

NURSES APPLICATION FORM

Personal Details

Title:	<input type="text"/>	Surname:	<input type="text"/>		
Forename:	<input type="text"/>	Maiden Name:	<input type="text"/>		
Middle Name:	<input type="text"/>	Marital Status:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Age:	<input type="text"/>	National Insurance No:	<input type="text"/>		

Address:

City / Town:	<input type="text"/>	Country:	<input type="text"/>
Postcode:	<input type="text"/>	Home Tel:	<input type="text"/>
Mobile Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Email Address:	<input type="text"/>		

Are you willing to expect morning calls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you willing to expect late night calls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other Information

Passport No:	<input type="text"/>	Expiry Date:	<input type="text"/>
Nationality:	<input type="text"/>	Birth Certificate No:	<input type="text"/>

Do you have a work permit? Yes No

Work Permit Type: Expiration Date:

Name of College/University (if student)

Studying Nursing? If Yes, when do you graduate?

Do you have your own transport?

Do you have a driver's license?

Registered Disable: Yes No

Registration No:

NMC Pin No:

Registration Date: Expiration Date:

Give details of hobbies/leisure activities:

Professional Education and Training

Please list any Training/ Course/ nursing Qualification you have and when you gained them;

Qualification	School/ College/ University	Dates Gained

Work Preference

What kind of Nursing Work are you interested in? (tick all that apply)

NHS Nursing Home Residential Home

Please indicate when you would like to work (tick all relevant boxes)

Days (M-F) Nights (M-F)
 Days (Sat–Sun) Nights (Sat–Sun)

Availability

When are you available to come for an interview?

From when are you available to work?

Specialities

Please tick the Nursing Specialities of which you have significant, post training experience. Please remember you will be held accountable for any missing information.

SPECIALISM (Nursing)	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1- 2 YEARS	2 YEARS +
Medical				
Learning Disability				
ITU Psychiatric				
Intensive Care Unit				
In charge Duties				
Hospitals				
Hospices				
Home Care				
High dependency Unit				
Health Visitors				
Haematology				
Gynaecology				
GU Med				
Dental				
District Nursing				
Family planning				
Urology				
Mental Health				
Stoma Care				
Theatre				
Renal				
Residential Homes				
Paediatric				
Oncology				
Midwifery				

Nursing Homes				
Out patients				
CSSD				
Neonatal				
Care of the elderly				
Practice Nurse				
GU Med				
Recovery				
Prisons				
Surgical				
Occupational Health				
Mental health				
Orthopaedics				
PICU				
SCBU				
A & E				
Cardiac				
ODP /ODA				
Neurology				
Radiology				
Scrub				
Theatre				
Day Surgery				
Intensive Care Unit				
Day Care Centre				
School Nurse				
Ante Natal				
Cardiothoracic				
Chemotherapy				
Anaesthetic Trained				
Medical Assess unit				

Employment History

Please give details of your **past 5 years of continuous work history** giving reason/s for any breaks in employment.

1. Employer:

Dept/ Ward:

Main contact: Tel. No:

Address:

Post Title:

Grade:

Full-time or Part-time:

Salary:

From: To:

Main Responsibilities:

Reason for leaving:

2. Employer:

Dept/ Ward:

Main contact: Tel. No:

Address:

Post Title: Grade:

Full-time or Part-time: Salary:

From: To:

Main Responsibilities:

Reason for leaving:

3. Employer:

Dept/ Ward:

Main contact:

Tel. No:

Address:

Post Title:

Grade:

Full-time or Part-time:

Salary:

From:

To:

Main Responsibilities:

Reason for leaving:

Rehabilitation of Offenders Act 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, entitled to withhold information about convictions, which for other purposes are 'spent' under the provision of the Act in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Information provided will be kept confidential and used in relationship to the post applied for.

Have you ever been convicted of a criminal offence? Yes No

If Yes, please specify

Do you have any spent or unspent convictions? Yes No

If Yes, please specify

Have you instigated an Enhanced Disclosure within the last six (6) years? Yes No

I CONSENT TO BIDII INTEGRATED SERVICES LTD CHECKING THE DETAILS I HAVE PROVIDED AGAINST THE VARIOUS DATA SOURCES IN ORDER TO VERIFY MY INDENTITY AND PROCESS THIS APPLICATION.THESE DETAILS MAYBE USE TO ASSIST OTHER ORGANISATION SUCH AS DBS, NMC IN IDENTITY PURPOSES.

Signed Dated

References

Please give the names and addresses of two of most recent employers with work addresses who is able to comment on your work ability and experience, starting with your present to most recent employer if possible.

Name of Reference:

Address:

Postcode:

City/Town:

Tel No:

Fax No:

Email Address:

Start Date:

End Date:

Name of Reference:

Address:

Postcode:

City/Town:

Tel No:

Fax No:

Email Address:

Start Date:

End Date:

Bank/Building Society Details

Bank Name:

Account Holder Name:

Sort Code:

Account No:

Bank Address:

I authorise Bidii to pay my weekly wages into the above bank account and I will notify the Agency if changes occur to my details.

Signed:

Date:

Next of Kin

Name of Emergency Contact:

Relationship:

Address

Post Code:

Tel No:

Email:

Final Statement

I declare that the information provided on this application is true to the best of my knowledge. I have read the terms and condition of engagement and agree to comply with the current Health and Safety at Work Act. I understand that my appointment is subject to the receipt of two satisfactory references and it subject to Enhanced CRB Disclosure. Bidii Integrated Services LTD is free to make any other enquiries thy may find necessary relating to my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to.

Signed:

Date:

Sign Off

I Certify that I have interviewed the above applicant in accordance with Bidii Integrated Services LTD requirements and I am satisfied that this applicant is cleared for work.

Name:

Signature:

Date: