

For office use only

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Application For Employment (WH AP1)

Please Complete Using Black Ink and Capital Letters only

Branch Applied To:		
Position Applied for:		
Return Address:	141-142 Bond House St. Johns Square Wolverhampton WV2 4AX	Telephone: 01902420571 Fax: 01902 714921

Personal Details

First Name(s):	Surname:
Previous Name(s)	Date of Birth: DD/MM/YYYY
National Insurance No.	
Home Address:	Tel:
	Mobile:
	Email:
Do you have a UK Drivers licence? Yes / No	Do you have own transport? Yes / No
Do you require a work permit / visa to work in the UK? Yes / No.	
I consent to the company contacting UKBA if need be? Yes / No	
Have you any special requirements we need to know about prior to an interview. _____ _____	

Next of Kin Details

First Name(s):	Surname:
Address:	Tel:
	Mobile:

Education

Please tell us about all your qualifications.

Course	Year	Grade	Awarding body

Work History

Please tell us about all your employment or school history over the last **ten** years. Starting with most recent first. You must also explain any **gaps** in employment. The dates must include months and years

Name & Address	Dates	Position	Duties in brief	Reason for leaving

Work Continued

Have you ever been subject to disciplinary procedure or had to work under supervision because of standards of your work? **Yes / No**

If yes please give details.

Have you ever been dismissed from a job? **Yes / No**

If yes please give details.

Personal Information

How many days off due to sickness have you taken in the last twelve months

On how many separate occasions have you taken time of sick in the last twelve months?

Do you have any pre-booked holiday dates? **YES*/NO** *Yes please give dates below

Holiday booked from: DD/MM/YYYY To: DD/MM/YYYY

Are you prepared to work: Full Time

Part Time

What date are you available to commence employment? DD/MM/YYYY

Do you have any relation/partner who is currently in employment with this company? **YES* / NO**

(*If yes please give details of employment below i.e Designation and place of work)

Name _____ Position _____

Can we contact your referees immediately or prior to interview: **Yes / No**

Registered Nurse Details

PIN number Expiry date: DD / MM / YYYY

On which parts of the register are you entered.

Please state where you completed your training.....

Please state when you completed your training.....

If you have completed an adaptation course please give dates and organisation name.

Date from: DD / MM / YYYY To: DD / MM / YYYY

Organisation Name and Address:

.....

References

Please supply us with the name, telephone no. and address of three referees we may approach if you succeed at interview stage. (One of which **must** be most recent or present employer) No references acceptable by relatives or friends.

N.B. Only two of the references will be used to process your application but three or more increases the chances of earlier responses

Professional Ref 1 <input type="checkbox"/>	Current/ Previous Employer <input type="checkbox"/>	*Not Relatives/Friends
Name	Job title	
Address:.....		
.....		
Postcode.....		
Tel. No.	Email:	
This reference must be the <u>Manager</u> of your current/previous employer.		

Professional Ref 2 <input type="checkbox"/>	Current/ Previous Employer <input type="checkbox"/>	*Not Relatives/Friends
Name	Job title	
Address:.....		
.....		
Postcode.....		
Tel. No.	Email:	
Working relationship to you (i.e. Line Manager, Colleague).....		

Professional Ref 3 <input type="checkbox"/>	Current/ Previous Employer <input type="checkbox"/>	*Not Relatives/Friends
Name	Job title	
Address:.....		
.....		
Postcode.....		
Tel. No.	Email:	
Working relationship to you (i.e. Line Manager, Colleague).....		

If you have been self-employed or not employed please give the names, addresses and telephone numbers of professional people, not related to you who are willing to provide a suitable character reference for you.

PLEASE READ VERY CAREFULLY

Because of the nature of the work for which you are applying, this post is exempt from provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of Rehabilitation of Offenders Act 1974 (Exceptions) order 1975.

Applicants are, therefore, not entitled to withhold information about convictions which for the purpose are "Spent" under the provisions of the Act.

Failure to disclose such convictions, following discussion, could result in withdrawal of employment offer, or in the event of employment disciplinary action which may result in dismissal, in either event this will be reported to the local Health Authority/CQC.

All information given is strictly confidential and will be considered only to applications to which the Order applies.

