**CANDIDATE APPLICATION FORM**

Please complete and return the following items listed below to the following email address: jessym1@hotmail.co.uk

**TO REGISTER WITH US, YOU WILL NEED TO BRING THE FOLLOWING:**

* **Right to work (Biometric Resident Permit, Passport, Visa, Others)**
* **Proof of identity** – passport, driving license, utility bill.
* **Recent Enhanced DBS. (Or Fee if applicable at £75).**
* **References –** 2 professional clinical are required. Please provide details of previous employers, including all contact details.
* **2 x recent passport pictures.**
* **2 x proofs of address** (dated within the last 3 months) such as Utility Bill, Bank Statement, Council Tax Bill or Driving License
* **A recently updated CV/ resume.**
* **Care Certificate** (minimum) if not, training will be provided..
* **Other Relevant certificates** that you have attained.
* **Details of your immunisation history.**
* **Proof of National Insurance number**, i.e. N.I card, P45, P60, HMRC Letter.
* A copy of certificate of incorporation and articles of memorandum ( Limited company only)
* **Bank account**
* **NMC statement of entry**- nurses only
* **Professional Indemnity**- nurses only

Mobile: 07880 746588

***Email: jessym1@hotmail.co.uk***

***PLEASE COMPLETE ALL SECTIONS:***

***Section 1: Personal Details:***

Position Applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Surname:

Forenames: Maiden/Former Name:



Address:





 Post Code: Date of Residence:



NI Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone No: Mobile Telephone No:



Country of Birth: Nationality:



Next of Kin: Emergency Contact No. Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Night\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you 

##

## **Personal details**

|  |
| --- |
| Have you ever been known by another name? (e.g. maiden name, Christian name, middle name, previous name) **Yes / No**If Yes, please state ALL names by which you have ever been known You may be required to provide proof of name change if you have been known by other names. |
| **As noted in our Privacy Policy, Shalom Promise Recruitment Ltd will continue to contact you with relevant roles that you would be suited for, and provide content which will help you in your job search. If you would like to opt-out of these communications or express a preference for how we contact you, then please speak to us.** |

# Section 2: Professional Registrations

# Professional Qualification and Training Details

|  |  |  |
| --- | --- | --- |
| Training Establishment | Dates of training | Qualification Obtained |
|  | From To |  |
|  | From To |  |
|  | From To |  |

Country of qualification (please indicate as appropriate)

UK Other EEA Rest of the World

 (Please indicate Country)

|  |  |  |  |
| --- | --- | --- | --- |
| **NMC PIN Number:** |  | **Date of Registration****Expiry Date**  |  |
| *For office use only:*  |

All professional memberships will be verified with the relevant professional body.

|  |
| --- |
| Profession: Speciality: Registration Number: Please circle registration body GMC☐ / NMC ☐/ HCPC ☐/ SSSC ☐/ SCW ☐/ GDC ☐/ GPHC ☐Revalidation date (if applicable):  |

**PLEASE BE AWARE THAT TO WORK IN THE PRIVATE HEALTH CARE SECTOR, YOU MUST HAVE INDEMNITY INSURANCE. INCLUDE COPY OF INSURANCE CERTIFICATE WITH YOUR APPLICATION. (*FOR QUALIFIED STAFF ONLY)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Indemnity Insurance No** |  | **Expiry Date:** |  |
| *For office use only:*  |

Please state below any other courses and date attended. (e.g. ENB Courses/ Manual Handling)

Continue on a separate sheet if necessary. Original certificates will need to be presented at interview. Please note evidence of training is required for agency files. Shalom Promise Recruitment Ltd requires certain mandatory training according to the areas in which you require work. All training is provided by appropriately qualified instructors and is provided free of charge to all agency members. Appraisals and training reviews are regularly offered to all Agency workers.

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Date Attended** | **Other Details** |
|  |  |  |
|  |  |  |
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**Section 3: Work History**

**Please enclose your most current CV. This must include your last 5 years of work history.**

**You must state reasons for any breaks in employment. Please start with your most recently held position**.

Are you registered with other nursing agencies? Please state agency…………………….

**Salary Information**

Expected Hourly Pay

**Declaration of Health / Immunisation requirements.**

Please ensure you complete and sign the separate health declaration form enclosed with this application. Shalom Promise Recruitment Ltd employs its own occupational health nurse and agency members are allowed access to this service on a regular basis. Please be assured that all health matters are dealt with on a strictly confidential basis.

