APPLICATION FORM

Western Care Limited
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Email : care@westerncareagency.co.uk
Website : www.westerncareagency.co.uk

WESTERN CARE
Providing Nurses & Care Staff

Position Applied For

PERSONAL DETAILS

Please fix your passport size photo here.

Title: Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other

Surname:

First Name:

D.O.B: DD / MM / YYYY

Marital Status:

Nationality:

NI Number:

Address:

Post Code:

Tel:

Mobile No:

Email:

PASSPORT DETAILS

Passport Number:

Place of Issue:

Issue Date:

Expiry Date:

Visa Expiry Date:

Visa Status:

If Student, please provide course details:

NEXT OF KIN

Name:

Relationship:

Address:

Tel:

Mobile No:

Email:

EDUCATIONAL QUALIFICATIONS

Place of Study	Qualifications	Date Qualified

** Use and additional sheet if necessary*

TRAININGS

Course Name	Date Attended	Expiry Date	Details (e.g. Provider)
* Moving & Handling Theory			
* Manual Handling Practical			
* Safeguarding Vulnerable Adults			
* Fire Safety			
* Health & Safety			
* COSHH and RIDDOR			
* Infection Control			
Person Centred Care			
* Food & Hygiene			
* Dementia Care			
Medication Management / Administration (for RNs*)			
Life Support			
First AID			

Use and additional sheet if necessary
** Mandatory Trainings*

WORK EXPERIENCE

Date From	Date To	Employer's Name & Address	Job Title	Duties

** Use and additional sheet if necessary*

PROFESSIONAL REGISTRATION DETAILS

*This is mandatory for Nurses

Registration Body (e.g. NMC)	Registration No (e.g. NMC reg. No.)	Expiry Date

Are you a member of any union (e.g. RCN, Unison etc.) Yes ☐ No ☐

If yes, please give details

EMPLOYMENT REFERENCES

Reference 1

** Please provide a minimum of 2 references*

Employer:

Name: Position:

Address:

Post Code:

Tel No: Fax

Email ID:

Can we contact this referee prior to the interview? Yes ☐ NO ☐

Reference 2

Employer:

Name: Position:

Address:

Post Code:

Tel No: Fax

Email ID:

Can we contact this referee prior to the interview? Yes ☐ NO ☐

Reference 3

Employer:

Name: Position:

Address:

Post Code:

Tel No: Fax

Email ID:

Can we contact this referee prior to the interview? Yes ☐ NO ☐

Equal Opportunity Monitoring Form

The information on this form will be used in fatal confidence and accordance with current data protection legislation. It will help to ensure that the company properly monitors and confirms with its policies relating to equality of opportunity. Information will be used for monitoring only. Our commitment aims to allow our staff to develop their skills and realize their maximum potential as individuals without any wish on the part of the company to limit their opportunity.

PLEASE TICK THE RELEVANT BOX

White ☐ Mixed ☐ Asian ☐ Black ☐ Chinese ☐ Other ☐

Gender Male ☐ Female ☐

Please indicate your age range by ticking one of the boxes below:

16-21 ☐ 22-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-50 ☐ 51-55 ☐ Above 55 ☐

Do you consider yourself to have a disability of some kind? Yes ☐ No ☐

If Yes, Please give Details

Protection of Children and Vulnerable Adults Declaration

Has any Social Service Department or Police Service ever conducted an enquiry or investigation into any allegations or that you may pose an actual or potential risk to children or vulnerable adults? Yes ☐ No ☐

Have you ever been convicted of any offence relating to children or vulnerable adults? Yes ☐ No ☐

Have you ever been the subject of any disciplinary procedure or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child or vulnerable adult? Yes ☐ No ☐

If you have answered 'YES' to any of these questions above, please give details.

Rehabilitation of Offenders

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemption) Order 1975. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are spent under the provisions of the act and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the employer. All Successful candidates will be required to obtain an enhanced disclosure report from the Disclosure and Barring Service. Have you ever been convicted of a criminal offence, or been subject to any confidential discharge, bind overs or caution.

If you have answered 'YES' above, please give details. Yes ☐ No ☐

*** Any information contained in the above forms will be treated in confidence. Failure to disclose any relevant information or providing false or inaccurate information may be regarded as a breach of any subsequent contract of employment, resulting in disciplinary action and/or dismissal.**

Health Check Questionnaire

(Optional/to be filled upon selection)

GP Name & Contact Details:

Please answer all the following questions by giving relevant details

			If Yes, Please give Details
1) Have you ever suffered from any of the following:			
a) Depression, anxiety state, nervous illness or breakdown	Yes ☐	No ☐	
b) Epilepsy or disease of the nervous system	Yes ☐	No ☐	
c) Ailment of lungs or chest	Yes ☐	No ☐	
d) Spinal problem (backache)	Yes ☐	No ☐	
e) Arthritis, Rheumatism or Gout etc	Yes ☐	No ☐	
f) Any heart or circulatory, including blood problems	Yes ☐	No ☐	
g) Illness of the kidneys, bladder, liver or glans	Yes ☐	No ☐	
h) Diabetes	Yes ☐	No ☐	
i) Skin disorder	Yes ☐	No ☐	

2) Are you presently taking medication or undergoing treatment? Yes ☐ No ☐

If Yes, Please give details:

3) What is your average consumption, if any Alcohol ☐ Tobacco ☐

4) Are you a registered disabled person? Yes ☐ No ☐

5) Details of any industrial disablement benefit received: ☐

6) How many working days have you been absent from working during the last 12 months? ☐

7) Are you now pregnant? Yes ☐ No ☐

8) Additional details: (if necessary):

How Did you hear about us? ☐

Declaration

I confirm that the information given within this form is true and accurate. I hereby give consent for this information being used for personnel administration and business purposes.

Name	Signature *(should be inside the box)*	Date

Office Use Only

Address & Postcode:	☐	Telephone & Email:	☐	Qualification Det:	☐	If Student, Course Det:	☐
DBS:	☐	Passport & Visa Det:	☐	NI Number:	☐	NMC Registration Det:	☐
References:	☐	Mandatory Trainings:	☐	Next Of Kin:	☐	Signature:	☐

Any Other Details:

Checked By ☐ Signature ☐ Date: ☐