

Please complete all sections fully incomplete forms will be returned

NISE NURSING LIMITED

Please attach a
passport size
photograph and
clearly print your
name on the
reverse of each

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1.0 Your Personal Details:

Surname: _____ Forename: _____

Previous names: _____ Title: _____
(Inc maiden name)

Dates when you used Previous Names _____

Contact Details:

Current address: _____

County: _____

Post code: _____

At this Address Since _____

Home Tel: _____

Mobile: _____

Other: _____

Email: _____

Date of Birth: _____

Nationality (at Birth): _____

Nationality (at present): _____

Passport No: _____

Date of Issue: _____

Place of issue: _____

Date of expiry: _____

Visa: Yes / No/NA

Residency status if not UK or EU citizen

Date of expiry: _____

Marital status: _____

Position applied for: _____

N I number: _____

Who should we contact in an emergency?

Surname: _____

First name: _____

Relationship: _____

Tel number 1: _____

Tel number 2: _____

Next of Kin (if different from above):

Surname: _____

First name: _____

Relationship: _____

Tel number: _____

Tel number 2: _____

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1.1 Your Personal Details (cont)

All your address over the past five years

Previous Address 1

Dates to and from that address _____

Previous Address 2

Dates to and from that address _____

Previous Address 3

Dates to and from that address _____

Previous Address 4

Dates to and from that address _____

Previous Address 5

Dates to and from that address _____

Previous Address 6

Dates to and from that address _____

Previous Address 4

Dates to and from that address _____

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1.2 Rehabilitation of Offenders Act

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Amendments Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any spent convictions. This may or may not affect your application. All Nurses and Care Staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process. Please include any driving offences as these will appear on an enhanced CRB disclosure form.

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

If 'Yes', please give details: _____

Date of conviction: _____

Nature of conviction: Please continue on 'Section 7.0 Your Notes' or on a separate sheet if required

Are you currently the subject of criminal proceedings?

(eg charges or summons that are not yet being dealt with)? Yes No

If 'Yes', please give details: _____

Date of conviction: _____

Nature of conviction: Please continue on 'Section 7.0

Have you ever been dismissed from a nursing or care post? Yes No

If 'Yes', please give details: _____

Date of dismissal: _____

Nature of dismissal: Please continue on 'Section 7.0 Your Notes' or on a separate sheet if required

Are you currently suspended, on notice of dismissal from employment or under investigation from any employer?

Yes No

If 'Yes', please give details: Please continue on 'Section 7.0 Your Notes' or on a separate sheet if required

1.3 Miscellaneous

Are you currently on maternity leave? Yes No

Do you belong to a union or professional body? Yes No If yes, which: _____
Please present your card for copying on interview

Do you have professional indemnity cover? Yes No If yes, which type: _____

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1.4 Transport

Are you a car owner? Yes / No Do you have a full British Driving License? Yes / No

If not, state details: _____

1.5 Working Time Regulations

You have the option to opt out of the 48 hour working week limitation as laid out in the Working Time Regulations 1998. Please indicate one of the following:

I wish to opt out I do not wish to opt out
If your circumstances change, please inform the office in writing allowing a 14 day notice period.

2.0 Your Qualifications

Please continue on 'Section 7.0 Your Notes' or on a separate sheet if required

Have you completed any of the following courses? (Please tick): **You will need to provide certificates as evidence.**

MAPA Yes/ No Dates:_____ Managing Challenging Behaviour Yes/ No Dates:_____

Manual Handling Yes/ No Dates:_____ First Aid Yes/ No Dates:_____

NVQ Yes/ No Dates:_____ Food Hygiene Yes/ No Dates:_____

Basic Life Support Yes/ No Dates:_____ Health & Safety Yes/ No Dates:_____

2.1 Other Courses (please specify):

Course	Date	Where taken	Certified
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.2 To Be Completed By Registered Nurses Only

We need to know your qualifications. These are to include details of NMC registration, Post registration qualifications and any other qualifications that you think are relevant.

NMC PIN number: _____ Part of register: _____ Expiry: _____

Name of training Hospital or University	Date	Qualifications
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3.0 Your Employment History

Please provide in date order details of your full employment history during the last **10 years** starting with your present or latest position. Employers will not be approached without your permission. Please account for any intervals of non-employment and include temporary jobs and full time service, please continue on a separate sheet if necessary.

Name & full address of Employer:	Dates:	Type of ward/dept:	Salary:
	From:		
	To:		
	Position Held:		Reason for leaving:

Duties/Responsibilities – Please give FULL DETAILS.

Name & full address of Employer:	Dates:	Type of ward/dept:	Salary:
	From:		
	To:		
	Position Held:		Reason for leaving:

Duties/Responsibilities – Please give FULL DETAILS.

Name & full address of Employer:	Dates:	Type of ward/dept:	Salary:
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Name & full address of Employer:	Dates:	Type of ward/dept:	Salary:
	From:		
	To:		
	Position Held:		Reason for leaving:

Duties/Responsibilities – Please give FULL DETAILS. Continue on Your notes if necessary.
