



# APPLICATION FORM

Your Future Starts Here!






[info@vitalcarerecruiters.co.uk](mailto:info@vitalcarerecruiters.co.uk)

[www.vitalcarerecruiters.co.uk](http://www.vitalcarerecruiters.co.uk)



# REGISTRATION FORM

 [www.vitalcarerecruiters.co.uk](http://www.vitalcarerecruiters.co.uk)  
 [info@vitalcarerecruiters.co.uk](mailto:info@vitalcarerecruiters.co.uk)  
 07766627625-07944433379-01183271474



## PERSONAL DETAILS

Surname	<input type="text"/>	Title	<input type="text"/>
First Name(s)	<input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/>	NI Number	<input type="text"/>
Current Address	<input type="text"/>	Mobile Phone	<input type="text"/>
Post Code	<input type="text"/>	Home Phone	<input type="text"/>
Nationality.	<input type="text"/>	Email	<input type="text"/>
		Passport No.	<input type="text"/>
Do you drive?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driving Licence No.	<input type="text"/>

### NEXT OF KIN (TO BE NOTIFIED IN CASE OF EMERGENCY)

Name	<input type="text"/>	Relationship to You	<input type="text"/>
Address	<input type="text"/>	Mobile Phone	<input type="text"/>
		Home Phone	<input type="text"/>

# EDUCATION, TRAINING AND QUALIFICATIONS

## SECONDARY AND FURTHER EDUCATION

Name of School/College/University	Qualifications currently studying	Date from/to

Name of School/College/University	Qualifications and Grade Obtained	Dates from/to

## MANDATORY TRAINING

<u>Training Course</u>	<u>Date of Last Training</u>	<u>Date Update Required</u>
Moving and Handling Fire Precautions		
Health and Safety 1974/1999 Act including COSHH/RIDDOR		
Infection Control		
Basic Life Support/ First Aid Training		
Safe Guarding Adults/ Safe Guarding Children		
Management of Aggression & Violence		
Information governance inc. the caldicott protocols and data protection		
Lone Worker Training		

## YOUR WORK HISTORY

Please ensure you complete this section even if you have a Curriculum Vitae. The NHS requires that 'Employment history should be recorded on an application form which is signed'. Please ensure that you leave no gaps unaccounted for and it covers 10 years, or up to you education. Please use a continuation sheet if necessary.

Dates From / To (Month / Year)  Employer

Position Title  Grade

Main Responsibilities  Work Address

Reason for Leaving

Dates From / To (Month / Year)  Employer

Position Title  Grade

Main Responsibilities  Work Address

Reason for Leaving

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Reason for Leaving

Dates From/ To (Month / Year)  Employer

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Reason for Leaving

## REFERENCES

Please give the names and addresses of two clinical professional people of a senior/grade position to you from whom references may be obtained. One of these must be your present and most recent employer or agency whom we may approach for a nursing reference, excluding relatives. Please remember that the two references must cover the last 3 year period.

1. Name	<input type="text"/>		
Position/Grade	<input type="text"/>	Is this referee senior to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Address	<input type="text"/>		
Phone Number	<input type="text"/>		
Email	<input type="text"/>		
How long has this person known you?	<input type="text"/>	May we contact this person prior to your interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Name	<input type="text"/>		
Position/Grade	<input type="text"/>	Is this referee senior to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Address	<input type="text"/>		
Phone Number	<input type="text"/>		
Email	<input type="text"/>		
How long has this person known you?	<input type="text"/>	May we contact this person prior to your interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## WORK PREFERENCES

When are you able to work?

Mornings  Afternoons  Occasional Weeks

Full Time  Part Time  Evenings  Nights  Weekends

Date Available to Commence:

Please state the specialised areas in which you feel competent and confident to work:

1st Choice

2nd Choice

3rd Choice

Would you be willing to work at short notice?

Yes  No

Do you have any commitments that reduce your flexibility to work?

Yes  No

If yes, please state:

Please list any other agencies you are currently registered and work for:

## COMPETENCIES, SKILLS AND EXPERIENCE

### GENERAL COMPETENCIES

Level of competency of the English Language

Written:

Fluent  Good  Fair

Spoken:

Fluent  Good  Fair

Have you passed each of the academic modules of the IELTS test?

Yes  No

Please provide copies of all IELTS certificates held by you.

## DECLARATIONS

### RIGHT TO WORK

It is a legal requirement that before any offer of work can be made all candidates provide the company with confirmation of their eligibility to work in the UK by providing one of the original documents detailed below. A

passport which describes the holder as a British Citizen or as having a right of abode in the United Kingdom or a passport or other travel document to show that the holder has INDEFINITE LEAVE TO REMAIN in the United Kingdom and is not precluded from taking the work in question.

A passport or identity card issued by a State which is a party to the European Union and EEA agreement and which describes the holder as a national or a state which is a Party to that agreement.

A letter issued by the Home Office or the Department of Education and Employment indicating that the person named in the letter has permission to take agency work in question or a biometric residence permit.

### WORKING TIME

#### DIRECTIVES

The European Union has laid down guidelines for all workers, governing the length of the maximum working week therefore you will never be compelled to work more than 48 hours per week but you may choose to do so. Please confirm that you have read and understood this information by indication your preference below.

I DO NOT wish to work more than 48 hours per week

I DO wish to work more than 48 hours per week

Signature

Date

### REGISTRATION FORM DECLARATION

I declare that all information given in this registration form is to the best of my knowledge complete and accurate in all respects and that I am eligible to work in the UK. I understand that any false or misleading information may result in my removal from SNA's register of members.

Signature

Date

Print Full Name