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## NURSES APPLICATION FORM

### PERSONAL DETAILS

(Please complete in CAPITAL LETTERS, using black ink)

Title:	Surname:
Forename:	Maiden name:
Middle name:	Marital status:
Date of birth:	Male / Female
National insurance:	Age:
Address:	
Town:	
County:	
Home telephone:	Postcode:
Mobile phone:	Work phone:
Email address:	Page No:
Preferred contact method:	
Are you willing to accept early morning calls?	Yes / No
Are you willing to accept late Night calls?	Yes / No

### NEXT OF KIN DETAILS

Name of emergency contact:	
Relation to you:	
Address:	
Post code:	
Mobile No:	Work No:
Home telephone No:	
Email address:	

## WORK STATUS INFORMATION

Work status: .....

Nationality: .....

Passport No: ..... Expiry date: .....

Home office letter ref: ..... Work permit? Yes / No

Work permit type: ..... Expiry date: .....

Name of college/university (if nursing student): .....

Graduation date: .....

Are you undergoing Adaptation? Yes / No

If so, when is the completion date? .

Do you hold a valid UK driving licence? Yes / No

If so, do you have any endorsement?

When is your revalidation due?

Give details of hobbies/leisure activities:

.....

## EDUCATION AND TRAINING

Please list any nursing qualifications/training courses you hold

Title	Course provider	Date achieved

Please tick the Nursing Specialities in which you have significant, post training experience. Please note, you are responsible for supplying proof of experience should it be required by the agency

Specialist area (Nursing)	Less than 6 months	More than 6 months	1-2 years	2 years +
Acute Med				
General Med				
Learning Disability				
ITU Psychiatric				
GITU				
In charge Duties				
Hospitals				
Hospices				
Home Care				
HDU				
Health Visiting				
Haematology				
Gynaecology				
GU Med				
Dental				
District Nursing				
Family planning				
Urology				
Mental Health				
Stoma Care				
Theatre				
Renal				
Residential Homes				
Paediatric				
Oncology				
Midwifery				
Nursing Homes				
Out patients				
CSSD				

Neonatal				
Geriatric Med				
Practice Nurse				
Prisons				
Recovery				
Surgical SAU				
Surgical General				
Occu Health				
Mental health				
Orthopaedics				
PICU				
SCBU				
A & E				
Cardiac				
ODP /ODA				
Neurology				
Radiology				
Scrub				
Theatre				
Day Surgery				
Minor Injuries				
Day Care Centre				
School Nurse				
Ante Natal				
Cardiothoracic				
Chemotherapy				
Anaesthetics				
Other				

**MIDWIVES ONLY**

Are you a practising midwife: ..... Yes / No

Intention to practice completed? ..... Yes / No

Expiration date: .....

# EMPLOYMENT HISTORY

Please give details of your past 5 years of continuous work history, giving reasons for any breaks in employment

Employer: .....

From: ..... To: .....

Address: .....

Telephone: ..... Main contact: .....

Post title: ..... Full time / Part time .....

Grade: ..... Salary: .....

Main responsibilities: .....

Dept / ward: .....

Reason for leaving: .....

Employer: .....

From: ..... To: .....

Address: .....

Telephone: ..... Main contact: .....

Post title: ..... Full time / Part time .....

Grade: ..... Salary: .....

Main responsibilities: .....

Dept / ward: .....

Reason for leaving: .....

Employer: .....

From: ..... To: .....

Address: .....

Telephone: ..... Main contact: .....

Post title: ..... Full time / Part time .....

Grade: ..... Salary: .....

Main responsibilities: .....

Dept / ward: .....

Reason for leaving: .....

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

If your answer is yes, please give details: .....

## HEALTH DECLARATION

Do you or have you suffered from any of the following, at any time?	Yes	No	Details (dates must be included)
Skin complaints – Dermatitis, Psoriasis, Eczema			
Diabetes or glandular complaints			
Headaches or Migraine			
Hypertension / heart problems / similar illness			
Back pains / Back injury or problems			
Jaundice / Hepatitis			
Epilepsy or fainting attacks			
Pleurisy / Bronchitis / Pneumonia			
Asthma			
Infections - ear / sore throat			
Psychiatric illness – Mental disorder / depression etc.			
At present are you having any injections / medications			
Are you under any treatment of any kind of condition?			
Have you had any major operations?			
Do you have any known disabilities?			
Please state any other health problems that may affect your work			

Have you been vaccinated or tested against the following:	Yes	No	Details (dates must be included)
Hepatitis B			
HIV			
Tetanus			
Poliomyelitis			
Typhoid			
Rubella (German Measles)			
Tuberculosis and BCG			
Hepatitis B Antibodies			
Monteux, tine or Heave			
Varicella			
Last X-ray			
Others (specify)			

If you do not have vaccination information, please provide details of where we can request them below:

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.....

