



NM CARE RECRUITMENT
YES WE CARE

Application For Employment Form

Name *

First Name

Last Name

Home Address

Street Address

Street Address Line 2

Town/City

County

Postal / Zip Code

DOB *



Month

Day

Year

Telephone Number

Please enter a valid phone number.

Mobile Number

Please enter a valid phone number.

Email

Are you a UK national and eligible to work in UK? *

Yes

No

If you have answered no to the above, please select the category that relates to your current immigration status. This status will be subject to checking before interview.

Indefinite Leave to remain/enter

Tier 5 Temporary Workers

Tier 2/HSMP • Tier 5 Youth Mobility/ working holiday visa

Dependant / Spouse visa

Clinical visa

Tier 4 student

If you selected Other (above), please specify below

Please supply details of any visa currently held

Visa Number

Start Date



Month Day Year

Expiry Date



Month Day Year

Details of any Restrictions

National insurance Number

Do you hold a UK driver's licence?

Yes

No

Are a professional qualified nurse?

Yes

No

Expiry date



Month Day Year

Name of current employer:

Current Employer Address

Street Address

Street Address Line 2

City

County

Post Code

NMC Registration number

NMC Registration Renewal Date



Month Day Year

Current job title & band level

Nursing qualifications

Description of present role:

Length of time working in this role

Please provide a summary of your nursing career over the last 5 years in bullet points

Employment

Employment history Please do not leave any gaps (Use additional paper if need to)

Employer 1

Details

Name of Employer

Start Date

End Date

Position held

Key duties

Employer 2

Details

Name of Employer

Start Date

End Date

Position held

Key duties

Employer 3

Details

Name of Employer

Start Date

End Date

Position held

Key duties

Evidence of your Continuing Professional Development in this field of nursing

What are most aspirations for your nursing career?

Education & Professional Qualifications All relevant qualifications. Please also indicate any currently being studied. Qualifications disclosed will be subject to a satisfactory check.

| Subject/Qualification | Place of Study | Grade/result | Year obtained |
|-----------------------|----------------|--------------|---------------|
|-----------------------|----------------|--------------|---------------|

Qualification 1

Qualification 2

Qualification 3

Qualification 4

References

Please provide the names and full contact details of people who have agreed to supply references and must have known you for a period of two in professional level or training history, where this is possible. Referees will be required to comment on your competence, personal qualities and suitability for the post.

This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP.

Note will be approached prior to interview, unless you indicate otherwise below.

Professional Referee 1

Type of Reference

- Employer
- Educational
- Personal

Title

Name

First Name Last Name

Relationship

Job Title

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Email

example@example.com

Referee be contacted prior to interview?

Yes

No

Professional Referee 2

Type of Reference

Employer

Educational

Personal

Title

Name

First Name

Last Name

Relationship

Job Title

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Email

example@example.com

Referee be contacted prior to interview?

Yes

No

Equality Act 2010 The Equality Act 2010 protects people against discrimination on the grounds of characteristics

A – Asian or Asian British

Bangladeshi

Indian

Pakistani

Or please select this option for any other 'Asian background', please write here

B – Black or Black British

African
Caribbean

Or please select this option for any other 'Black or Black British background', please write here:

C – Chinese or other ethnic group

Chinese

Or please select this option for any other 'Chinese or ethnic background', please write here:

D – Mixed Heritage

White and Asian
White and Black African
White and Black Caribbean

Or please select this option for any other 'Mixed Heritage background', please write here

E – White

British
English
Irish
Scottish
Welsh

Or please select this option for any other 'White background', please write here:

F – Other: Option 1

F – Or please select this option for Other:

Prefer not to say

Data protection:

Your privacy is important to us, and we will NOT pass your details to any third party. We will use the information provided on the application form to process the application and for our records keeping. We will also use the information to communicate with you on issues which we feel may be of interest to you. By providing us with your information, you consent to us using it for the purposes outlined above.

Disability

Do you consider yourself to have a disability or long-term health condition?

Yes

No

What is the effect or impact of your disability or health condition?

Or please select this option for 'What is the effect or impact of your disability or health condition?'

Prefer not to say

Would you describe yourself as:

Male

Female

Prefer not to say

What is your sexual orientation?

- Bisexual
 - Gay man
 - Gay Woman
 - Heterosexual
 - Other
 - Prefer not to say
-

Are you aged:

- 18 – 25 years
- 26 – 65 years
- 66 years and over
- Prefer not to say

Religion and belief

Please select the option that best describes you:

- Buddhist
 - Sikh
 - Christian
 - hristian
 - Hindu
 - Jewish
 - Muslim
 - No religion
-

Or please select this option for 'Religion and belief that best describes you'

- Prefer not to say
-

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 To protect certain vulnerable groups within society. Failure to disclose such information could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies. All individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults. Regulated activity can be defined in full under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) which came into force on 10 September 2012.

YES

NO

Have you got any pending convictions, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

YES

NO

If YES, please give details of conviction or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. (Please note you do not need to tell us about parking offences.)

Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with children?

YES

NO

Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with vulnerable adults?

YES

NO

Declarations

I believe the information in this form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form may result in dismissal

I consent that the organisation can seek clarification regarding professional registration details.

I agree to the above declaration

Signature

Name

First Name

Last Name