



East Point Care Ltd

Nursing Agency

Office No. 9,
Peter Williams Business Centre,
Valleyside, Wymondham,
Norfolk NR18 0NN

Email: recruitment@eastpointcare.co.uk
Website: www.eastpointcare.co.uk
Tel: 01953 605364 or 03301 235399
Mobile: 07479 605746

Application Form

(Please complete in BLOCK letters using black ink)

POST:

Personal Details

Title: First Name: Middle Name:
Last Name: Other names:
Maiden Name (if applicable): Marital Status:
Gender: Male Female Date of Birth: Age:
Current Address:
..... Post Code:
Home Phone: Work Number: Mobile Number:
Email Address: NI Number:
Pin No. (Registered Staff) Expiry Date:

Right to Work

Are you authorised to work in the UK: Yes No
Type of Visa: Work Permit HSMP Others (please specify):
Date of Issue of visa: Date of Expiry of visa:
Passport Number: Date of Issue of passport:
Date of Expiry of passport: U.K. Entry Date:

General Information

Do you have your own transport Yes No If yes, type of transport:
Driving licence: Yes No If yes Driving licence Number:
How did you hear about East Point Care Ltd?

East Point Care Ltd is committed to equal opportunities and none of the candidates are discriminated against with regards to race, sex, disability, age, colour, religion, national origin. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated.

Please tick the appropriate category (one for your ethnic group and one for your sex)

A) White

English Scottish Welsh Irish
Any other White background please specify

B) Mixed

White and Black Caribbean White and Black African White and Asian
Any other Mixed background please specify

C) Asian

Asian British Asian English Asian Scottish Asian Welsh

Indian Pakistani Bangladeshi

Any other Asian background please specify

D) Black

Black British Black English Black Scottish Black Welsh

Caribbean African

Any other Black background please specify

E) Chinese

Chinese British Chinese English Chinese Scottish Chinese Welsh Other Ethnic Group

Chinese Any other background please specify

F) Sex Male Female

Name: Signed:

Job Title: Date:

Next of Kin

Name:

Relationship:

Address: Town/City

Post Code:

Home Phone: Work Number: Mobile Number:

Bank Account Details

Bank/Building Society name

Bank/Building Society address

Account holder name Account number

Bank/Building Society sort code

Employment History (for the last 5 years)

Starting from Current or last employer:

1.) Employer Name:

Address: City/Town

County: Country: Post Code:

Telephone Number: Email address:

Start Date: End Date:

Title of Post: Grade:

Full Time Part time Main responsibilities:

.....
.....
.....
.....
.....
.....

Rehabilitation of Offenders

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Applicants are therefore not entitled to withhold any information about convictions, which for other purposes are, the 'spent' under provision of the Act, and in the event of employment, and failure to disclose such convictions could result in disciplinary action including dismissal being taken by the Health Authority. You are therefore required to declare all criminal convictions or cautions. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies and will not debar from appointment unless the selection panel considers that it renders you unsuitable for employment. Your answer to the following question should include any 'spent' convictions. This may or may not affect your application.

In line with the Care Standards Act 2000, all healthcare staff will be asked to apply for an Enhanced Disclosure with the Disclosure and Barring Services as part of the recruitment and selection process.

Part One: Convictions, Cautions against you and Disciplinary Action.

1. In the last five years, have you had any cases considered, heard and concluded against you by any of the following?

- a) The Nursing & Midwifery Council? Yes No
- b) Any other professional regulatory licensing body within the UK? Yes No
- c) A professional regulatory or other professional licensing body outside the UK? Yes No

Comments:

.....

.....

2. Are there any cases pending against you with any of the following organisations?

- a) The Nursing & Midwifery Council? Yes No
- b) Any other professional regulatory licensing body within the UK? Yes No
- c) A professional regulatory or other professional licensing body outside the UK? Yes No

Comments:

.....

.....

3. In the past five years, have there been any disciplinary actions taken against you by your employer or contractor – either in the UK or outside – that have been upheld? Yes No

Comments:

.....

.....

4. In the past five years, has your employment or contract ever been terminated or suspended – in the UK or outside – on the grounds relating to your fitness to practise (conduct, performance or health)? Yes No

Comments:

.....

.....

After a Disclosure has been obtained, the applicant is required to inform the Agency immediately of any conviction(s), caution(s), or reprimand(s) or inclusion on the Protection of Children Act (POCA) or Protection of Vulnerable Adults (POVA) registers, which occur after their commencement with East Point Care Ltd. Failure to do so may result in disciplinary action.

Do you agree that such checks may be made, concerning you, if required? Yes No

I (Print name) hereby declare that the information given here is true.

Signature Date

Professional References

Name of referee:..... Company Name:.....
 Position:..... Start Date:..... End Date:
 Address:..... City/Town.....
 County: Country: Post Code:
 Telephone Number:..... Fax:

Name of referee:..... Company Name:.....
 Position:..... Start Date:..... End Date:
 Address:..... City/Town.....
 County: Country: Post Code:
 Telephone Number:..... Fax:

Checklist

We would need you to supply us with the following documents to make you compliant:

Application Form (form enclosed)	
Passport (validated copy only with clear photo)	
Proof of Eligibility to work in UK (copy of stamp, visa in passport with clear photo)	
Two Passport sized photographs	
Proof of Address (2 items, i.e. copy of driving license, utility bills, marriage or birth certificate)	
Professional Registration Certificates (copy)	
Training (copy of any mandatory training completed in the last 12 months)	
Current DBS Disclosure	
Medical Questionnaire (form enclosed)	
Proof of Immunity for Hep B (Laboratory report)	
Proof of Immunity for Rubella (Laboratory report)	
Proof of Immunity for TB (Laboratory report)	
Proof of Immunity for Varicella (Laboratory report)	
Proof of Immunity for Hep C, if engaging in Exposure prone procedures (Laboratory report)	
Latest References x 2	