NURSES APPLICATION FORM

Sorted Healthcare Ltd
SERVING YOU CARE AND COMFORT AT HOME

PERSONAL DETAILS

Please affix 2x Passport Photographs.

Title: _____

First Name: _____

Known As: _____

Middle Name(s): _____

Last Name: _____

Maiden Name: _____

Gender: Male ☐ Female ☐

Nationality: _____

Marital Status: _____

How Did You Hear Of Us: _____

Address: _____

_____

_____

Town/City: _____

County: _____

Postcode: _____

Email: _____

Tel: Home: _____

Tel: Mobile: _____

Work Status: _____

National Insurance No: _____

Passport No: _____

Passport Expiry Date: _____

Driving License: Yes ☐ No ☐

Car Owner: Yes ☐ No ☐

Please specify times at which you are not to be contacted: _____

Is it ok to contact you at work: Yes ☐ No ☐

CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list using most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part-time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part-time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part-time:	
Grade:		Dept/Ward:	
Reason for leaving:			

QUALIFICATIONS & TRAINING

Secondary Education

School Name, Address and Date attended	Qualification Achieved

Further Education and Training

University/College and date attended	Type of course	Subjects	Qualification or class of degree

Occupational qualifications

College/Institute, NVQ or other name and date attended	Qualification/Level

You should supply any certificates such as ENB or Diplomas etc -please note that we require manual handling/CPR certifications that have been updated in the last 12 months.

BAND (NEW TERMINOLOGY) 1-8								
2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐		
TYPE OF WORKER								
RNLD ☐	RHV ☐	EN ☐	RSCN ☐	RFN ☐	RM ☐	RGN ☐		
RMN ☐	RH ☐	ENM ☐	ENG ☐	ENMH ☐	RNMH ☐			
RECORDABLE QUALIFICATIONS								
RN1-1st Level General Nursing					YES ☐	NO ☐		
RN2-2nd Level General Nursing (England & Wales)					YES ☐	NO ☐		
RN3-1st Level Mental Illness					YES ☐	NO ☐		
RN4-2nd Level Mental Illness (England & Wales)					YES ☐	NO ☐		
RN5-1st Level Learning Disabilities					YES ☐	NO ☐		
RN6-2nd Level Learning Disabilities (England & Wales)					YES ☐	NO ☐		
RN7-2nd Level Nurses (Scotland & Wales)					YES ☐	NO ☐		
RNB-1st Level Sick children					YES ☐	NO ☐		
RN9-Fever Nurse					YES ☐	NO ☐		
RN12-1st Level Adult Learning					YES ☐	NO ☐		
RN13-1st Level Mental Nursing					YES ☐	NO ☐		
RN14-1st Level Learning Disability					YES ☐	NO ☐		
RN15-1st Level Children					YES ☐	NO ☐		
MRM-Midwifery					YES ☐	NO ☐		
HRHV-Health Visiting					YES ☐	NO ☐		
SPAN-Special Practitioner Adult Nursing					YES ☐	NO ☐		
SPMH-Special Practitioner Mental Health Nursing					YES ☐	NO ☐		
SPCN-Special Practitioner Children's Nursing					YES ☐	NO ☐		
SPLD-Special Practitioner Learning Disabilities					YES ☐	NO ☐		
SPGP-Special Practitioner General Practice					YES ☐	NO ☐		
SPCM-Special Practitioner Community Mental Health					YES ☐	NO ☐		
SCLD-Special Practitioner Community Learning Disabilities					YES ☐	NO ☐		
SPCC-Special Practitioner Community Children's Nursing					YES ☐	NO ☐		
SPOH-Special Practitioner Occupational Health					YES ☐	NO ☐		
SPSN-Special Practitioner School Nursing					YES ☐	NO ☐		
SPDN-Home/District Nursing with integrated nurse prescribing					YES ☐	NO ☐		
V100-Independent Nurse Prescribing V100					YES ☐	NO ☐		
V200-Extended Nurse Prescribing V200					YES ☐	NO ☐		
V300-Extended/Supplementary Prescribing					YES ☐	NO ☐		
TTTT-Lecturer/Practice Educator					YES ☐	NO ☐		
MIDWIFES ONLY								
Practising					YES ☐	NO ☐		
Intention to practice completed (you cannot work without this as a Midwife)					YES ☐	NO ☐		
Expiry Date:								
Mentor Name & Address:								

MEDICAL HISTORY

Have you ever suffered from any of the following?