I do not have any criminal convictions? Yes / No

I do have criminal convictions? Yes /No **If yes please use a separate sheet to disclose this information.*

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CRB STATEMENT. If your application is successful an enhanced disclosure will be sought from the Criminal Records Bureau and the Protection of Vulnerable Adults (POVA) register will also be consulted.

COMPANY POLICY We will comply fully with the CRB code of practice* and not discriminate unfairly against any subject of a CRB disclosure on the basis of conviction or other information revealed. Having a criminal record will not necessarily bar an applicant from working for the company, as the nature of the disclosed conviction and its relevance to the post in question will be considered first.

* Copy available on request.

Declaration

I declare that the information I have supplied is accurate and complete, I understand that if any information I have given is found to be untrue or misleading I may be subject to disciplinary procedure which could lead to withdrawal of an employment offer or termination of current employment

Signed **Date**

Name (print)

Personal Health Questionnaire

Have you ever suffered from any of the following?

Fainting attacks	Yes/No	Back trouble	Yes/No
Fits or blackouts	Yes/No	Other muscular or joint problems	Yes/No
Giddiness	Yes/No	Skin trouble	Yes/No
Mental illness	Yes/No	Diabetes	Yes/No
Recurring headache	Yes/No	Recurring stomach trouble	Yes/No
Ear trouble or deafness	Yes/No	Recurring bowel trouble	Yes/No
Eye trouble or uncorrected		Recurring chest problems	Yes/No
Defective vision	Yes/No	Asthma	Yes/No
Hay fever	Yes/No	Heart trouble	Yes/No
High blood pressure	Yes/No	Varicose veins	Yes/No

Do you have any disability that affects you in one or more of the following?

Standing	Yes/No	Walking	Yes/No
Climbing stairs or steps	Yes/No	Lifting	Yes/No
Using your hands	Yes/No	Working at heights	Yes/No
Driving a motor vehicle	Yes/No	Are you registered disabled	Yes/No

Are you currently suffering from any of the following complaints?

Nasal infection	Yes/No	Productive cough/Sore throat	Yes/No
Discharging ear	Yes/No	Diarrhoea/Abdominal pain or fever	Yes/No
Acne, boils, styes, burns or Septic finger	Yes/No	Skin problems on hand, face or arms	Yes/No

Are you currently undergoing treatment or taking medication prescribed by a doctor? Yes*/No

*If yes please give details _____

Have you been inoculated against the following?

Tetanus	Yes / No	Date
German Measles	Yes / No	Date
Tuberculosis (BCG)	Yes / No	Date
Hepatitis B	Yes /No	Date

I declare the information I have supplied concerning my current and past health is true and accurate.

Signed. _____ Date. _____

Diversity Monitoring

We are committed to equal opportunities in employment.

To ensure individuals are selected, promoted and treated on the basis of their individual merits and abilities, it would assist the home if you would provide the information requested.

The information you provide on this form is for monitoring purposes only and the information it contains will not influence your application for employment.

Name:	Date of Birth:
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Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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What would you describe as your ethnic origin?

White

British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
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Mixed

White and black Caribbean	<input type="checkbox"/>	White and black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any other background	<input type="checkbox"/>

Black or black British

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>		

Asian or Asian British

Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Pakistani		Any other Asian background	<input type="checkbox"/>

Other ethnic groups

Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

Disability

Disability is a physical or mental difficulty which has a major and long-term negative effect on a person's ability to carry out normal day-to-day activities

In these terms, do you consider yourself to have a disability? YES / NO

BANK/BUILDING SOCIETY DETAILS

- Building Society Roll
No. _____
- Bank
Name. _____
- Sort Code. _____ Account
Number _____
- Account Holders
Name. _____
- I authorise Wisdom Healthcare to pay my weekly/monthly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify Wisdom Healthcare in writing of any changes to these details.
- Signed. _____ Date. _____
- I have read and understood the WISDOM HEALTHCARE OPT-OUT OF 48 HOUR WORKING WEEK AGREEMENT as described In Rule 32 of the policy and procedures. I hereby consent that the working week limit shall not apply to my assignments in accordance with paragraph 3 of the agreement I understand that under paragraph 4, WITHDRAWAL OF CONSENT. I can end this agreement by giving the Employment Business 14 day notice in writing.
- Signed. _____ Date. _____
- Print name. _____