

APPLICATION FORM CHECKLIST

Please use this form to ensure that you have filled out all the appropriate sections in the application pack. If any sections are not fully complete you will not be invited for an interview.

If for any reason you do not have a full ten year employment history, with unemployment periods for longer than three months please state why in the employment section on the application form.

	YES	NO
Supporting information		
Personal Details		
Education		
Qualifications and Courses		
NMC Pin (Nurses Only)		
Employment History for ten years and description (please use continuation sheet)		
Two work references		
Singed and dated the declaration		
Interview arrangement availability		
Equal Opportunities form		
Skills and Competencies form		

APPLICATION FORM

Post applied for:

Vacancy No.:

Closing Date

Where did you hear of this vacancy:

PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms/Other:

Date of Birth:

Surname:

Forenames:

Address:

Postcode:

Home Tel.:

Mobile:

Work No.:

Email:

What is your nationality?

Is English your first language?

Yes / No

Do you hold a passport?

Yes / No

Do you require a work permit?

Yes / No

Do you hold a full driving licence?

Yes / No

Do you have your own vehicle for work?

Yes / No

EDUCATION

Please give details of your education using a separate sheet of necessary:

Schools / Colleges etc.	From	To	Examinations/Qualification	Date Obtained

QUALIFICATIONS & COURSES

Please give details of your qualifications using a separate sheet of necessary:

Employees / Colleges etc.	From	To	Examinations/Qualification	Date Obtained

ie: NMC PIN:

ADDITIONAL INFORMATION & EXTENDED SKILLS

ie: Venepuncture / Male Catheterization

SUPPORTING STATEMENT

Details of any further qualifications obtained or relevant courses attended.

(please use continuation sheets if necessary).

PRESENT / LAST EMPLOYMENT

Please include any voluntary work:

Name:	<input type="text"/>	From:	<input type="text"/>
Address:	<input type="text"/>	To:	<input type="text"/>
	<input type="text"/>	Job Title:	<input type="text"/>
	<input type="text"/>	Reason for leaving:	<input type="text"/>
Type of Business:	<input type="text"/>	Salary:	<input type="text"/>

Please give a description of your present / last job and your responsibilities:

PREVIOUS EMPLOYMENT DETAILS

Please give details of your previous 10 YEARS EMPLOYMENT:

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

PREVIOUS EMPLOYMENT DETAILS CONTINUED.

Please give details of your previous 10 YEARS EMPLOYMENT:

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

Name and address: _____

From: _____ To: _____ Salary: _____
Job Title: _____
Reason for leaving: _____

REFERENCES

Please provide the details of two people to whom we may apply for references, at least one of which should be your current or most recent employer:

Name: _____	Position: _____
Address: _____	

Tel: _____	Email: _____

Name: _____	Position: _____
Address: _____	

Tel: _____	Email: _____

May we contact the above individuals prior to the interview: Yes / No

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of work for which you are applying, this post is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975. Applicants are therefore not entitled to withhold any information about convictions which for other purposes are "spent" under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result from dismissal from the company. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

DATA PROTECTION POLICY

Bridges Healthcare Limited is a member of The Data Protection Registrar.

DECLARATION

I understand the appointment offered will be subject to the information given on this form being correct. I hereby certify that this is the case.

Name in full:

Date:

Signature:

INTERVIEW ARRANGEMENTS

Dates not available for interview _____
Do you have any special requirements to enable you to attend the interview? _____

SKILLS & COMPETENCIES

Name:

Please tick as appropriate to assist in identifying your skills and competencies and to address potential training requirements for all Healthcare Assistants.

