

**Priority Plus Nursing and Care Agency
Job Application Form**

Room 121-123 Sheldon Chambers, 2235-2243 Coventry Road, Birmingham, B26 3NW

Title of post applied for:	Job Ref:
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Please write clearly in black ink or type in all relevant areas depending on the post.

Confidential

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:		First names	
Former surnames if different:		Preferred Name	
Address:		Title :	
		Tel No (home):	
		Tel No (work):	
		Tel No (mobile):	
Town	Post Code	Date of birth	
E-Mail address:		Nat. Insurance No:	
Nationality:		Are you a British citizen or a European Citizen..... Are you legible to work in the UK..... Visa Status.....Expiry Date.....	
Next of kin details		Relationship..... Tel number..... Address.....	
Name.....			
.....			
Where did you learn of the post?			

Preferred working arrangements	<input type="checkbox"/> Full-time <input type="checkbox"/> part time <input type="checkbox"/> Term time only	Any below Days Nights Weekends Weekdays
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To be completed by Registered Nurses Only	Are you RGN <input type="checkbox"/> RMN <input type="checkbox"/>	
NMC PIN number	Part of register	Expiry

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

(Original documents as proof of qualification will be required at interview.)

Secondary School / College / University	Dates		Qualification	Grades/Result
	From	To		

Professional Qualifications

Qualification	Dates		Grades/Result
	From	To	

Training Relevant to this Application

Qualification/Course	Dates		Grades/Result
	From	To	

4. PREVIOUS EMPLOYMENT

(To cover 5 years work History, starting from most recent employment and attach your CV)

(Please use continuation sheet if necessary.)

Name and Address of Employers	Position held	Dates From	Dates To	Reason for leaving	Final grade/salary

Description of duties:

Name and Address of Employer	Position held	Dates From	Dates To	Reason for leaving	Final grade/salary

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Description of duties:

Have you had any material gaps [more than three months] in your employment? Yes/ No, If yes, please provide relevant details:

Qualified Nurses Experience

A & E		Outpatients	
Anaesthetics		Pediatrics	
Burns and Plastic		Phlebotomy	
CCU		Practice Nursing	
Challenging		Psychiatric - Acute	
Dental Nursing		- EMI	
Dermatology		- Forensic	
District Nursing		Radiography	
Elderly Care		Recovery	
ENT		Renal Dialysis	
Family Planning		Scrub Nurse	
Genitourinary		Screening	
Hematology		Social work	
Infection Control		Surgical Nurse	
ITU/ICU		Terminal Care	
Learning Disability		Theatre	
MRI Unit		X-ray	
Medical Care		Others	
Midwifery			
Neurology			
Occupational Health			
ODA/ODP			
Oncology			
Ophthalmic			
Orthopedics			

Care and Support Experience

Baths/shower/strip wash		Domestic Care	
Bed bath		Application/Change of simple dressings	
Bed pans/Commodes		Bed making	
Blood Glucose Monitoring		Care Plans- formulating, Evaluating, Implementing	
Blood Pressure		Changing a bed/draw sheet with client in/on it	
Care of the bladder and bowels		Challenging behavior	
Care of eyes		Care of client from theatre	
Care of feet		Dementia Care	
Care of fingernails		Eating Disorders	
Care of Hair		Evaluating Care Plans	
Care of prosthetics		Experience in Hospice	
Catheter bags(emptying)		Housework (light duties)	
Changes in condition		Learning Disability	
Colostomy bag(changing)		Mental Health Hospitals acute	
Dressing/Undressing		Mental Health Hospitals Long stay	
Feeding		Observing Confidentiality	
Hoists		Documentation/Record Keeping	
Mobility		Record instructions from GP/District Nurses	
Moving and Handling		Report giving	
Moving and Handling aids		Return of client from Operating Theatre	
Observations		Shopping	
Obtaining simple Specimens		Laundry Duties	
Pulse, Respirations		Domiciliary Care	
Recording Fluid Balance		Live In Care	
Shaving		Urine Testing	
Use of bath Aids		Oral Care (including dentures)	
Pressure area care		Weight Recording	

5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

6. OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant.)

Do you hold a current driving license?

Yes

No

Do you own a car?

Yes

No

Health

Please state the number of days sickness absence in the last 2 years:

NB: Successful candidates will be required to complete a full medical questionnaire.

Immunization Status

Disability Discrimination Act 1995

Do you consider yourself to be disabled under the Disability Discrimination Act?

Yes

No

If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?

Yes

No

If Yes, please provide further details:

If selected for interview, do you require any assistance/adaptations to help you attend?

Yes

No

If Yes, what assistance/adaptations do you require?

Rehabilitation of Offenders Act 1974

Have you had any convictions that are spent or not spent under Rehabilitation of Offenders Act?

Yes No

If Yes, please provide further details:

Declarations:

1. I understand that Priority Plus will make deductions from my wages if there is over payment/other money outstanding to the company.
2. I give my permission for Priority Plus to run a Right to Work check with the Home Office if I provide them a Biometric Residence Card for my Right to work in the UK.
3. I understand that if I am charged or cautioned after signing this declaration, I must inform Priority Plus.
4. Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct?
Yes No
5. I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by Priority Plus, which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.
6. I acknowledge and confirm that Priority Plus is authorised to apply for and obtain a Criminal Records Check and references from any previous employers and educational establishments.
7. I understand that if I am a student I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Priority Plus.
8. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Questionnaire
9. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that Priority Plus may cease to offer me further placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to Priority Plus.
10. I acknowledge that my personal details will be stored and handled correctly by Priority Plus in accordance with the Data Protection Act 1998 however; I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - CRB, Occupational Health, References).
11. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (eg. NMC) or being investigated by my current or previous employer. I will inform Priority Plus if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Priority Plus.
12. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for Priority Plus, I must inform Priority Plus immediately.
13. I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.

Name: Sign: Date:

7. REFERENCES(From two most recent employers who have consented to be approached for a reference on your behalf)

Referee 1		Referee 2	
Title (Mr., Mrs. Etc)		Title (Mr., Mrs. etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organization:		Organization:	
Address:		Address:	
Town	Post Code	Town	Post Code
Tel No:		Tel No:	
E-mail address:		E-mail address:	
Fax No:		Fax No:	
Please state if we may obtain this reference prior to interview.		Please state if we may obtain this reference prior to interview.	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for disqualifying me from registering and terminating my employment with Priority Plus.

Signature:		Date:	
Name:			

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.