



POSITION APPLIED FOR: **HCA** **Nurse: RGN** **RMN** **RNLD** **Nurse Pin Number**

*Please complete this Application Form in block capitals in black or blue ink.
Should you require more space please continue on a separate sheet clearly marking the section to which it relates.*

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Address: _____

Forename(s): _____

Surname: _____

Telephone (Home) _____ Post Code _____

Mobile: _____ E-mail address: _____

Date of Birth: _____ Do you have a permit to work in the UK? YES NO

National Insurance No. _____ Nationality _____

Next of kin (in case of emergency) _____ Telephone No. _____

Rehabilitation of Offenders Act 1974

Do you have any unspent criminal conviction: YES _____ NO _____

If yes please give details. _____

Signature: _____ Date: _____

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases where employment is sought involving working with children or vulnerable adults, details of criminal records must be given. The information given will be treated confidentially and only taken into account where, in the reasonable opinion of Reliance Support Care Solutions, the offence is relevant to the post you are applying. Failure to declare a conviction may require us to exclude you from the register or terminate an assignment if the offence is not declared and later comes to light.



Equal Opportunity Monitoring

As an equal opportunities employer, the following information is for monitoring purposes only, and does not form the selection criteria.

WHITE

A1 White British

A2 White Irish

A0 Any other White background (state) _____

ASIAN

C1 Asian Indian

C2 Asian Pakistani

C3 Asian Bangladeshi

Any other Asian background (state) _____

BLACK

D1 Black Caribbean

D2 Black African

Any other Black background (state) _____

CHINESE/OTHER

E1 Chinese

E0 Any other background (state) _____



EMPLOYMENT HISTORY

Please provide details of all employment for the past 3 years, beginning with your present or most recent job first

DATES		Present Employer	Salary	Position(s) Held	Reason for leaving
From	To				
From	To	Previous Employer	Salary	Position(s) Held	Reason for leaving

Prepared to work: Full-time: _____ Part-time: _____

If PART-TIME please indicate preferred hours: _____

Please provide details of any pre-booked holidays _____

When can you start work? _____



EXPERIENCE
(Please tick where applicable)

Care of Elderly <input type="checkbox"/>	Care Plans <input type="checkbox"/>	Movement and handling <input type="checkbox"/>
Bed Bathing <input type="checkbox"/>	Catheter Care <input type="checkbox"/>	Observing <input type="checkbox"/>
Personal Dressing <input type="checkbox"/>	Incident Reporting <input type="checkbox"/>	Preparing Meals <input type="checkbox"/>
Feeding <input type="checkbox"/>	Residential Care <input type="checkbox"/>	Food Handling <input type="checkbox"/>
Use of Hoists <input type="checkbox"/>	Nursing Home <input type="checkbox"/>	Report Writing <input type="checkbox"/>
Learning Disabilities <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Personal Hygiene <input type="checkbox"/>
Hospitals <input type="checkbox"/>		

Mandatory Care Courses

Course:	Organising Body:	Date Certificate Awarded:
Movement and Handling		
First Aid		
Food Hygiene		
Health and Safety		
Infection Control		
POVA		
COSHH		
Other Qualifications e.g. NVQ		



Please indicate whether you have suffered any of the following

Alcohol/Drug abuse <input type="checkbox"/>	Neurological/Epileptic <input type="checkbox"/>	Genito – Urinary <input type="checkbox"/>
Stress Related <input type="checkbox"/>	Endocrine/Diabetes <input type="checkbox"/>	Respiratory <input type="checkbox"/>
Back or Joint <input type="checkbox"/>	Psychiatric <input type="checkbox"/>	

Please tick below the vaccinations/tests you have received and the date you were vaccinated/ tested

Hepatitis B <input type="checkbox"/>	Date	
Hepatitis C <input type="checkbox"/>	Date	

How many sick days have you taken in the last 12 months?

Reason for absences:

Are you Receiving medical or psychological attention at present? YES NO

If yes please give details.



EDUCATION & PROFESSIONAL TRAINING

	DATES		Qualifications gained
	from		
1. Secondary Education (<i>secondary school</i>)			
2. Higher Education (<i>university / college / polytechnic</i>)			
3. Further Education (Professional Training)			
4. Member of Professional Organisation			

REFERENCES

You must provide two references, one professional and one character. This should not be from your friends or relatives.

Name _____ Name _____

Address _____ Address _____

Post Code _____ Post Code _____

Telephone No _____ Telephone No _____

In what capacity have you known this person? In what capacity have you known this person



DECLARATION

Data Protection

Following your application, Reliance Support Care Solutions Ltd will be the Data Controller of your personal data. We will hold all the information you have given on this application form for legal requirements and for the purpose of personnel administration and statistical analysis. Your information will be held on a manual file and will also be entered onto the company's computerised database. No information will be passed onto a third party unless contracted to Reliance Support Care Solutions Ltd for specific employment services without your express agreement unless required by law.

Declaration

I declare that the information provided on this application form is, to my knowledge, true. I understand that giving false or misleading information may lead to my offer of employment being withdrawn or I may be dismissed without notice. I also agree to a medical examination if required.

Signed

Date