

APPLICATION FORM

Personal Details

Surname:

Forename(s):

Marital Status:

Date of Birth:

NI Number:

Address

Telephone Number:

Mobile:

Email Address:

Professional Details (For Nurses Only)

Registered Nurse Adult ☐

Registered Mental Nurse ☐

RNLD ☐

NMC PIN No: _____

Are you subject to fitness of practice investigations? Yes / No

If yes please provide details below:

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Healthcare Assistant/Support Worker ☐

Valid membership with any union? Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes Name of Union:

Membership Number:

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Name:

Relationship:

Address:

Telephone:

Do you hold a FULL UK driving licence? Yes/No

Do you have a car available? Yes/No

Skills & Experience

To enable us to match your previous experience and skills to a client care needs, please use this space to tell us what skills you have.

Do have training in the following mandatory courses- if yes please provide copies with your application.

Basic Life Support

- Moving and Handling
- SOVA
- Food Hygiene
- First Aid
- Conflict Resolution
- Lone Working
- Fire Training
- Mental Capacity

Employment History

(Recent work to the last 5 years. Please use separate sheet if necessary)

References

Please provide the FULL names, addresses, telephones numbers and relationship details of TWO people who will give you a reference. One must be a work reference mainly from your line manager. You must have known them for at least 6 months and not be related to them.

Previous or Current Employer Reference

Contact Name:

Position:

Address:

Telephone:
Email Address:

Personal Reference

Name:
Relationship to you:
Address:

Telephone:
Email Address:

YOUR IMMIGRATION STATUS

Please tick the box that matches your immigration status.

- ☐ Nationality.....
- ☐ I am a British passport holder ...Passport Number.....
- ☐ I have indefinite leave to remain in the UK.
- ☐ I am an EU National
- ☐ I am a student on a student visaExpires on.....
- ☐ I am a recognised refugee with indefinite leave to remain in the UK
- ☐ I am on a work permit.....Expires on.....

- ☐ I am on a spouse visa.....Expires on.....
- ☐ I am on working holiday visaExpires on.....
- ☐ Work permit holder(or a dependent).... Expires on.....

Rehabilitation of Offenders Act (1974)

Any criminal convictions either "spent" or "unspent"? Yes /No

Do you have any criminal proceedings pending? Yes/ No

If the answer is yes to the questions above please state the nature of the offence.

*N.B. The Organisation will require an enhanced DBS from all successful applicants before commencing work.

Applicant's Declaration

I confirm that the information given on this form is true and correct and I understand that if I have knowingly provided any false information, this may invalidate my application. I am also aware that the organisation may contact other third parties to verify the accuracy of information that I have given.

Finally, declare that I am fit and able to carry out all the duties of a Registered nurse that I am trained to undertake

SignedDate.....

The information given on this form will remain private and confidential and will only be used for the purpose of recruitment and selection.

Please note that we will require the following on your interview date

- Up to date CV
- Current /Valid Passport
- UK birth Certificate if applicable
- UK driver's licence
- Your bank details
- NMC registration PIN
- Latest DBS Certificate
- 2 x referees
- Immunisation history report
- Proof of National Insurance
- 1 x passport size photo
- Proof of address e.g utility bill
- Certificate of incorporation (Ltd Company Staff)

NOTE: We will need to see the originals of all photocopied documents you enclose with this application form. These can be brought with you on or before the day of the interview.

We will also need to see proof of your eligibility to work in the UK.

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Have you got another Job? Yes / No

Equal Opportunities

TLC Ltd operates a non-discriminatory policy right from the recruitment procedure to the allocation of assignments by providing equal opportunities for its staff, irrespective of their age, sex, marital status, racial or ethnic origin, physical disability or sexual orientation.

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Bank Details (For the purpose of payment of wages)

Name of bank and Address

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Your name as it appears on bank account:

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Account number:

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Sort code:

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For Official Use only

Application received	Date	Initials
All documents received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Candidate allowed to work in the UK	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DBS Received:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Job offered: Yes / No

Employment Status:

Name(s) of interviewer & designation

1).....

2).....

Please ring us on **01902471505** or **01782323933** to make an appointment to bring in the completed application form to your local branch: