APPLICATION FORM

#### Please complete this form in black ink and complete all sections

Attach Photograph

#### Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

|  |
| --- |
| 1. Personal Details |
| **Title** |  | **Surname** |  | **Maiden Name** |  |
| **Previous surnames (if any)** |  |
| **Forenames (in full)** |  |
| **Address** |  |
|  | **Post Code** |
| **Telephone** | Home | Work | Mobile |
|  |  |  |
| **Email address** |  | **Nationality**  |  |
| **May we contact you at work?** | **Yes No Please √ as appropriate** |
| **Date of Birth** |  | **National Insurance Number** |  |
| **Next of Kin to be notified in case of emergency: Name** |  |
| **Address** |  |
|  | **Post Code** |
| **Telephone** | Home | Work | Mobile |
|  |  |  |
| **Relationship to you** |  |
| **Please √ position you are applying for** |
| **Registered General Nurse**  | **Registered Psych Nurse**  | **Health Care Assistant**  |
| **Midwife**  | **Radiographer**  | **ODP**  |
| **NMC pin number/HPC number (please enclose copy of statement of entry)** | **Expiry Date** |

|  |
| --- |
|  **2. FULL EMPLOYMENT HISTORY** |
| **(Most recent first).** Please include ALL Employment as we need to go back a minimum of 5 years. Use the box at the bottom of the page to explain any gaps in your employment. Use a continuation sheet or supply a CV if this page covers less than 5 years and do remember to include any agencies that you worked for. All dates should be MONTH and YEAR. (Put ‘approx’ next to month if exact dates not known. |

|  |
| --- |
| **Company Name:** |
| **Company Address:** |
| **Telephone** **number:** | **Email/Fax** |
| **Line Manager:** | **Main Duties:** |
| **Job Title:** |
| **Date Employed. From…………………..To……………….** |
| **Reason for Leaving:** |

|  |
| --- |
| **Company Name:** |
| **Company Address:** |
| **Telephone** **number:** | **Email/Fax** |
| **Line Manager:** | **Main Duties:** |
| **Job Title:** |
| **Date Employed. From…………………..To……………….** |
| **Reason for Leaving:** |

|  |
| --- |
| **Company Name:** |
| **Company Address:** |
| **Telephone** **number:** | **Email/Fax** |
| **Line Manager:** | **Main Duties:** |
| **Job Title:** |
| **Date Employed. From…………………..To……………….** |
| **Reason for Leaving:** |

|  |
| --- |
| **Company Name:** |
| **Company Address:** |
| **Telephone** **number:** | **Email/Fax** |
| **Line Manager:** | **Main Duties:** |
| **Job Title:** |
| **Date Employed. From…………………..To……………….** |
| **Reason for Leaving:** |

|  |
| --- |
| Please explain any gaps in employment history above, including dates (eg studying, childcare, unemployment) |
| **Have you ever been dismissed from any employment? ﬦ Yes ﬦ No** |
| **If yes, please give reasons below:** |

|  |
| --- |
| 3. Training – Please provide details of mandatory training and any other training undertaken including dates (provide certificates) |
| **Mandatory Training** |  **Dates attained** |
| Health and Safety at Work |  |
| Fire Safety |  |
| Infection Control |  |
| Food Hygiene |  |
| Manual Handling |  |
| Basic Life Support (including CPR) |  |
| Administration of medicines (where applicable) |  |
|  |
| **Other Training (Please specify)** | **Dates Attained** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| **Qualified Staff-ONLY****Please** To assist us in finding suitable work for you, please tick all specialities of which you have significant, post training experience. |
|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  **√**  |  Yrs exp. |   |  **√**  | Yrs exp. |   | **√** | Yrs exp |
| A & E |  |  | Hepatobiliary |  |  | Orthopaedics |  |  |
| Anaesthetics |  |  | HDU |  |  | Outpatients |  |  |
| Bariatric |  |  | Home Care |  |  | Paediatrics |  |  |
| Cardiac |  |  | Hospitals |  |  | PICU |  |  |
| Cardiothoracic |  |  | In Charge Duties |  |  | Practice Nursing |  |  |
| Care of the elderly |  |  | Laproscopic |  |  | Prisons |  |  |
| Chemotherapy |  |  | Learning Disabilities |  |  | Psychiatry |  |  |
| Colorectal |  |  | Mammography |  |  | Psychology |  |  |
| Community Nursing |  |  | Medical Wards |  |  | Radiographer |  |  |
| Cosmetic Surgery |  |  | Mental Health |  |  | Radiology Nursing |  |  |
| Critical Care |  |  | Midwifery |  |  | Recovery |  |  |
| CT Scanning |  |  | MRI |  |  | Residential Homes |  |  |
| Day Surgery |  |  | Neonatal |  |  | SCBU |  |  |
| Dental |  |  | Neurology |  |  | School Nursing |  |  |
| Dialysis |  |  | NICU |  |  | Scrub |  |  |
| District Nursing |  |  | Nursing Homes |  |  | Spinal |  |  |
| ENT |  |  | Obstetrics |  |  | Stoma Care |  |  |
| Gastrointestinal |  |  | Occupational Health |  |  | Surgical Wards |  |  |
| Gynaecology |  |  | ODP |  |  | Therapy |  |  |
| Haematology |  |  | Oncology |  |  | Urology |  |  |
| Health Visiting |  |  | Opthalmology |  |  | Vascular |  |  |

