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Healthcare Assistant Application Form

Personal Details	
First Name:	Address:
Surname:	
Maiden Name:	
Marital Status:(Single/Divorced/Married/Widowed):	
Male/Female:	Post Code:
Place Of Birth:	Next Of Kin:
Nationality:	Relationship:
Tel Home: Work:	Contact Number: Email:
National Insurance Number:	

Work Permit	
Do you need a work permit to take up this post:	Yes / No
Working In the UK	
Are you eligible to work in the UK:	Yes / No
Driving Licence	
Do you have a driving licence?	Yes / No
Do you have any Endorsements? If yes, please give details.	Yes / No

References

Please give names and work addresses of three referees, including telephone numbers, whom we may approach for a reference. **These must be professionals of a senior position to yourself and who have worked alongside you in a Healthcare Setting.**

The first referee should be your present or most recent employer. Relatives are not acceptable.

Name 1: _____ Designation: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Capacity In which referee knows you: _____

Name 2: _____ Designation: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Capacity In which referee knows you: _____

Name 3: _____ Designation: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Capacity In which referee knows you: _____

Employment Information – Please list the last 10 years of your employment (explaining any gaps in employment)

1. Employer Name and Address: _____

Job Title: _____

Location (Ward/Dept): _____

Date Started: _____

Email Address: _____

Date Ended: _____

Reason for leaving (if applicable): _____

Telephone: _____

2. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving
Telephone:	
3. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving:
Telephone:	
4. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving:
Telephone:	
5. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving:
Telephone:	

Academic Qualifications

Subjects	Type of qualification e.g. GCSE, Higher, BSc	Grade Achieved

Professional & Clinical Qualifications & Training

Qualification / Training	Start Date	Grade / Reg No.	Completion Date

Membership Of Professional or Regulatory Bodies

Full Name Of Organisation	Registration Number	Renewal Date

CQC & Government Required Information

Ethnicity	
1 = White British 2 = White Irish 3 = Any other white background 4 = Mixed white and Caribbean 5 = Mixed white and black African 6 = Mixed white and Asian 7 = Any other mixed background 8 = Asian or Asian British Indian 9 = Asian or Asian British Pakistani	10 = Asian or Asian Bangladeshi 11 = Asian or Asian British or other background 12 = Black or Black British Caribbean 13 = Black or Black British African 14 = Black or Black British or other background 15 = Chinese 16 = Any other 17 = Prefer not to answer Code Number.....

Religion:	
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Sexual Orientation:	
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Asylum & Immigration

I confirm that I have provided the original documentation of two of the following [Circle where appropriate]:

- | | |
|---|--|
| 1. Original passport and / or visa | 4. P60 / P45 / Current wage slip |
| 2. Birth Certificate / Marriage Certificate | 5. Proof of Address x 2 (within last 3 months) |
| 3. Driver's License | |

Declaration of Service

I can confirm that in my current position that I am / am not undergoing any investigation or suspension in any healthcare organisation or from any professional bodies

Signed: _____ Date: _____

Under the Data Protection Act 1998 I agree to Healthcare Recruiters Limited allowing my personal file to be viewed by the inspection team from the following bodies:

1. The NHS
2. Buying Solutions(NHS PASA)
3. CQC (Care Quality Commission)
4. CPP (Collaborative Procurement Partnership), its Authorities, Representatives, Professional Bodies, Participating Authorities, their Representatives and any relevant Professional Bodies.
5. Any relevant 3rd party bodies

Signed: _____ Date: _____

Rehabilitation Of Offenders Act 1974 (Exemptions Order 1975)

Because the nature of the work for which you are applying involves direct contact with people who are receiving a health service we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order you are not entitled to withhold information about convictions, which might be considered "spent". In the event of employment failure to disclose such convictions could result in dismissal or disciplinary action. Please give details of any convictions you may have on a separate sheet. This information will be treated in the strictest confidence.

I have / have no cautions or convictions to declare:

Signed _____ Date: _____

Experience Checklist

Please tick all that apply:

Personal Care / Hygiene needs		Paediatrics	
Care of Mouth /teeth/dentures		Dementia	
Care of Nails		Mental Health	
Care of Eyes		Challenging Behaviour	
Continence Care		Learning Disabilities	
Bed Making		Theatre / recovery / HDU / ITU	
Feeding / fluid balance		Immediate post-operative care	
Collection & Testing of specimens		Epilepsy	
Basic Observations & Recording		First Aid / Life Support	
Observing conditional changes		Medication awareness / administration	
Clean Procedures / cross infection		Confidentiality	
Handling / preparation of food		Dealing with Relatives	
Use of moving and lifting aids		Hand over / report writing	
Pressure area care/management		Financial transactions	
Terminal Care / Oncology		Tracheostomy care & management	
Last offices		Suction / Nebulisers / Saturation Level	
Housework / shopping		PEG / Mic-ey care & management	
Detail any other experiences:-			

Payment Details:

Are you operating as a Ltd Company? Yes / No	
If Yes, please provide the Name of your Ltd Company:	
Account Number:	
Sort Code:	

Declarations

I can confirm that I have read this document fully and that all the information provided to Healthcare Recruiters Ltd is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform Healthcare Recruiters Ltd should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that Healthcare Recruiters Ltd may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to Healthcare Recruiters Ltd.

I acknowledge that my personal details will be stored and handled correctly by Healthcare Recruiters Ltd in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - DBS, Occupational Health, References).

Signed: _____

Date: _____