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RMN Application Form

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|--|---------------------------|
| Qualification..... NMC PIN/HCPC (ODP's)..... Expiry..... | |
| 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: _____

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| | |
|--------------------------------------|-----------------------|
| 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: | |
|----------------------------|--|

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 complete the below boxes with:

- 1- Limited / no experience
- 2-3- Experienced/work supervised
- 4-5- Competent/In charge

| | | | |
|--|--|--|--|
| Medical / MAU | | ENT / maxillofacial | |
| Surgical / SAU | | Urology | |
| Orthopaedics | | Gynaecology | |
| Oncology | | Paediatrics / SCBU | |
| Neurology | | Older Adults / Nursing Homes | |
| Cardiology / ECG | | Recovery / Theatre | |
| ITU/ICU | | A&E / Trauma | |
| Mental Health | | Learning Disabilities | |
| Community | | Out Patients / Pre-Admission | |
| Haematology | | Prisons | |
| Occupational Health | | Trainer / Teaching / Management | |
| Diabetic care and patient management | | Dermatology | |
| G.U.M | | Cosmetic Surgery | |
| Burns / plastics | | Ophthalmology | |
| IV Therapy/infusions/medication | | IV rate / Drug calculations | |
| Blood / Plasma Infusions | | Chemotherapy | |
| Observing and recording PCA / Epidural / Spinal Infusions | | Setting up of PCA / Epidural infusions as per script | |
| Drawing up of medication for IM / SC / IV administration | | Setting up Syringe Drivers / Pain Control as per script | |
| Assessments/Planning/Implementation / Evaluation of patient care | | Hand Over / Report Writing / Data protection / Confidentiality | |
| Basic / Advanced Life Support | | ECG / Defibrillation / Rhesus | |
| Insertion / Removal of Indwelling urinary Catheters | | Recording contents and removal of surgical drains / tubes | |
| PEG care / management | | Insertion / removal of NG tubes | |
| CVP lines care and management | | Sterile procedures / technique | |
| Aseptic Technique / Wound Dressing | | Universal Precautions/infection control | |
| Tracheostomy care and Management | | Collection of cultures | |
| Sleep Studies | | Discharge Planning | |
| Suturing / removal of suture or clips | | Preparing patients for surgical procedures / theatre | |
| EMI / Dementia / Alzheimer's | | Prisons | |
| Forensic | | Secure units | |
| Learning disabilities | | Community Mental Health | |
| Substance Misuse | | Personality Disorders | |
| Children's Mental health Services | | Adult mental health services | |
| OCD | | Specialist drop-in clinics | |
| Control & Restraint | | PMVA | |
| Any other experiences which have not been listed - | | | |

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|--|--|--|--|
| My preferred and competent area of clinical work is:- | | | |
|--|--|--|--|

| 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 |
|--|
| <p>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.</p> <p>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.</p> <p>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).</p> <p>Signed: _____ Date: _____</p> |