 |

|  |
| --- |
| 4. ReferencesReferences are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. Referees should be your current employer and most recent employer, or if presently unemployed or self-employed, your last employer. |
| **Name, Address and Post Code** | **Name, Address and Post Code** |
|  |  |
| **Email** |  | **Email** |  |
| **Telephone Number** |  | **Telephone Number** |  |
| **Position** |  | **Position** |  |
| **Relationship to you** |  | **Relationship to you** |  |
| May we contact the above person now?**Yes No Please √ as appropriate** | May we contact the above person now?**Yes No Please √ as appropriate** |

|  |
| --- |
| 5. General information |
| **Please state which languages you speak, including an indication of fluency** |  |
| **How did you hear about BA Alliance?** |  |
| **Are you a member of a Union or Professional Organisation offering Indemnity Insurance?****Yes No Please √ as appropriate**  |
| **Body Name** | **Amount of Cover** |
| **Policy Number** | **Expiry Date** |

|  |
| --- |
| 6. Preference regarding work |
| **Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.****Positions part time full time** **Type of work private hospitals nursing home** **Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **days nights**  |
| **Which areas of work do you wish to exclude?** |  |
| **When will you be available to start work?** |  |

|  |
| --- |
| 7. Immunisations-proof of immunisations must be provided |
| **MMR (Measles/Mumps/ Rubella)** | **Yes No**  | **Date** |
| **BCG (Tuberculosis)** | **Yes No**  | **Date** |
| **Tetanus** | **Yes No**  | **Date** |
| **Varicella (Chickenpox/Vz.Abs)** | **Yes No**  | **Date** |
| **Poliomyelitis** | **Yes No**  | **Date** |
| **Diptheria** | **Yes No**  | **Date** |
| **HIV** | **Yes No**  | **Date** |
| **Hepatitis B & C** | **Date of last injection** | **Booster 1st 2nd 3rd**  |
|  | **Date of last blood** | **Result (titre levels)****IUL** |
| 8. Confidentiality declaration |
| Registration implies acceptance of our code of confidentiality.In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of BA Alliance. You should not disclose ANY information to your family, friends or neighbours.If you are worried by any information you have obtained and consider that you should talk about it to someone else make an appointment to speak with BA Alliance Manager in private.Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register. You may be held personally liable for legal action being taken against you and may be investigated for criminality.I have read and I understand the above and I agree to abide by the contents therein.Signed Date |
|  9. Rehabilitation of Offenders Act |
| As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:1. any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
2. any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*Records will be checked via the Disclosure & Baring Services (DBS) procedures**I have no convictions I have convictions (see Note below)** **Please √ as appropriate**Note(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form) |
| 10. Criminal Records – Disclosure Certificate |
| The DBS (formerly Criminal Records Bureau/CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment. |
| **11. Asylum and Immigration Act 1996** |
| Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:* That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
* The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened. **Are you eligible to work in the UK? Yes No Please √ as appropriate** |
| **12. Personal Declaration** |
| I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and* I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
* I agree that my personal details including DBS disclosure may be viewed by third party auditors and potential employers.
* I give permission for the processing of the personal data contained in this form for employment purposes.
* I understand that any false or misleading information could result in my dismissal.

 **Signed**  **Date**  |
| 13. Equal Opportunities Monitoring FormBA Alliance is committed to a policy of equality in its employment practices. Therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistical purposes. Please note you do not have to provide this information if you prefer not to. |
| **Sex**

|  |  |  |  |
| --- | --- | --- | --- |
| Male | Female | Transgender | Transsexual |

**Sexual Orientation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual | Gay Man/Homosexual | Gay Woman/Lesbian | Bisexual | Prefer not to say |

**Age**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16-18 | 19-25 | 26-35 | 36-45 | 45-55 | 45-65 | 65+ |

**Marriage/Civil Partnership**

|  |  |
| --- | --- |
| Married | Civil Partnership |

**Religion or Belief –** do you actively practice a religion or belief? If yes, which do you practice?

|  |
| --- |
| Bahai’ism Buddhism Christianity Hinduism Islam Jainism |
| Judaism Rastafarianism Sikhism Zoroastrianism Prefer not to say |
| If other/belief please state: |

**Disability – Equality Act 2010** *The definition of disability under the Equality Act 2010 is anyone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.**The information assists the Company in making sure reasonable adjustments as are necessary for anyone who has a disability and enables the Company to respond positively to this responsibility*

|  |  |
| --- | --- |
| Do you consider yourself to be covered by the Act | Yes / No |

**Race Monitoring Categories**Please indicate one of the five categories that describes your nationality/ethnic/national origins.**White**

|  |  |
| --- | --- |
| British | Yes / No |
| Irish | Yes / No |
| Other White (please specify) |  |

**Mixed**

|  |  |
| --- | --- |
| White and Black Caribbean | Yes / No |
| White and Black African | Yes / No |
| White and Asian | Yes / No |
| Other Mixed (please specify) |  |

**Asian or Asian British**

|  |  |
| --- | --- |
| Indian | Yes / No |
| Pakistani | Yes / No |
| Bangladeshi | Yes / No |
| Other Asian (please specify) |  |

**Black or Black British**

|  |  |
| --- | --- |
| Caribbean | Yes / No |
| African | Yes / No |
| Other Black (please specify) |  |

**Chinese or any other Ethnic Group**

|  |  |
| --- | --- |
| Chinese | Yes / No |
| Other Chinese (please specify) |

 |

|  |
| --- |
| For Office Use Only |
|  | Initials |
| **Date Application received**  |  |  |
| **Date Application acknowledged** |  |  |
| **Initial Decision** |  |  |
| **Date Applicant informed** |  |  |
| **Date(s) of Interview** |  |  |
| **Decision** |  |  |
| Notes |
|  |