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.....

.....

I certify that the above information is correct and I hereby give Northwest NAH Professionals permission to request a further report from my GP / Occupational Health / Hospital for clarification if required and for my health report.

GP / Occupational health / Hospital: .....

Address: .....

.....

Mobile: .....

Telephone: .....

Email address: .....

Signature: .....

Date: .....



## WORK PREFERENCE

What kind of Nursing Work are you interested in? (Please tick all that apply)	
NHS	<input type="checkbox"/>
Private hospital	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>
Residential home	<input type="checkbox"/>
Other (please specify) .....	<input type="checkbox"/>

Please indicate when you would like to work (Tick all relevant boxes)			
Part time	<input type="checkbox"/>	Full time	<input type="checkbox"/>
Days (Monday to Friday)	<input type="checkbox"/>	Evenings (Monday to Friday)	<input type="checkbox"/>
Days (Saturday to Sunday)	<input type="checkbox"/>	Evenings (Saturday to Sunday)	<input type="checkbox"/>
Days (bank holidays)	<input type="checkbox"/>	Evenings (bank holidays)	<input type="checkbox"/>
Short term	<input type="checkbox"/>	Long term	<input type="checkbox"/>

**Please state your availability for the following:**

An interview: .....

To start work: .....

Do you have any holidays booked? ..... Yes / No

If your answer is yes, please state when you leave and return: .....

.....

## 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 Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore; entitled to withhold information about convictions, which for other purposes are 'spent' under the provision of the Act in the event of employment, any failure to disclose such

convictions could result in dismissal or disciplinary action. Information provided will be kept confidential and used in relation to the post applied for.

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

If yes, please specify

Do you have any spent or unspent convictions: Yes / No

If yes, please specify

Have you instigated an enhanced disclosure within the last six years?

Yes / No

I consent to Northwest NAH Professionals checking the details I have provided against the various data sources to verify my identity and process this application. These details may be used to assist other organisations such as CRB and NMC for identity purposes.

Signature: Date:

## REFERENCES

Please provide names and addresses for two of your most recent employers, who can comment on your work ability and experience. Start with your present or most recent employer if possible.

Name of Reference: (1)

Company name:

Address:

Postcode:

City/Town:

County:

Telephone No: .....

Fax No: .....

Mobile No: .....

Email address: .....

Start date: ..... End date: .....

Name of Reference: (2) .....

Company name: .....

Address: .....

Postcode: .....

City/Town: .....

County: .....

Telephone No: .....

Fax No: .....

Mobile No: .....

Email address: .....

Start date: ..... End date: .....

**BUILDING SOCIETY / BANK DETAILS**

Bank name: .....

Bank address: .....

Bank/building society name: .....

Account holder's name: .....

Sort code: ..... Account No: .....

I hereby authorise Northwest NAH Professionals to pay my weekly wages into the above bank account. Should my bank details change, I hereby declare it is my responsibility to inform Northwest NAH Professionals of above mentioned changes.

Print name: .....

Signature: ..... Date: .....

## WORKING TIME REGULATIONS

I have read and understood the Working Time Regulations and I hereby consent that the working time limit shall not apply to my assignments.

Print name: .....

Signature: ..... Date: .....

## FINAL STATEMENT

I declare that the information provided on this application is true to the best of my knowledge. I have read the terms and condition of engagement and agree to comply with the current Health and Safety at Work Act. I understand that my appointment is subject to the receipt of two satisfactory references and it is subject to Enhanced CRB Disclosure. Northwest NAH Professionals are free to make any other enquiries they may find necessary relating to my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to.

Name: .....

Signature: ..... Date: .....

## AGENCY INFORMATION (OFFICE USE)

Checklist	Suggestions	Notes
C.V		
Application Form		
Proof of Address x2	Utility bills, bank statements, others.	
Proof of identity	Visa, Work Permit, passport, birth cert	
Eligibility to work		
Nursing Certificates		
CRB Application/ Update Service Number		
N.I Number		
Mandatory certificates		
PAYE Form		
NMC Pin No		
Prof of professional board e.g. RCN, UNISON		
2 passport photographs		
Immunisation record		
Ltd company certificate		
Company bank account		

## AGENCY SIGN OFF

I certify that I interviewed the above applicant in accordance with the Northwest NAH Professionals requirements and I am satisfied that this applicant is cleared for work.

Name of consultant: .....

Signature of consultant: ..... Date: .....