

FENWICK HEALTHCARE APPLICATION FORM

****PLEASE NOTE IT IS A MANDATORY REQUIREMENT TO FULLY COMPLETE ALL SECTIONS OF THIS FORM****

Date of application: _____

Position applied for:

RGN RMN RNLD ODP HCA/HCSW Other: _____

Band/Grade: _____

PERSONAL INFORMATION

Title (Mr. Mrs./Miss/Ms.): _____

First Name(s): _____

Middle Name(s) : _____

Surname: _____

Known as: _____

Home Address : _____

Email Address: _____

Postcode: _____

Telephone number: _____

Mobile number: _____

Date of Birth: _____

NI Number: _____

Do you hold a current valid driving license: Yes / No

Do you have use of a car: *Yes /No

EMERGENCY CONTACT DETAILS:

(in case of emergency should we need to contact someone on your behalf)

Name: _____

Relationship to You: _____

PROFESSIONAL REGISTRATION DETAILS

NMC/HCPC No: _____ Expiry date- __/__/__ NMC Part(s) of Register: _____

Union Name: _____ Membership Number: _____

RIGHT TO WORK IN THE UK

Nationality: _____ Passport Number: _____

Date of Issue: ____/____/____ Date of Expiry: ____/____/____

Visa Type* _____ Visa Expiry* ____/____/____

I confirm I have the Right to Work in the UK: _____ Date: _____

Signature

PROFESSIONAL REFERENCES

Please provide details of referees below to cover the past 3 years of employment. All references must be from your line manager and should support the grade and specialty you wish to work at.

REFERENCE 1:

Name: _____ Contact Number: _____

In what capacity is this person known to you? _____

Position: _____ Email Address: _____

Company Name/Address: _____

Postcode: _____

Employment Dates: From: ____/____/____ To: ____/____/____

REFERENCE 2:

Name: _____ Contact Number: _____

In what capacity is this person known to you? _____

Position: _____ Email Address: _____

Company Name/Address: _____

REFERENCE 3:

Name: _____ Contact Number: _____

In what capacity is this person known to you? _____

Position: _____ Email Address: _____

Company Name/Address: _____

_____ Postcode: _____

Employment Dates: From: ____/____/____ To: ____/____/____

I hereby give permission for my referees to be contacted and for my references to be shared with third parties if relevant

Signature: _____ Date: ____/____/____

EMPLOYMENT HISTORY

Profession: _____ Job Title: _____

Current Place of Work: _____

If not currently working, please give reason for leaving your previous employment:

Please confirm that you have supplied a copy of your current CV giving full employment details, including dates, covering a minimum of 10 years or back to your original Qualification as a Registered Nurse.

Signature: _____ Date : ____/____/____

CLINICAL EXPERIENCE *(If applicable)*

Please tick and initial all areas where you have experience and in which you are competent

A&E / Emergency Care	Acute Mental Health	CCU/HDU	Cardiology
Catheterisation	Community Nurse	Chemotherapy	Cardiology
Dementia	Elderly Care	Gynaecology	Haematology
Health Visiting	ITU	Midwifery	Neonates
NICU	ODP/Theatres	Occupational Health	Orthopaedics
Oncology	Practice Nurse	Palliative Care	Prison
Paediatric A&E	PICU	Pressure Bandaging (with Doppler)	Radiology
Renal	Re-ablement	Sexual Health	Spinal Injury
Stroke Rehabilitation	Triage	Urology	Venepuncture
Wound Care	Radiology	Other	Other

PROFESSIONAL QUALIFICATIONS

Please provide details of qualifications, Original documents will need to be seen at interview

Name of Qualification	Awarding Body	Date Awarded

REHABILITATION OF OFFENDERS

The position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, so we are entitled to ask Exempted Questions as defined by Section 113(5) of The Police Act 1997 about you.

The nature of the work placements offered by us means the terms of Section 4 part 2 of the Rehabilitation of Offenders act (1974) (exceptions) Order 1975, apply. You must declare here any convictions or cautions you have ever received, even those which would normally be considered spent.

Have you ever received a Criminal Conviction? **YES / NO**
 Have you ever received a Police Caution? **YES / NO**
 Are you, as far as you know, under investigation by the Police? **YES / NO**
 Do you have any Prosecutions pending? **YES / NO**
 Has there ever been a suggestion that you are unsuitable to work with Vulnerable People? **YES / NO**

If you have answered YES to any of the above, please provide a full written statement with your application form. Any information you provide will be treated in the strictest confidence.

