**Application Form**

Please Complete Application in BLOCK CAPITALS

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |
| --- |
| Position applied for: ………………………………………………………………………………………………………………………………………. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tittle: | 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 |  | If you do not hold a British/EU Passport, do you have any one of the following? | |
| Do you hold a British or EU Passport? | Yes  No | Student Visa | |
|  | | Work Permit | |
| Residency Visa | |
| Spousal Visa | |
| Settlement | |
| Do you hold a current Driving Licence? | YES/NO | Other: |  |
| Do you have access to a car? | YES/NO | Expiry Date: |  |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:

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Are you aware of any police enquiries 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: ……………………………………………………...........  ..............................................................  Post Code: ………………………………………….……. | Relationship: ……….………………………………………….  Mobile: ………………….………………………………………...  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

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

If **YES**, please explain

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# 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, Dominion Logic Servies ? Our 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 Dominion Logic Servies . This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with Dominion Logic Servies . 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**

Dominion Logic Servies 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 Dominion Logic Servies 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)  ………………………………………………………………………………………………………………………………………………………................  ………………………………………………………………………………………………………………………………………………………................ |