



NURSING APPLICATION FORM

Ref No:

- 1) PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS USING BLACK INK.
- 2) YOU MUST ENCLOSE A COPY OF YOUR MOST RECENT NMC STATEMENT OF ENTRY IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

Please fix
passport
photograph
here

Title: _____	Next of Kin: _____
Surname: _____	Relationship: _____
Forenames: _____	
Address: _____	Address: _____
_____	_____
_____	_____
Postcode: _____	Postcode: _____
Email address: _____	Contact No.: _____
National Insurance No: _____	NMC Number: _____
Tel Nos: (please specify code) _____	Expiry Date: _____
Home: _____	NMC Revalidation Date _____
Mobile: _____	_____

PROFESSIONAL INDEMNITY INSURANCE

Name of Nursing Professional Indemnity Insurance provider	Policy Number	Expiry Date

Please confirm qualifications:

Registered General Nurse (Adult)

Registered Children's Nurse

Registered Mental Health Nurse

Registered Intellectual Disability Nurse

Registered Midwife

Other (please give details)

Professional Qualifications:

Date	University/College	Qualifications	Details

TRAINING INFORMATION:

Please give details of any further additional training courses you have undertaken during your professional career:

Course	Date Attended

EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

From – To	Name & Address of employer	Job Title & Duties	Salary on leaving	Reason for leaving

REFERENCES

Please provide details of two referees who can provide information relating to your competency in your Nursing Role. The referees should be someone that managed you. Referees should be of two different employers. If you are not able to provide two different employers please provide a third reference which would need to be a Character referee or someone which holds a professional position that is not related to you.			
1.	Name:	2.	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Tel No:		Tel No:
	Email:		Email:
	May the company approach the above prior to interview? Yes No		May the company approach the above prior to interview? Yes No

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to an ACCESS NI check. Any standard or enhanced disclosure made by the ACCESS NI will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? **Yes** **No**

Are you currently the subject of a police investigation or have any prosecutions pending?

Are you currently the subject of a police investigation or have any prosecutions pending?

If you have answered YES to any of the above please give details:

HEALTH DETAILS

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports.

Tick as Applicable Additional Information to "Yes" response
Yes No

Have you any physical, mental or related problems, which might prejudice you undertaking an assignment?

Have you ever been suspended from work or been the subject of disciplinary action by your employer?

Are you currently under suspension from work or the subject of investigation for professional misconduct?

Have you ever had:

Chest pain, heart condition or raised blood pressure?

Blackouts, fits or attacks of giddiness?

Depression, mental illness or nervous breakdown?

Back pain

Dermatitis, skin trouble or any allergies?

Any other accident, operation or illness?

Have you any reason to believe you may be infected with any communicable disease?

Have you ever had chicken Pox?

Any other current or recent medical condition or treatment which might affect your attendance or performance at work?

Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?

AVAILABILITY

Can you please state your availability if you were successful for the position:

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

- 1) Your written consent to obtaining a standard/enhanced disclosure certificate from ACCESS NI OR AN APPROVED UMBRELLA BODY and ON AN ANNUAL BASIS you will complete a self Declaration Form
- 2) Such disclosure being acceptable to the company.
- 3) Proof of identity – Drivers license, passport and proof of address (Utility Bill).
- 4) Two satisfactory written references.
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work.

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to ACCESS NI for enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed:

Date: