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Application Form For Healthcare Assistant

Section 1

Personal Details	
Title (Mr/Mrs/Miss/Ms) (Please strike out as appropriate)	
Surname/Family Name	
First Name	
Middle Names	
Previous Surname (if Married)	
Date of Birth	
Nationality	
Current Address:	Contact Telephone numbers: Home: Mobile: Email address:
Post Code:	
Full UK Driving Licence? Yes / No	D/Licence NO:

Immigration

Are you a British or EU National?	
Do you hold a valid VISA	
Please specify any work Restriction	
Passport Number	
Passport Expiring Date	
VISA Number	
Visa Expiring Date	

Section 2

Qualifications

Please give full details of any academic and vocational qualifications you have undertaken as well as relevant training. Including secondary, further and higher education. Continue on separate sheet of paper if required. Please be prepared to bring original certificates to interview.

Qualification gained / pending	Grade/Level	Establishment school / college / university	Date achieved	Awarding body

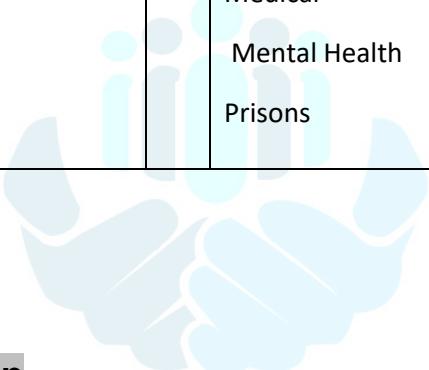
Professional Appraisal (consultant, Mentor etc)

Title	Name
GMC NO	
Regular Place of Work	
Contact Phone No	
Email address	
Date of last Appraisal	Date of Next Appraisal

Courses	Course Training provide	Date of Certification
Infection Control (incl. MRSA & C.DIFFg)		
Complaints Handling		
Moving & Handling		
Fire Safety		
Food & Hygiene		
Lone Worker Training		
Life Support Accreditations		
Handling Violence and Aggression		
Caldicott Protocols		
Health & Safety (incl. COSHH & RIDDOR)		

Areas of Speciality (Please tick are current areas of skill speciality)

A&E	Orthopaedics	
ANP	Paediatrics	
Clinics	Surgical	
Community	Theatres	
Elderly Care	Neonatal/PICU	
ECP	Nursing Homes	
ENP	Learning Disabilities	
Home Care	Medical	
ITU	Mental Health	
	Prisons	

**Professional Membership**

Name	Number	Expiring date	NMC Part of Register date

Section 3

Employment History

Please give full details of all your previous employment. This should include paid and unpaid employment, work experience and placements. Exact dates of employment must be given. If different posts with the same employer include them separately.

Please indicate reasons for any substantial gaps in employment and full-time study on Gap section continue on a separate sheet if necessary. Please start with your present employer. If you are not currently in employment, please leave blank

Present Employment

Job Title:	Employers Name:
	Employers Address:
	Postcode:
Date started:	Telephone No:
Name of Supervisor/Manager/Team Leader	
May we contact on this number? Yes / No (delete as appropriate)	

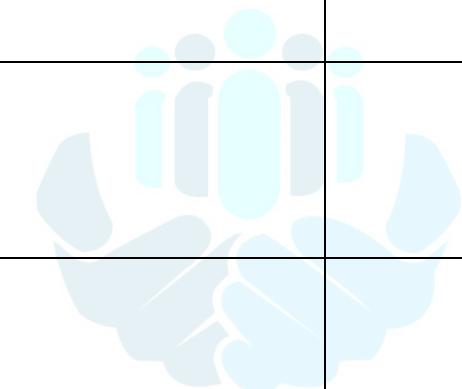
Previous Employment

Employer	Job Role	Main tasks / responsibilities	Reason for Leaving	Employment start and end dates (month to year)

Section 3b

Gaps

From Day Month & Year	To Day Month & Year	Explain Reason for Gap



Section 4

References

Please provide details of two clinical professional referees. One referee must be your current or most recent employer and your previous employer. References are usually taken up before interview/placement. Please indicate your permission if this is acceptable:
Yes/ No

A job will not be offered until references have been obtained.

	REFEREE DETAILS (1)	REFEREE DETAILS (2)
Name		
Job Title:		
Company:		
Address:		
Postcode:		
Telephone Number:		
Work Email contact		
Relationship to self:		

Section 4

	Emergency Contact Details	Next of Kin Details
Name		
Professional:		
Address:		
Postcode:		
Telephone Number:		
Email contact		
Relationship to self:		

Section 5

Name of GP:	
Current Address:	Name of Surgery:
Post Code:	Telephone numbers:

Occupational Health

I understand my responsibility (set out in Duties of a Doctor: Guidance from the General Medical Council) to have all the necessary tests if I think I have or am carrying a serious or communicable condition and to act on the advice of a suitably qualified colleague about and/or modifications to my clinical practice.

I also understand that I must take and follow advice from a consultant in Occupational Health or another suitably qualified colleague if my judgement or performance could be significantly affected by a condition or illness.

I agree to provide evidence of immunisations to Immensity Healthcare Limited before starting my first locum assignment.

I give / I do not give Immensity Healthcare Limited permission to contact my GP to obtain further information if necessary

Print name	
Signature	
Date	

Section 6

Declarations

Rehabilitation of Offenders Act

By the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which enables the provider to have access to vulnerable persons in the course of his/her normal duties. Your answer to the following question should therefore include 'spent 'duties.

Have you ever been convicted?
of a criminal offence?

Yes No

I undertake to inform Immensity Healthcare
should I be convicted of an offence in the future.

Yes No

Have there been any proceedings of medical negligence
or professional misconduct against you and have you ever
been suspended or dismissed

Yes No

If yes please give details:

[Continue in a separate sheet](#)

The DOH Circular (88, 19), Protection of Children, requires
that any professional with access to Children must not
be/ have been a named person on the Protection Of Children
Act List 99 Register.

Have you ever been included on the POCAL99 Register

Yes No

Please confirm that you have received, read and understood the
Staff Handbook and the Terms of Contract as issued to you
by Immensity Healthcare limited.

I have read the staff handbook and Terms of Contract

Yes No

The information that you provided will be handled and processed in accordance with the Data Protection Act 1998. It may be used by Immensity health care's recruitment and will be used when screening your application. It uses will also include the prevention and detection of fraud as well as for HR purposes and administration. This information will also form part of your personnel record and will be treated as confidential and will not be disclosed to any unauthorised person.

I declare that by signing this form I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I declare that the information given in this document is true and complete and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which could affect or limit my employment or performance.

I agree that if I have or in the future give false, inaccurate or misleading information made in this application would result invalidate any contract of engagement and in termination without notice.

I hereby agree that Immensity healthcare retains the right to hold this application and any other data required to process it and to pass to any authorised third party the details held within. Also, to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

I declare that all information given as part of my application is true.

Full Name: _____

Signature: _____

Date: _____