection Act 1998. It may be used by Sky99 UK Healthcare Services recruitment and will be rely on when screening your application. It uses will also include the prevention and detection of fraud as well as for HR purposes and administration. This information will also form part of your personnel record and will be treated as confidential and will not be disclosed to any unauthorised person.

I declare that by signing this form I am stating that I am legally entitled or allowed to work in the United Kingdom, with necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I declare that the information given in this document is true and complete and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which could affect or limit my employment or performance.

I agree that if I have or in the future give false, inaccurate or misleading information made in this application would result invalidate any contract of engagement and in termination without notice.

I hereby agree that Sky99 UK Health Care retains the right to hold this application and any other data required to process it and to pass to any authorised third party the details held within. Also, to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

I declare that all information given as part of my application is true.

Print Name: _____

Signature: _____

Date: _____