I understand that my DBS Certificate information may be shared with any Client considering employing me on a temporary or permanent basis. I will inform Fenwick Healthcare immediately if anything changes that would affect my answers to the above.

Signed: _____

Date: _____

OVERSEAS POLICE CHECKS

Have you been outside the UK for 6 months or more in the past 5 years **YES / NO**

In addition to the DBS check, all overseas applicants, or any applicant (including UK residents) who have spent a continuous period of 6 months or more outside the UK in the last 5 years prior to registration with Fenwick Healthcare Healthcare, will be required to provide an overseas Police Check. The overseas Police Check must be in accordance with that country's justice system and the UK's requirements, and not be more than 3 months old at the time of registration with Fenwick Healthcare.

WORKING TIME REGULATIONS (WTR) OPT OUT AGREEMENT

I, the undersigned, agree with Fenwick Healthcare that the limit in regulation 4(1) of The Working Time Regulations Act 1998 shall **not** apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with The Working Time Regulations 1998)

I agree that I shall comply with any and all policies of the employer which relate to the maintenance of records of my hours of work. This agreement can be terminated by me giving one months' notice in writing to the employer. The agreement shall apply from today's date until further notice.

Signed: _____

Date: _____

DECLARATION OF ACCURACY

I hereby confirm that the information provided on this Application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly providing false information will automatically result in de-registration with Fenwick Healthcare.

Signed: _____

Date: _____

DATA PROTECTION

I understand that Fenwick Healthcare may hold data about me, whether obtained directly from me or from other sources, and that some of this data may be sensitive. This data may be held indefinitely, and I give my permission for this data to be disclosed to third parties in the course of seeking employment or training for me and in the event of an external compliance audit.

Signed: _____

Date: _____

HEALTH ASSESSMENT DECLARATION

Which of the following two statements applies to you please circle letter A or B:

- A. I am not aware that I have a health condition of disability that might impair my ability to undertake effectively the duties of the position I am applying for
- B. I do have a health condition or disability that might affect my work and may require special adjustments to my work or my place of work

PLEASE PROVIDE DETAILS OF YOUR GP:

We will only contact your GP with your permission

GP Name: _____

Practice Name: _____

Address: _____

Contact Number: _____

REVALIDATION:

Revalidation Date: _____

Date of your Last Appraisal: _____

REGISTRATION INTERVIEW (for qualified staff only)

Please bring ALL the following documents with you to your interview, along with this completed Application Form. You will be sent full details of when and where to attend by email.

Your interview will be conducted by our Senior grade Nurse and will include a clinical Scenario Test and a Numeracy / Drugs calculation test as required by the NHS Framework Agreement.

If you have any questions regarding your interview, please contact the recruitment team.

Interview Checklist:

Full Employment History / CV

1 Recent Passport Photo

Current Passport / Visa

EU Card / Biometric Card (if applicable)

Original Birth Certificate

Marriage /Divorce Certificate if name changed)

Proof of National Insurance Number

Original Qualification Certificate

NMC Statement of Entry

Current Mandatory Training Certificates

Driving Licence if driving to/from work

2 Proofs of Address less than 3 months old

(Bank Statements, Utility Bills in your name)

Blood results showing immunity to Hepatitis B

Varicella, Rubella and measles as a minimum

Proof of TB scar

Copy of current DBS

Fenwick Healthcare is committed to operating under the 'Guidance for Employers' in relation to the sharing of appropriate and relevant information between healthcare organisations about the conduct or performance of a healthcare worker where there is an identified risk to public and/or patient safety."

EQUAL OPPORTUNITIES MONITORING

As an Equal Opportunities Employer, Fenwick Healthcare aim to ensure that all temporary workers and applicants do not receive less than favourable treatment through discrimination on the grounds of age, disability, race, religion or belief, sex or sexual orientation.

To enable us to monitor the effectiveness of our policy, we kindly request that all applicants complete the Equal Opportunities questionnaire you have been provided with. This document will be stored separately from the rest of your application pack and all information provided will be kept confidential and only used for equality monitoring purposes.