**IMMUNISATION INFORMATION REQUIREMENTS:**

###### **NB: In order to protect yourself and clients, up to date Immunisations are considered a good practice requirement for all agency staff. If you wish to work within NHS Trusts or Private Health Care, immunisations are mandatory requirements. Documentary evidence / photocopies of certificates of immunity will be required as indicated below for your agency file. These should be available from your GP practice or from occupational health services from a previous employer. We are unable to place agency staff into NHS Trusts without evidence of immunisations due to contractual reasons. We strongly advise you to read the requirements below and obtain the necessary immunisations / evidence at your earliest convenience to help your application proceed quickly.**

If you require any further information, please contact the office and we will be happy to help.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | information | Private sector requirements | NHS Trust requirements | Do you have this As required? Please indicate Yes or No |
| Polio | Boosters up to dateUsually given in childhood | Considered good practice | Not mandatory. Good practice for documentary evidence to be in file if you have it. |  |
| Tetanus | Boosters up to dateUsually given in childhood | Considered good practice | Not mandatory. Good practice for documentary evidence to be in file if you have it. |  |
| Hepatitis B | Full course and 5 yearly boosters for all health care workers recommended | Preferable for agency workers | Mandatory. Documentary evidence must be presented for file. Blood test showing antibodies present. |  |
| Rubella | Usually given in childhood | Considered good practice | Mandatory.Documentary evidence must be presented for file. Blood test showing antibodies present. |  |
| BCG (Tuberculosis) | Usually given in childhood | Considered good practice | Mandatory.Documentary evidence must be presented for file. Our occupational health nurse can record evidence of scar. If no scar present Heaf test may be needed. |  |
| Varicella (chicken pox) | 90 –97% of population already immune due to childhood exposure. | Declaration of having had chicken pox or shingles considered good practice. | Declaration of having had chicken pox or shingles required for file. Blood test and or vaccination may be required if you cannot declare. |  |

### Section 3: Shift Preference

Please indicate your work preferences by placing a tick or comment next to the relevant box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Long Days  |  | Early  |  | Late |  | Nights |  |

### Section 4: References:

### A: IF YOU WISH TO WORK IN NHS TRUSTS:

Please supply the names and contact addresses from two referees who must be personnel from your two most recent engagements. (i.e. your line managers) who hold a position more senior to your own and can provide written references on your abilities and experience.

**B: IF YOU WISH TO WORK ONLY IN CARE HOMES / PRIVATE SECTOR / HOME CARE**

Please supply the names and contact addresses of two referees who must be nurses or professionals and preferably hold a position more senior to your own. One of these must be from your current or most recent place of employment.

**First Referee:**

|  |  |
| --- | --- |
| Referee’s Name |  |
| Job Title |  |
| Position |  |
| Organisation Name |  |
| Organisation Address |  |
| Email Address |  |
| Telephone Number |  |
| Length of time known to you |  |

**Second Referee:**

|  |  |
| --- | --- |
| Referee’s Name |  |
| Job Title |  |
| Position |  |
| Organisation Name |  |
| Organisation Address |  |
| Email Address |  |
| Telephone Number |  |
| Length of time known to you |  |

### Section 5: Security

* **Permission to work in the UK**

Do you have permission to work in the United Kingdom? **Yes No**

**Eligibility to work in the UK**

UK legislation requires all candidates to provide appropriate evidence

|  |
| --- |
| Please state by what means you are eligible to work in the UK: ☐ UK/EEA Passport ☐ Valid Visa / Biometric Residence Permit ☐ Other please specify If other, do you require a visa permitting you to work in the UK? **Yes / No**If yes, what type of visa do you hold?Type: Visa no.: Expiry date: UK entry date:NI number: (All candidates must provide this)  |

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Shalom Promise Recruitment Ltd for temporary work.

* **DBS Disclosure**

Please note that this application will require a criminal background check by the Disclosure and Barring Service, disclosure procedure is at enhanced level. It may be the case that you already have a DBS disclosure, we can use this providing it is at the enhanced level and was issued after June 2013 and you have registered to make it portable.

* ***Criminal Convictions***

Do you have any spent or unspent\* criminal convictions?

 **Yes No**

**If you answer is Yes** **please provide details and dates below:**

**WE WILL ALSO REQUIRE A WRITTEN DECLARATION OF GOOD CHARACTER**

|  |
| --- |
|  |

\* Certain types of employment and professions are exempt from the Rehabilitation of Offenders act 1974 and in those cases, particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Shalom Promise Recruitment Ltd the offence is relevant to the position of agency nurse. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Section 6: Areas of Expertise:

In order for us to obtain you work placements that are most appropriate, according to both your own and client requirements please state below your areas of personal expertise and the length of time you have spent working in these areas. Please include your CV if you have one or continue on a separate sheet if necessary.

Area Of Work (please indicate)

**NHS Private Health Social Care**

|  |  |
| --- | --- |
| Area of expertise | Dates / Workplaces |
|  |  |
|  |  |

**Section 7: Data Protection Statement.**

The information that you provide on this form and on any CV given, will be used by Shalom Promise Recruitment Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerized database and consent to us transferring your personal details to our clients.

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 8: Equal Opportunities Statement**

Shalom Promise Recruitment Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, color, ethnic or national origin, religion, political beliefs or membership or non-membership of a trade union and we place an obligation upon all staff to respect and act in accordance with the policy.

