

APPLICATION FORM

Post applied for

1. Personal details

Title (Miss, Mrs., Ms, Mr., Dr etc.)	Surname/Family Name
First Name(s)	National Insurance No.
Address	D.O.B
.....	NMC Pin No (RN'S).....
Postcode.....	Nationality.....
Email address	
Home telephone number	
Mobile telephone number	

Attach 2 Passport Size Photos Not more than 6 months' old

2. References

Please give names of two referees – one of whom should be your current/ most recent line manager (paid or voluntary work). School or college leavers may list a Teacher or Tutor as one referee. If you do not have a second work referee, the second referee may be a personal referee (but not a relative). We always take up references before confirming an offer of employment.

Name	Name
Occupation	Occupation or Relationship to you
Company Name	Company Name
Address.....	Address
.....
Post Code	Post Code
Tel. No	Tel. No
Email	Email
Can we take references at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we take references at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Personal Referee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Personal Referee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Next of Kin

Name.....
 Relation.....
 Telephone no.....
 Address.....

3. Employment history (Fill in or Attach C.V)

Current or most recent employer (including voluntary or unpaid work)

Employer Name.....
 Address.....
 Postcode.....

Job Title..... Salary

Date started..... Date appointed to present/last job Notice period.....

Date left (if applicable) Reason for leaving

When would you be free to take up work for us?.....

Brief description of your work:

Previous employment – please give details of all jobs held/work history, including part-time and unpaid work, starting with the most recent first and explain clearly any gaps in your employment history.

Employer name & address	Job Title & brief outline of duties & key achievements	Date position held from/to (month/year)	Reason for leaving

4. Education, Technical and Professional Qualifications

What formal education, vocational/professional qualifications and training do you have?
 Please include everything you consider relevant. Continue on a separate sheet if necessary.

Name of schools, colleges and universities attended	Dates from/ to	Certificates, diplomas, degrees or other qualifications obtained or expected (please include results/ grades)

5. Healthcare Trainings

Please provide information about training attended plus certificates date

Health and safety.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Basic first Aid....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mental Health Act	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Moving and handling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Prevention and Infection control.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Food Hygiene.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Medication.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Basic Life support.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Others.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

6. Do you have or have you ever suffered from any of the following? (If yes, please give details)

Asthma/Hay Fever	Yes / No	
Blood Disorders/Anemia/Hemophilia	Yes / No	
Dermatitis/Skin disorders/ Psoriasis/Eczema	Yes/No	
Tuberculosis/Bronchitis/Pneumonia/Pleurisy	Yes/No	
Anxiety/Depression/Mental Health problems	Yes/No	
Eyesight/Hearing/wear glasses or hearing aid	Yes/No	
Headaches/Migraines/Dizziness	Yes/ No	
Cardio-Vascular/BP/Circulation/Fainting	Yes/No	
Diabetes/Epilepsy	Yes/No	
Back Injury/Recurrent Infection	Yes/No	
Hepatitis/Jaundice/Kidney problems.	Yes/No	
Varicose veins/Foot problems	Yes/No	

7. Other information

Do you have a current full driving license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any endorsements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have the use of a car for work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

8. Working Times Preferences (Please tick your preferred working time and places)

<input type="checkbox"/>	Days (Early & Late) Shifts	
<input type="checkbox"/>	Nights Shifts	
<input type="checkbox"/>	Early Shifts	
<input type="checkbox"/>	Late Shifts	
<input type="checkbox"/>	Weekends	

WORKING TIMES REGULATIONS DECLARATION

I am eligible for employment in the UK and I am physically and mentally fit for work. To my knowledge all the information I have provided on this application form is true and complete record. I also acknowledge that the contract of employment Act 1972 applies to this application.

Signature of Applicant.....

Date of Signature.....

All information provided is subject to our confidentiality policy and the Data Protection Act. If you do wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are available.

I (name) _____ confirm that I want to be able to work more than 48 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.

Signed _____

Dated _____

12. REHABILITATION OF OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions which are regarded as "spent under the Act". This is due to the nature of the work involved which renders the post exempt from sec.4 (2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975.

You are therefore required to give details of all convictions and cautions including spent one. All information is confidential and will be considered only in relation to this or similar position.

Have you ever been convicted of a criminal offence Yes/No

If yes, please give details of all convictions including spent convictions and cautions

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Disclaimer: NADIAMED LIMITED will not assume responsibility for any false information supplied by the temp worker filling this form and therefore such responsibility will entirely be their responsibility and the consequences thereof. It's a criminal offence for any persons to supply false information or documents with or without their knowledge.

13. BANK DETAILS

NAME OF BANK.....

ACCOUNT NAME.....

ACCOUNT NO.....

SORT CODE.....

BANK ADDRESS

.....

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Please send back or email the completed form to

nadiamed.info@gmail.com

NADIAMED LIMITED
TWIN CEDARS, COLLINS ROAD
BUCKINGHAMSHIRE
SL2 3LJ