Glarm Health Care Service,

18 Blackthorn Road,
Worcester, WR4 9TD
Telephone: +44 790-353-6728, 742-741-2381 info@glarmhealth.com

Application Form

(Please complete the application in BLOCK CAPITALS)

Position Applied For: .....

Title:	Mr Mrs Miss Ms	Forename(s):		Surname:	

Address:	Date of Birth: ..... Age: ..... Gender: ..... NI Number:	Telephone Number: ..... Home: ..... Mobile: .....

Email:

Work Requirements

Are you an EU Citizen?	Yes No	☐ ☐
Do you hold a British or EU Passport?	Yes No	☐ ☐

If you do not hold a British/EU Passport, do you have any one of the following?	
Student Visa	☐
Work Permit	☐
Residency Visa	☐
Spousal Visa	☐
Settlement	☐
Other:	
Expiry Date:	

Do you hold a current Driving Licence? YES/NO

Education

Do you have access to a car? YES/NO

Name(s) of School/College	Dates: (From & To)	Qualification(s) Gained/Award

Rehabilitation of Offenders Act 1974

Please Note: All healthcare posts are subject to the Rehabilitation of Offenders Act 1974; therefore, you must disclose all cautions, reprimands, final warnings, and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.

Have you ever been convicted by the courts, cautioned, reprimanded, or given a final warning by the police?

YES/NO

If **YES**, please give details including dates:

……
……

Are you aware of any police inquiries being made against you that may affect your suitability for this post?

YES/NO

If **YES**, please give details:

……
……

Next of Kin/Emergency Contact Details

Name:	
Address: ……	Relationship: ……
	Mobile: ……
Post Code: ……	Email: ……

Registered Nurses

Did you qualify with your maiden name? **YES/NO** Maiden Name: ……

Part of Register and Grade: ……

Date Qualified: …… NMC PIN Number: …… Expiry Date: ……

Do you have Professional Indemnity? **YES/NO**

Membership Name & Number: ……

Work Preference

Are you a Limited Company? **Yes/No** (please provide appropriate documentation)

Full-Time ☐ Part-Time ☐ Mornings ☐ Evenings ☐
Weekends ☐ Bank Holidays ☐ Night's ☐ Sleep In ☐

Have you ever been dismissed from work? **YES/NO**
If **YES**, please explain

……

……

Have you ever been disciplined for any cause in your last employment? **YES/NO**
If **YES**, please explain

……

……

Employment History

Please enter ALL your previous employment details giving reasons why you left. Please give reasons for any gaps in employment. Start with the most recent employment.

Position:	Name of Company/Organisation	From/To	Reasons for Leaving

Trainings

Please tick (√)

Health & Safety	☐	Moving & Handling	☐	First Aid	☐
Urinalysis	☐	Food Hygiene	☐	Infection Control	☐
12 Lead ECG	☐	Vital Observations	☐	MVA	☐
MAPPA	☐	Fire Safety	☐	Safeguarding	☐
NVQ Level 2	☐	NVQ Level 3	☐	NVQ Level 4	☐
Rescue Medication	☐	Medicine Management	☐	Basic	☐

Other Trainings and Professional Qualifications:

Qualification	Place were obtained	From (month/year)	To (month/year)

(Please provide documentary evidence of all the above – all certificates will be verified)

Where did you hear about, He Reigns HealthCare Services? HRHCS website ☐ Job Centre ☐ Indeed ☐

If other, where?.....

References

Please give the names and addresses of 2 professional referees, both of whom should be your current/previous line manager(s) and who have known you for at least 2 years. Relatives are not acceptable as referees.

Name:	**Company:**
Address	Relationship to You: Telephone Number: Fax Number: Email Address

Name:	**Company:**
Address	Relationship to You: Telephone Number: Fax Number: Email Address

(Please give the name and address of 1-character reference (preferably a work colleague)

Name:	**Company:**
Address	Relationship to You: Telephone Number: Fax Number: Email Address

Declaration

All applicants please read carefully and sign

I declare that the information given in this application is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties I will be expected to undertake, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from the register, warnings as to future conduct both before and after any employment with He Reigns Health Care Services. This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with He Reigns Health Care Services. I will declare any dismissals or disciplinary acts from any previous employment. I do understand that any offer of employment is subject to an Enhanced DBS check, indicating my suitability for employment.

Signature: ……. **Date: ……** / …… / ……

Print Name: ……

Please attach your current CV with this application Form

Clinical Details & Work Experience

To be completed by all nurses and support/care staff. Please tick (√) the appropriate.

	Less than 6 months	More than 6 months	Over 1year experience	When did you last work? Please add notes if necessary.
General Nurse:				
Medical				
Surgical				
Elderly Care				
Gynaecology				
Orthopaedics				
Palliative Care				
A & E				
Oncology				
ITU/HDU/CCU				
Renal/Urology				
Cardiology				
Neurology/Respiratory/COPD				
Theatre				
Mental Health:				
Mental Health Acute Wards				
Community Psychiatric Nurse				
Elderly Care				
Substance Misuse				
Eating Disorder				
CAMHS				
Prison				
Secure Units				
Learning Disability:				
Autism Spectrum				
Brain Injury				

Equal Opportunities Monitoring Form

He Reigns HealthCare Services aims to select applicants solely based on merit irrespective of age, gender, sexual orientation, marital status, disability, religious beliefs, nationality and/or ethnic origin. The following information will be held in confidence and will be used for monitoring purposes only. It will not be considered during our recruitment and selection process.

Please tick (√) the most appropriate

Gender			
Male	☐	Female	☐

Ethnic Origin

A) White
- **British** ☐
- **Irish** ☐
- **Other (specify)** ☐

……

B) Mixed
- **White & Black Caribbean** ☐
- **White & Black African** ☐
- **White & Asian** ☐
- **Other (specify)** ☐

……

C) Asian or Asian British
- **Indian** ☐
- **Bangladeshi** ☐
- **Pakistan** ☐
- **Other (specify)** ☐

……

D) Black or Black British
- **Caribbean** ☐
- **African** ☐
- **Other (specify)** ☐

……

E) Oriental or Other
- **Chinese** ☐
- **Japanese** ☐
- **Philippine** ☐
- **Other (specify)** ☐

……

Disability

Do you have any disability? **YES/NO**

If **YES**, please give details below:

……

……

……

Do you require He Reigns Health Care Services to make any reasonable adjustments under the terms of the Disability Discrimination Act for you to undertake the duties of this post? If **YES,** please give details below:

……

……

……

Uniform

Please state your UK size (Top)

……

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