

APPLICATION FORM  
Registered Nurse (All Grades)



<b>Registration Details</b>
Date:
Time:
Location:
Kingdom Rep:

PHOTO HERE <i>(To be attached by office staff)</i>
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Please complete this form accurately. Shortlisting will be based information gathered from the form, in conjunction with the job description.

Position Applied for:					
Job Location:		Job Reference No		Where did you see the job advertised?	
Availability (Please tick which apply to you)					
I am able to work days	<input type="checkbox"/>	I am able to work nights	<input type="checkbox"/>	I am able to work weekends	<input type="checkbox"/>
				I can't start before (AM)	<input type="checkbox"/>
					I can't work after (PM)
PREFERRED AREA(S) OF WORK: NHS <input type="checkbox"/> Nursing/Residential <input type="checkbox"/> Supported Living <input type="checkbox"/> Homecare <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disability <input type="checkbox"/>					
DATE AVAILABLE TO COMMENCE:			GEOGRAPHICAL AREA YOU WOULD LIKE TO WORK:		

PERSONAL DETAILS			
TITLE	FORENAME	MIDDLE NAME	SURNAME
PREVIOUS SURNAME		NATIONALITY	
FULL ADDRESS			
		POSTCODE	
HOME TELEPHONE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS		NATIONAL INSURANCE NUMBER:	
DO YOU HOLD A FULL & CURRENT UK DRIVING LICENSE Yes <input type="checkbox"/> No <input type="checkbox"/>		DO YOU HAVE DAILY USE OF A CAR? Yes <input type="checkbox"/> No <input type="checkbox"/>	

NEXT OF KIN (TO BE NOTIFIED IN CASE OF EMERGENCY)	
FULL NAME	RELATIONSHIP
FULL ADDRESS	
POSTCODE	EMAIL
HOME TELEPHONE NUMBER	MOBILE NUMBER

REGISTRATION & MEMBERSHIP	
Are you currently registered with the NMC Yes <input type="checkbox"/> No <input type="checkbox"/>	NMC PIN Number: _____ Part of Register: _____
Are you a member of a union? Yes <input type="checkbox"/> No <input type="checkbox"/>	Membership No & Expiry Date: _____
If yes, which union? _____	Does your union membership include Professional Indemnity Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered with any other regulatory body? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been refused registration from a regulatory body? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which body? _____
If yes, which body? _____	

# EMPLOYMENT HISTORY

GIVE DETAILS OF YOUR COMPLETE EMPLOYMENT HISTORY FROM THE DATE YOU LEFT FULL TIME EDUCATION WITHOUT GAPS IN DATES. INCLUDE REASONS FOR ANY GAPS IN EMPLOYMENT. CONTINUE ON A SEPERATE SHEET IF NEEDED.

<b>Secondary Education</b>	<b>From</b>	<b>Day:</b> <b>Year:</b>	<b>Month:</b>	<b>To</b>	<b>Day:</b> <b>Year:</b>	<b>Month:</b>
<b>Further/Higher Education</b> <i>if applicable</i>	<b>From</b>	<b>Day:</b> <b>Year:</b>	<b>Month:</b>	<b>To</b>	<b>Day:</b> <b>Year:</b>	<b>Month:</b>
<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>POSITION</b>	<b>FROM</b>	<b>TO</b>	<b>REASON FOR LEAVING</b>		
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			
		Day: Month: Year:	Day: Month: Year:			

*Continue Employment History on a separate sheet if necessary*

## REFERENCES

Please give the names of three professional people, of a senior grade/position to you, including your current or most recent employer, whom we may approach for a reference (not relatives or friends). They must be able to provide a credible comment on your ability to undertake the duties of the post applied for. If the references do not cover the last five years of work, please supply additional referee details on a separate sheet.

### REFERENCE 1 - CURRENT/MOST RECENT EMPLOYER/ORGANISATION

Name of Referee:	Referee's Position:	
Company Name:	Company Address:	
		Postcode:
Telephone Number:	Email Address:	
Your position with this company:	Brief description of your responsibilities and duties:	

### REFERENCE 2 - HOME ADDRESSES OF REFEREES ARE NOT ACCEPTABLE

Name of Referee:	Referee's Position:	
Company Name	Company Address:	
		Postcode:
Telephone Number:	Email Address:	
Your position with this company:	Brief description of your responsibilities and duties:	

### REFERENCE 3 - HOME ADDRESSES OF REFEREES ARE NOT ACCEPTABLE

Name of Referee:	Referee's Position:	
Company Name	Company Address:	
		Postcode:
Telephone Number:	Email Address:	
Your position with this company:	Brief description of your responsibilities and duties:	

## WORKING TIME DIRECTIVE

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. As you are under no obligation to accept work offered, you will never be compelled to work more than 48 hours per week but you may choose to do so. Please would you sign below to confirm that you have read and understood this information and please indicate your preferences by **ticking the most appropriate box**.

I **DO NOT** wish to work more than 48 hours per week  I **DO** wish to work more than 48 hours per week

## AGENCY WORKER REGULATIONS

Do you have any other employment?	If yes, how many hours per week:
Are you registered with any other agencies?	If yes, which agency

## TRAINING

If you have attended any of the training courses below, please provide the month and year last attended. Insert N/A if not applicable.

Training Course	Date of Last Training	Training Course	Date of Last Training
Moving & Handling		Administration of Medication	
Fire Safety		Safeguarding Adults, Children and Young People	
Health & Safety (1974/1999 Acts including COSHH/RIDDOR)		Food Hygiene	
Infection Control		Physical Intervention and De-escalation (C&R) / MAPA	
Venepuncture		Mental Health Observations / Dementia	
Emergency First Aid & CPR		Other:	

Any other training completed which is relevant to this role:

DO YOU SPEAK ANY OTHER LANGUAGE AS WELL AS ENGLISH? YES  NO

Language	Written			Verbal/Spoken		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
ENGLISH						
OTHER						
OTHER						

## ABUSE POLICY

I understand that I must be aware of the prevention of abuse policies that are enforced by the Department of Health and Social Care in any placement that I may work. I have been advised that Kingdom will retain a copy of these policies and I can access them at any time.

