

Attach Photograph



## NURSE APPLICATION FORM

Please complete this form in black ink and complete all sections

<b>Position Applied for</b>	
<b>Your Surname and Initials</b>	

Please return your completed Application Form to:  
Reliant Recruitment Limited  
2<sup>nd</sup> Floor Wolverley House  
18 Digbeth  
Birmingham  
B5 6BJ

Tel: 0121 638 0588

Email: [admin@reliantrecruitment.com](mailto:admin@reliantrecruitment.com)

### Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

### Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

<b>Which of the following applies to you?</b>	
Qualified Nurse <input type="checkbox"/>	Student Nurse <input type="checkbox"/> Qualified Nurse abroad (not registered in the UK) <input type="checkbox"/> Please <input checked="" type="checkbox"/>
as appropriate	
<b>NMC pin number</b>	<b>Expiry Date</b>
(please enclose copy of statement of entry and pin card)	

## 1. Personal Details

Title		Surname		Maiden Name	
Previous surnames (if any)					
Forenames (in full)					
Address					Post Code
Telephone	Home	Work	Mobile		
Email address				Nationality	
May we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate				
Date of Birth		National Insurance Number			
Next of Kin to be notified in case of emergency: Name					
Address					Post Code
Telephone	Home	Work	Mobile		
Relationship to you					

## 2. Formal Education and Qualifications

Name of School/College/University and Location	Dates of attendance		Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

### 3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

### 4. Training – e.g. Manual handling, CPR, Infection control, First aid etc, (please provide certificates)

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment

## 5. Professional Details

The service we give depends on accurate up to date information. Please keep us informed of all developments in your career. To assist us in finding suitable work for you, please tick all nursing specialities of which you have significant, post training experience.

Please ✓ as appropriate

	✓	Yrs exp.		✓	Yrs exp.		✓	Yrs exp.
A & E			Isolation			Phlebotomy		
Aero medical			ITU			Practice nursing		
AIDS/HIV+			Learning disabilities			Psychiatry		
Anaesthetics			Liver Unit			Radiotherapy		
Burns and plastic			Marie Curie			Recovery		
Cardio-thoracic			Medical			Renal Dialysis		
CCU			Mental Health			SCBU		
Dental Nursing			Midwifery			Screening		
Dermatology			Nanny			Social Work		
District nursing			Neurology			STDs		
Elderly care			NNU			Surgical		
ENT			Occupational Health			Terminal care		
Family Planning			ODA			Theatre		
Genito-urinary			Oncology			Tropical disease		
Gynae			Ophthalmics			Venepuncture		
Haematology			Orthopaedic			X Ray		
ICU			Paediatrics					
Industry			NVQ Details					

Please give details of any certificates or qualifications you hold. (Including any in specialities listed above.)


Please indicate your level of proficiency according to the scale below

- I no experience  
 II previously performed but not proficient  
 III competent to perform independently

Please ✓ as appropriate

<b>Cardiovascular</b>				<b>Respiratory</b>			
Skill	I	II	III	Skill	I	II	III
Administering intravenous therapy – via pump - via giving set				Administering oxygen therapy			
Basic ECG interpretation				Care of patient using CPAP			
Care of patient post cardiac surgery				Care of patient with chest tubes/underwater sealed drainage			
Care of patient post vascular surgery e.g. fem/pop bypass				Care of patient with COAD/COPD			
Care of patient with congestive cardiac failure				Care of the ventilated patient			
CVP readings				Interpret arterial blood gas results			
Perform ECG				Perform chest physio			
Use of cardiac monitory equipment				Pulse oximetry			
Use of defibrillator				Respiratory status assessment skills			
Venepuncture				Suctioning – oropharangeal - nasopharangeal - tracheostomy			
				Tracheostomy care			

Please indicate your level of proficiency according to the scale below

- I no experience  
 II previously performed but not proficient  
 III competent to perform independently

Please ✓ as appropriate

Neurological				Orthopaedics			
Skill	I	II	III	Skill	I	II	III
Care of head injury patient				Application of POP casts			
Care of patient during/ post seizure				Care of patient post hip replacement			
Care of post craniotomy				Care of patient post joint reconstructions			
Care of patient post neck/back surgery				Care of patient post total knee replacement			
Care of patient post spinal cord injury				Care of patient using CPM			
Perform neurological observations							
Use of glasgow coma scale							

