

# Concept Care

(Professional recruitment) consultant

Welcome to our New Organisation and we want you to fully complete this application form and provide us with ORIGINAL copies of the following documents.

## REQUIRED DOCUMENTS

**Please fully complete and return the application form. You will then be contacted to attend an interview with a manager. When you are invited for interview, you must bring the following documents, (originals.) 1 – A fully completed application form**

### The following original documents:

- U.K. Birth Certificate, or Passport with Right to Work in UK
- Pin Number and Confirmation from NMC (Nurses)
- National Insurance (NI) card, or P45
- Training Certificates (£100.00)
- DBS (£68.00)
- Immunization Certificates against infectious diseases and hepatitis.
- 2 Passport Photographs
- Uniform (£15.00)
- Proof of address (Utility Bills, bank statement, medical card etc.).

### NOTE:

Please be advised that Concept Care requires ORIGINALS of your documents to register for work and ALL WORK PERMIT VISAS AND PASSPORT will be validated and cross checked. **A Right to Work in the UK** will be carried out on you with your permission with the Immigration and Nationality Department; please complete the details below to agree, permit and confirm that you understand the policy.

Name: .....

Signature ..... Date: .....

For office use only

# DOCUMENT CHECK LIST

Updated: Oct: 2017

**Name of Staff**

.....

**Grade**

HCA/RGN/RMN

List	Notes	Special Dates	Comments
Application form	OK		
Interview (Date & Result)			
References (1 & 2)			
Contract			
Roles and Responsibilities			
Passport (in date or renew)			
Visa Status: Student/Full Time			
CRB Disclosure (Completed/Received)			
National Insurance			
PIN (NMC)			
Valid date			
2 Passport Size Photos			
<b>Certificates + CV</b>			
CPR			
Manual Handling			
Nursing			
Hepatitis B Vaccine			
HIV			
Uniform			
Induction			
<b><u>NOTES</u></b>			
<b>Signed.....</b>	<b>Date</b>	.....	
<b>NB: Copy of Staff Hand Book and Induction given</b>	<b>YES / NO</b>		

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## EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL DETAILS-

First Name(s):	Last Name:
Address:	Title: e.g. (Mr, Mrs)
	Daytime tel no:
	Evening tel no:
	Mobile
Postcode:	Email:
National Insurance Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current Driving Licence:	Yes      No
If YES, type of licence:	Date of Birth:
Do you have a regular use of a car?	Yes      No
Name, address and telephone No. to contact in emergencies:	
Next Of Kin:	

### EDUCATION AND QUALIFICATIONS

Date from	Date to	School/College/University	Exams passed/ awaiting

**PAST EMPLOYMENT & EXPERIENCE**

Employment Record				
Date from	Date to	Employer	Duties and Responsibilities	Reasons for leaving/Last Pay

Qualified nurses/teachers/social workers to complete this section	
Qualifications:	Maiden name: _____ (if applicable)
Place of Training:	UKCC/DES/DFEE Registration No: (Delete as applicable)
Dates:	Date of Registration:

Please give length of experience of the following: **(Staff Nurses Only)**

Speciality	Time	Speciality	Time
ITU		Gynae	
CCU		Obstetrics	
Theatres		Renal	
A&E		District Nursing	
Paediatric		Occupational Health	
Psychiatry		Care of the Elderly	
Learning Disabilities		Other	

Have you ever worked for?

NHS

**GP Practice**

**Nursing Homes**

Private Sector

Date and result of last chest X ray	
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**FURTHER INFORMATION**

Please give any further information in support of your application you think is relevant
<p><b>State of health (Delete not Applicable)</b>                  Are you suffering from, receiving treatment for or anticipating any surgical intervention for any medical condition that may affect your ability to carry out normal daily duties? If yes, please supply details separately.</p> <p style="text-align: right;">Yes                      No</p>
<p><b>Rehabilitation of Offenders Act 1974 – Exemption from (s) 4 (2)</b>                  This employment is exempted from the above Act and employees are not therefore entitled to withhold information about spent convictions. In the event of your ever having been convicted of any offence by a court of law, please give details of the offences with dates. Have you had any convictions?    Yes    No                  If your answer is yes, please give details below; continue on a separate sheet if necessary.</p>