Shalom Promise Recruitment Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers.

Shalom Promise Recruitment Ltd will ensure that each candidate is assessed only in accordance with the candidates’ merits, qualification and ability to perform the relevant duties required by a particular vacancy.

**Section 9: Final Statement and Declaration.**

* I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed on to potential employers.
* I understand that if at any stage I am charged or cautioned after signing this Declaration I must inform Shalom Promise Recruitment Ltd
* I acknowledge that I have been given a copy of the Terms & Conditions of Service issued by Shalom Promise Recruitment Ltd. which is mine to keep and furthermore that I have read those Terms and Conditions and agree to abide by them.
* I am not aware of any condition medical or otherwise which would affect or limit my employment or professional performance other than those declared in my Occupational/Health Declaration Form.
* I acknowledge that Shalom Promise Recruitment Ltd. is authorized to apply for and obtain a Disclosure and Barring Service DBS check, and references from any previous or current employers and educational establishments.
* I agree that the maximum weekly working time specified in Reg 4i and Regulation 2 of the Working Time Regulations shall not apply to working with Shalom Promise Recruitment Ltd. unless specified.
* I acknowledge that all my personal details will be stored and handled correctly by Shalom Promise Recruitment 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 will include all references, DBS and Occupational Health.
* I confirm that I am not currently under investigation or currently suspended by any professional or regulatory bodies or being investigated by any current or previous employer at any point while working for Shalom Promise Recruitment Ltd..
* I confirm that when asked about my working history I will provide accurate information.
* I acknowledge that should I reach a 12 week qualifying period under Agency Workers Regulations I may be asked to send all information and Documentation as evidence of the Qualifying weeks.
* If during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that TeamA5 Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the client without further charge being applicable to the client).
* I understand that acceptance on to the TeamA5 Ltd register may only be granted after relevant checks are made, satisfactory references are received and I have attended an interview / Agency Induction.

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunity employer and positively encourage applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, religion or belief. To enable us to improve and monitor our employment processes, please complete the sections below and note that this information is confidential and will be used only for the purpose of monitoring.

**SEX:** (please circle your answer) **NATIONALITY:**......................................................................

Male Female Transgender Undisclosed **DISABILITY:** (please circle your answer)

**Date of Birth**:............................................................. The Disability Discrimination Act 1995 defines disability as a ‘physical or **ETHNIC ORIGIN**: (please circle your answer) mental impairment, which has a substantial and long term adverse effect **WHITE** on a person’s ability to carry out normal day-to-day activities’.

English Scottish Welsh Irish Do you consider yourself to be a disabled person? If YES, please give brief details of your disability:

**MIXED**

White & Black Caribbean White & Black African ...............................................................................................

White & Asian **SEXUAL ORIENTATION:** (please circle your answer) Other, please specify:................................................ Bisexual Heterosexual Homosexual Undisclosed

**ASIAN** Other, please specify:............................................................

Indian Pakistani Bangladeshi **RELIGION OR BELIEF**: (please circle your answer) Other, please specify:............................................... Anglican Catholic Other

 **BLACK** Protestant Buddhist Hindu

Caribbean African Jewish Muslim Christian

Other, please specify:............................................... Other, please specify:.............................................................

### CHINESE

Chinese

Other, please specify:...............................................

### ELIGIBILITY TO WORK IN THE UK:

Changes to the Asylum and Immigration Act 1996, which came into force on 1st May 2004, means we are now required to make basic document checks to ensure potential employees are eligible to work in the UK. If we invite you to an interview, we will be required to provide proof of your eligibility to work in the UK, by providing a valid passport, National Identity Card or a photo card driving license with counterpart registered at your address. If you do not have one of these, we will require a document giving details of your permanent National Insurance Number (e.g. P45, P 60, NI card), together with one of the following, birth certificate (issued in the UK), Certificate of Registration/Naturalization or a Home Office document stating eligibility to remain in the UK.

Are you able to provide documentary evidence of your legal right to work within the UK? (please circle your answer)

YES NO UNDISCLOSED Other, please specify:..............................................

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quality of service monitoring**

|  |
| --- |
| **1.Where did you hear about us? (*Circle as appropriate and for any selection other than Shalom Promise Recruitment Ltd website, please specify which job board, journal etc.*)**Shalom Promise Recruitment Ltd website ☐ /   Job Board  ☐/  Professional Journal or magazine  ☐ /   Search Engine  ☐/   Friend of Colleague   ☐/   Other ☐*2.***How would you rate the service you have received so far? *(circle as appropriate)*****Excellent ☐  /   Good ☐   /   Average ☐  /   Poor ☐****3.How could we improve our service?** |

Shalom Promise Recruitment Ltd is acting as an Employment Agency in respect of permanent recruitment and as an Employment Business in respect of temporary recruitment.