	<i>COMPETANT</i>	<i>REQUIRES TRAINING</i>		<i>COMPETANT</i>	<i>REQUIRES TRAINING</i>
PERSONAL HYGIENE			NUTRITION		
Bath/shower/strip wash	<input type="checkbox"/>	<input type="checkbox"/>	Fluid input and recording	<input type="checkbox"/>	<input type="checkbox"/>
Bed bath	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of meal	<input type="checkbox"/>	<input type="checkbox"/>
Use of bath aids	<input type="checkbox"/>	<input type="checkbox"/>	Assisting in feeding patients	<input type="checkbox"/>	<input type="checkbox"/>
Mouth care (including dentures)	<input type="checkbox"/>	<input type="checkbox"/>			
Care of feet (excluding toenails)	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL		
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	Pressure area care	<input type="checkbox"/>	<input type="checkbox"/>
Care of finger nails	<input type="checkbox"/>	<input type="checkbox"/>	Eyes care and medication	<input type="checkbox"/>	<input type="checkbox"/>
Dress/undressing patients	<input type="checkbox"/>	<input type="checkbox"/>	Simple dressings procedure	<input type="checkbox"/>	<input type="checkbox"/>
			Medication (care of)	<input type="checkbox"/>	<input type="checkbox"/>
TOILETING			Fluid input/output and recording	<input type="checkbox"/>	<input type="checkbox"/>
Catheter care, emptying catheter bag	<input type="checkbox"/>	<input type="checkbox"/>	Light housework	<input type="checkbox"/>	<input type="checkbox"/>
Care of the bowels	<input type="checkbox"/>	<input type="checkbox"/>	Washing of personal laundry	<input type="checkbox"/>	<input type="checkbox"/>
Use of bed pan/commodes etc.	<input type="checkbox"/>	<input type="checkbox"/>	Bed making, change a bed/draw sheet with patient in/on it	<input type="checkbox"/>	<input type="checkbox"/>
Fluids outputs/recording	<input type="checkbox"/>	<input type="checkbox"/>	Sitting with a terminally ill patient	<input type="checkbox"/>	<input type="checkbox"/>
			Loss issues dealing with bereavement	<input type="checkbox"/>	<input type="checkbox"/>
MOBILITY			Personal safety	<input type="checkbox"/>	<input type="checkbox"/>
Moving & Handling knowledge/training	<input type="checkbox"/>	<input type="checkbox"/>			
Use of hoist	<input type="checkbox"/>	<input type="checkbox"/>	RECORD KEEPING		
Use of aids to assist mobilising	<input type="checkbox"/>	<input type="checkbox"/>	Report writing/giving	<input type="checkbox"/>	<input type="checkbox"/>
			Recording instructions from GP/DN/Professional staff	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATIONS			Observe changes in patient condition and appropriate action to follow	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>			
Pulse	<input type="checkbox"/>	<input type="checkbox"/>			
Apex	<input type="checkbox"/>	<input type="checkbox"/>			
Respiration	<input type="checkbox"/>	<input type="checkbox"/>			
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>			
Blood Glucose levels	<input type="checkbox"/>	<input type="checkbox"/>			

EMPLOYEE RECORD

Title: Mr/Mrs/Miss/Ms/Other: Date of Birth:

Surname: Forenames:

Address:

Postcode:

Home Tel: Mobile:

Work No: Email:

Marital Status: NI Number:

Income Tax: P45 Supplied: P46 Supplied:

EMERGENCY CONTACT DETAILS

Name:

Relationship:

Day Tel: Eve. Tel:

Mobile: Email:

BANK DETAILS

Account Holders Name: Bank Name:

Address:

Sort Code: Roll No:

Account No: Current Acc: Savings Acc:

EQUAL OPPORTUNITIES

Bridges Healthcare Limited will take positive measures to ensure that there is no discrimination, either direct or indirect, overt or unintentional, in respect of its selection processes, training and promotion opportunities, application of conditions of service, personnel policies and procedures etc., on the grounds of race, sex, marital status, disability, religion, creed, nationality, ethnic or national origins, social background or sexual orientation.

MONITORING INFORMATION

To ensure that our Equal Opportunities Policy is effective, detailed monitoring of applicants is carried out. This necessitates collecting information regarding disability, ethnic origin and the sex of applicants. Your co-operation would therefore be appreciated.

This information is solely used for monitoring purposes. It will be treated as confidential and this sheet will be detached from your application form on its receipt and before shortlisting takes place.

Name:

Male:

Female:

I consider my ethnic/national origin to be:

White:

Bangladeshi:

Black Caribbean:

Chinese:

Black African:

Black Other:

Indian:

Other:

Pakistani:

Religion:

Are you registered Disabled?

Yes:

No:

If yes, Registration No.:

Some of this data may be held on computer and will be subject to the provisions of the Data Protection Act 1998.