**HEALTH SCREENING (Care workers and Nurses only)**

Please give last date of immunisation for the following:

	Date	Office use	
		Certificate	Photocopied
Tetanus			
Diphtheria (Schick test)			
Rubella (German measles)			
Last chest x-rays			
Poliomyelitis			
Hepatitis B			
Tuberculosis			

**NATIONALITY**

Do you require a work permit to work in this country? Yes/No

**COMMUNICATION**

Can you communicate in sign language? Yes/No

Can you communicate in any other languages? Yes/No

If yes, what are they?
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**MEDICAL HEALTH DECLARATION**

Do you have any medical condition that we should know about in relation to your work?	Yes/No	Please explain
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**TIMES AVAILABLE**

Please indicate with a tick the times of day you would normally be available to work. NB Exact hours may sometimes vary to meet clients' needs. Are you able to work flexible hours?

Yes                      No

Time of day	Week						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Night							

**REFERENCES**

Is your approval required before references are taken up?    Yes                      No

Referees (present or most recent employer should be your first referee)	
1. Name:	2. Name:
Address:	Address:
E-Mail Address: Tel:	E-Mail Address: Tel:

**SECURITY CHECK & CONFIDENTIALITY**

Police checks may be carried out on all applicants before they can commence employment and this may be shared with other professionals in connection to this employment

Do you agree that such checks may be made and shared concerning you if required?                      Yes/No

**APPLICANTS' DECLARATION**

I confirm that I am over 18 years of age.

I declare that all the information I have given is true and I understand that any false or misleading information may result in my removal from Concept Care staff register.

I agree that premiums for professional negligence indemnity insurance and training may be deducted from my fees.

Under no circumstances must I apply to work for Concept care clients or homes during my working time with Concept care and Twelve months after my resignation as this will jeopardise the employment relationship and agreement between the two companies.

I agree to abide by the above and the conditions of engagement.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Equal Opportunities in Employment

Concept Care intends to be an equal opportunity employer, and the purpose of our policy is to ensure that no job applicant or employee is given a less favourable treatment on grounds of sex, marital status, sexual orientation, disability, religion, and colour. Ethnic or cultural origins or is disadvantaged by conditions of requirements which cannot be shown to be justified.

Concept Care is fully aware and committed to making this policy effective. You are requested to provide the following personal details by placing a tick in the appropriate box for the purpose of monitoring equal opportunity only.

### **Please indicate your Cultural/ethnic origin**

Are you:

	Pls TICK ✓		Yes	No
White				
Black		Afro/Caribbean		
Indian		Male / Female		
Pakistani		Disabled (registered)		
Bangladeshi		Disabled (unregistered)		
Chinese				
Other (Please Specify)				

What post are you applying for? \_\_\_\_\_

How did you learn of this post? \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Registered Office: 44a Lozell's Road Birmingham B19 2TH

Tel: 0121 554 9779

On call hours: 07483 322 189 (24hrs)

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## BANK/BUILDING SOCIETY ACCOUNT DETAILS

Surname: .....	Mr/Mrs/Miss/Ms
Forenames: .....	
Position Applied: .....	
Address: .....	
.....	
.....	
.....	
Name of Bank/ Building Society: .....	
Address: .....	
.....	
.....	
.....	
Account No: .....	
Sort Code: .....	
Type of Account: .....Current .....Deposit	
Signature.....	Date: .....



# Concept Care

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Policy Statement on Confidentiality

It is our policy that the Patients/Clients rights of confidentiality and his/her expectation that identifiable personal health information will not be disclosed without consent are respected. Therefore, personal data gathered from patients/clients, shall be stored and locked away securely in a filing cabinet.

On no account must information relating to identifiable patients be divulged other than to authorized persons, who are directly involved in the patient/client care. Similarly, no information of a personal or confidential nature concerning individual members of staff be divulged to anyone without the proper authority having first been given.

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Staff/Agent Signature

(Delete as appropriate)

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Manager's Signature