Gastrointestinal				Renal			
Skill	I	II	III	Skill	I	II	III
Abdominal assessment e.g. For bowel sounds etc				Care of and AV fistula			
Administration of enemas				Care of a patient post nephrectomy			
Administration of NG feeds – bolus - via pump e.g.				Care of a patient post renal transplant			
Administration of suppositories				Care of nephrostomy			
Care of abdominal drains				Care of patient with renal failure – chronic - acute			
Care of colostomy				Insertion of urinary catheter – male - female - short term/intermittent			
Care of ileostomy				Manage peritoneal dialysis			
Care of patient post gastrointestinal surgery				Manage venous dialysis			
Care of patient with hepatitis				Perform bladder irrigation – continuous - intermittent			
Care of patient with inflammatory bowel disease				Perform urinalysis			
Care of percutaneous endoscopic gastrostomy(PEG) tube							
Care of T-tube							
Check placement of NGT							
Flexiflo systems							
Insertion of naso-gastic tube (NGT)							

Endocrine/Metabolism				Infection control			
Skill	I	II	III	Skill	I	II	III
Blood sugar level testing				Assessment and care of pressure sores/ulcers			
Care of total parental nutrition infusion/lines				Burn care			
Care of patient post a drug overdose				Care of surgical drains			
Care of patient with diabetes insipidus/ disorders of the pituitary gland				Care of the isolated patient			
Care of patient with thyroid disorders				Knowledge of universal precautions			
Diabetic education				Wound care			
Disorders of the adrenal gland				Wound packing/irrigation			
Insulin administration							
Management of a sliding scale of insulin							
Management of insulin dependent diabetes mellitus							
Management of IV insulin infusion							
Management of non-insulin dependent diabetes mellitus							

Please list any other associated skills and mark your proficiency as indicated above

### 6. General information

Do you hold a valid and current British Driver's Licence? Yes  No  Please  as appropriate  
If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes  No  Please  as appropriate  
If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance?

Yes  No  Please  as appropriate

Body Name

Amount of Cover

Policy Number

Expiry Date

### 7. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions part time  full time

Type of work NHS  private hospitals  nursing home  industry

Clients in their own home  Other, please specify \_\_\_\_\_

live in  days  nights  visits

Do you have any other work commitments? Yes  No

Which areas of work do you wish to exclude?

When will you be available to start work?

## 8. Immunisations-proof of immunisations must be provided

Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Skin Test for TB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Varicella (Chickenpox/Vz.Abs)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Poliomyelitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Hepatitis B	Date of last injection	Booster 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
	Date of last blood	Result (titre levels)  IUL

## 9. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, Address and Post Code		Name, Address and Post Code	
Telephone Number		Telephone Number	
Position		Position	
Relationship to you		Relationship to you	
May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate		May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate	

## 10. Confidentiality declaration

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

## 11. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

**Records will be checked via the Criminal Records Bureau procedures**

I have no convictions  I have convictions (see Note below)

Please ✓ as appropriate

### Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

## Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.



## Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes  No  Please ✓ as appropriate

### Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

## Equality and Diversity

<b>Date of Birth (dd/mm/yyyy)</b>			
<b>Gender</b>	Male	Female	I do not wish to disclose my gender
<b>Position applied for</b>	Domiciliary	Nurse	Carer

Race Relations (Amendment) Act 2000		
I would describe my ethnic origin as: <i>(please tick)</i>		
<b>Asian or Asian British</b> Bangladeshi Indian Pakistani Any other Asian background <b>Black or Black British</b> African Caribbean Any other Black background	<b>Mixed</b> White & Asian White & Black African White & Black Caribbean Any other mixed background <b>White</b> British Irish Any other White background	<b>Other Ethnic Group</b> Chinese Any other ethnic group <b>Undisclosed</b> I do not wish to disclose my ethnic origin

Employment Equality Regulations 2003	
Do you live and work in a gender other than that assigned at birth? <i>(please tick)</i>	
Yes	No
Prefer not to say	
Please select the option which best describes your sexuality <i>(please tick)</i>	
Lesbian/Gay Woman Gay Man Bisexual	Heterosexual I do not wish to disclose my sexual orientation

Disability Discrimination Act 1995	
Do you consider yourself to have a disability?	Yes                      No I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
Physical Impairment Sensory Impairment Mental Health Condition	Learning Disability/Difficulty Long-standing illness Other _____

Please Indicate your religious beliefs		
Atheist Buddhist Christian	Sikh Hindu Islam	Jewish Other I do not wish to disclose my religion/belief

Reliant Recruitment Limited is committed to equal opportunities. The information you enter on this Equality and Diversity monitoring form will be used for monitoring purposes only. No applicants will be discriminated against on the grounds of age, colour, disabilities, ethnicity, gender, race, religious beliefs or sexual orientation.

Healthcare organisations are required to collect details about an applicant's age, disabilities, ethnicity, gender, religious beliefs and sexual orientation. This is to ensure they meet their statutory requirements and to encourage the recruitment of a diverse workforce that represents the communities they serve and this information is collected to fulfil that obligation.