Diabetes	YES ☐	NO ☐
Asthma/Hay fever	YES ☐	NO ☐
Bronchitis/Pneumonia/Pleurisy	YES ☐	NO ☐
Epilepsy	YES ☐	NO ☐
Headaches/Migraine	YES ☐	NO ☐
Back problems	YES ☐	NO ☐
Recurrent infections	YES ☐	NO ☐
Are you taking any prescription drugs?	YES ☐	NO ☐

If you have answered yes to any of the above questions please give details on separate paper attached to the back of the application form.

Have you ever been vaccinated, immunized or tested for/against any of the Following?

Varicella	YES ☐	NO ☐
Tuberculosis including BCG	YES ☐	NO ☐
Heaf, Mantoux or Tine	YES ☐	NO ☐
Rubella (German Measles)	YES ☐	NO ☐
Poliomyelitis	YES ☐	NO ☐
Hepatitis B	YES ☐	NO ☐
Hepatitis	YES ☐	NO ☐
HIV	YES ☐	NO ☐
Tetanus	YES ☐	NO ☐
Typhoid	YES ☐	NO ☐
Any Other Please State:		

Name Of GP: _____

Address: _____

_____ Postcode: _____

Telephone: _____

REFERENCES

Arise Care requires 2 professional references.

It is essential that you have had professional dealings with both of your references within the last 2 years.

Name Of Referee: Place Of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

Name Of Referee: Place Of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

OPT-OUT AGREEMENT

DEFINITIONS

In this Agreement the following definitions apply:-

“Assignment” means the period during which the Temporary Worker is engaged in services to a Client.

“Client” means the person, firm or corporate body that has engaged the services of the Temporary Worker.

“Employment Business” means Sorted Healthcare

“Temporary Worker” means a Qualified Nurse, care assistant or other Temporary Worker.

“Working Week” means an average of 48 hours each week as calculated over any 17 week period.

THE AGREEMENT

The Working Time Regulations of 1998 state that a Temporary Worker shall not work on an Assignment with a client in excess of the Working Week unless they agree in writing that this limit should not apply.

The Temporary worker, by signing the declaration below, agrees that the Working Week shall not apply to their Assignments.

The Temporary Worker can end this Agreement at anytime by giving the Employment Business 14 days notice in writing. After the 14 day notice period has expired the Working Week shall apply immediately.

It should be noted, that any notice ending this Agreement does not mean that a Temporary Worker has ended an Assignment with a Client.

These laws are governed by English Law and are subject to the jurisdiction of the English Courts.

THE DECLARATION

I have read and fully understand the above OPT OUT AGREEMENT.

I hereby consent that the Working Week limit shall not apply to my Assignments.

I understand that I can end this Agreement by giving the Employment Business 14 days notice in writing.

SIGNED : _____

PRINT NAME: _____

DATE: _____

NEXT OF KIN

NEXT OF KIN DETAILS

FULL NAME: _____

RELATIONSHIP TO TEMPORARY WORKER: _____

HOME TELEPHONE: _____

MOBILE NUMBER: _____

ADDRESS: _____

_____

_____

_____

DISCLOSURES
Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitations of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action.
Any information given will be completely confidential and will be considered only in elation to an application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.
A copy of our written policies is available upon request. A criminal record will not necessary be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions? YES ☐ NO ☐

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES ☐ NO ☐

Have you ever been involved in court proceedings? YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application on a separate page.

IF YOU HAVE A CONVICTION/CAUTION RELATING TO A VIOLENCE OR THEFT OFFENCE, WE WILL BE UNABLE TO PROGRESS WITH YOUR APPLICATION.

DECLARATION

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature: _____ Date: _____

I consent to Sorted Healthcare checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

Signature: _____ Date: _____

Sorted Healthcare retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:-

The Recruitment Manager
Sorted Healthcare
3000 Hillswood Drive,
Hillswood Business Park
Chertsey, KT16 0RS.
United Kingdom

BUILDING SOCIETY /BANK DETAILS			
Bank Name			
Bank Address			
Building Society Bank Roll			
Account Holder's Name			
Sort Code		Account No	

I.....authorise Sorted Healthcare to pay my weekly wages into the above Bank Account and I will notify Sorted Healthcare if changes occur to my details.

Signed:..... Date:.....
We try to make our registration process as swift and painless as possible but we are sure that you understand that owing to the sensitive nature of your profession that our checks have to be thorough.

PLEASE CONTACT US ON **01932-483-180**
THANK YOU