Signature:

Date:

## DATA PROTECTION ACT 1998 & INSPECTION

We are required to hold personal information on staff e.g. National Insurance Number, Address, Qualifications. From time to time we may be required to release elements of this information when placing you in assignments; please be assured that we would only disclose information that is necessary. We would therefore be grateful if you would complete and sign the declaration below. If you have any concerns about this or want to discuss it further, please contact your branch manager.

**I consent to the disclosure of information required to place me on assignments.**

Signature:

Print Name:

Date:

## DECLARATION

The information I have given in this registration form is, to the best of my knowledge, complete and accurate in all aspects. I understand that knowingly giving false information will disqualify me from registration with this agency. I also agree to keep Kingdom Healthcare advised of any updates to this information supplied.

Signature:

Print Name:

Date:

## PROFESSIONAL INDEMNITY INSURANCE

The Nurses Agencies Regulations 1961 imposed under the Nurses Agencies Act 1957 indicate that we should ensure our nurses obtain professional indemnity insurance. Kingdom has undertaken an insurance scheme that will comply with recommendation at no charge to you. However, we would take this opportunity to strongly recommend that you join a professional body, such as RCN or Unison.

***I understand this advice and if I do not take out or maintain Professional Indemnity Insurance, this is a personal decision for which I am responsible.***

Signature:

Date:

## EQUAL OPPORTUNITIES

Kingdom believes in the principal of equal opportunity in employment and pre-select applications only on the basis of their qualifications and experience. Our policy is not only to adhere to whole heartedly to the laws as outlined in the Race Relations Act 1976 and the Sex Discrimination Act 1975, but also to the spirit behind the laws prescribed.

Are there any clients that you particularly enjoy working with?

Is there anywhere you don't want to be sent to and why?

## MIDWIVES

If you are a midwife, please supply confirmation that you have notified the local supervisory authority of your intention to practice under Rule 53 of the Nurses, Midwives and Health Visitors Rules Approval Order 1988

Confirmation Supplied

YES  NO

## NMC CODE OF PROFESSIONAL CONDUCT

I have read and understood the NMC Code of Professional Conduct. I will adhere to this code at all times.

Signed:

Date:

## CONFIDENTIALITY AGREEMENT

I hereby agree that during the time I am engaged by Kingdom Healthcare

- a) I will not disclose to any person any information obtained whilst attending a confidential assignment.
- b) I will hold in trust and confidence for Kingdom Healthcare

Signed:

Date:

## REHABILITATION OF OFFENDERS ACT 1974 & CRIMINAL RECORDS

By virtue of the Rehabilitation of Offenders 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. You should therefore list all offences on a separate sheet even if you believe them to be 'spent' or 'out of date' for some other reason. Kingdom have a policy on 'The recruitment of ex-offenders'. You are welcome to view this policy at anytime during the course of your employment with Kingdom. Having a criminal record will not necessarily prevent an applicant from working with us. This will depend on the nature of the position and the circumstances and background of offences. All workers are required to advise Kingdom if they incur a conviction or caution during the course of their employment.

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

Have you ever been cautioned or issued with a formal warning for any criminal offences? YES  NO

Is there any reason you are aware of that would prevent you from working in regulated activity? YES  NO

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Consultant \_\_\_\_\_ Date \_\_\_\_\_

**If you answered "YES" to either of the above, please attach a signed statement, including dates, on a separate sheet. This statement must be signed and dated.**

### ACCESS NI CHECKS

**ACCESSNI** is responsible for conducting checks on criminal records. We are a registered body for receipt of Access NI disclosure information. Clients within the healthcare sector insist on agencies making informed recruitment decisions which require criminal record checks to be made on all staff every 3 years. It is a condition of proceeding with your application that you apply for Access NI disclosure. The disclosure will be compared with the information given below and any inconsistencies could invalidate your application. AccessNI have a Code of Practice which can be made available to applicants when requested.

#### APPLYING FOR ACCESS NI

AccessNI is the criminal history disclosure service in Northern Ireland. By law Kingdom Healthcare are required to check your criminal history before we offer employment. AccessNI searches your details against UK criminal records and police information. These searches may disclose any criminal history to Kingdom Healthcare. AccessNI produces a disclosure certificate for every check. This check costs £33.00 and should be paid to Kingdom Healthcare before the application is processed.

**Disclosures should be applied for online using the following steps.**

1. Go to [www.nidirect.gov.uk/apply-for-an-enhanced-check-through-a-registered-body](http://www.nidirect.gov.uk/apply-for-an-enhanced-check-through-a-registered-body)
2. Select the green button to Apply for an enhanced check through a registered body.
3. Register your account by creating a user ID and password [keep these details safe as you will need them to track the progress of your case].

**\*\*\* Please ensure you apply for an ENHANCED CHECK. Applications will be returned if incorrect.**

4. Once you have successfully logged in, you will be taken to the on-line application.
5. Enter the PIN number below at Step 1 of the form completion: PIN **675368**
6. Complete the remainder of the form and click on **confirm and proceed** to finish the on-line process

Please note: **Details must be completed on your Access NI as they appear on your valid documentation.**

**Middle names are to be included with your forename.**

**Your application will not be submitted if you have not included all details at time of applying.**

**Application will not be sent until valid documentation from verified list is provided.**

**Applications will be returned if information contained is incorrect or incomplete.**

