



ELITE CARE SERVICES
 220 VICTORY BUSINESS CENTRE
 SOMMERS ROAD NORTH
 PORTSMOUTH
 HAMPSHIRE
 PO1 1P7

TEL; 02392 756566
 FAX; 02392 822349

E-MAIL; info@elitecare.co.uk
 Web site; www.elitecare.co.uk

APPLICATION FORM; QUALIFIED NURSE

FIRST NAME.....
 FAMILY NAME.....
 MAIDEN NAME;.....
 ADDRESS
 POST CODE.....
 TEL.....
 Mobile tell;.....
 Nationality.....Religion;.....
 Age;.....Date of birth.....
 Next of kin;.....
 Tel; no;.....
 N.I. Number.....
 PIN NO;.....REG.DATE.....EXP.DATE.....
 GRADE;...RGN /RMN.....
 QUALIFICATIONS;.....

Do you hold professional indemnity insurance?.....
 Details;.....

What are your preferred hours?.....

Do you have your own transport?.....

.The post applied for requires the employee to work in Nursing Homes, and Rest Homes .
 Patience and understanding will be of paramount importance, as will **reliability**, and the
 ability to work on own initiative, and as a team member;

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if necessary)

1) Name of employer.....
 Address.....
 Tel;..... Start date..... End date.....
 Reason for leaving.....cont;

2) Name of employer.....
Address.....
Tel;..... Start date.....End date.....
Reason for leaving.....
Please attach additional page for last 10 years. indicating any gaps in employment.

3) Name of employer.....
Address.....
Tel;..... Start date.....End date.....
Reason for leaving.....

ALL STAFF WILL BE SUBJECT TO A C.R.B (POLICE) CHECK. YOU WILL BE EXPECTED TO PAY FOR THIS (45) ALL TRAINING RECEIVED BY ELITE WILL BE SUBJECT TO CHARGE , ALL APPLICANTS ARE CHECKED WITH IMMIGRATION. IF YOU DO NOT UNDERSTAND ANY OF THIS THEN PLEASE ASK. YOU ARE REQUIRED TO WEAR UNIFORM AT ALL TIMES WHEN AT WORK.

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if necessary)

1) Name of employer.....
.....
Address.....
.....
Tel;..... Start date.....End date.....
Reason for leaving.....
.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if necessary)

1) Name of employer.....
.....
Address.....
.....
Tel;..... Start date.....End date.....
Reason for leaving.....
.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if

necessary)

1) Name of employer.....

.....

Address.....

.....

Tel;..... Start date.....End
date.....

Reason for leaving.....

.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if
necessary)

1) Name of employer.....

.....

Address.....

.....

Tel;..... Start date.....End
date.....

Reason for leaving.....

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10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if
necessary)

1) Name of employer.....

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Address.....

.....

Tel;..... Start date.....End
date.....

Reason for leaving.....

.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if
necessary)

1) Name of employer.....

.....

Address.....

.....
Tel;..... Start date.....End
date.....

Reason for leaving.....
.....

MEDICAL QUESTIONNAIRE;

have you ever suffered from any of the following?

Epilepsy	yes	no
depression/nervous illness	yes	no
heart trouble	yes	no
high/low blood pressure	yes	no
back problems	yes	no
asthma	yes	no
other repertory problems	yes	no
physical disabilities	yes	no
are you registered disabled	yes	no

disability number

do you have any eye sight problems yes no

do you wear glasses yes no

contact lenses yes no

illness associated with or contact with any infectious disease , i.e. m. r. s. a .?

.....
any operations you have had yes no
details;

.....
have you any allergies yes no
have you hearing problems yes no
are you on any medication yes no
details;

.....
have you been tested for h. i. v. yes no
result

have you had any hospital admissions in the last 3 years	yes	no
have you had a b. c. g. inoculation	yes	no
have you had hepatitis b inoculation	yes	no

date and report of last chest x-ray and health
screening.....

you are required to submit certificates or other proof of these immunizations./tests
other comments;

Name of your own doctor:.....

Address:.....

.....

Tel no:.....

I declare that I have answered the questions on this form honestly and truthfully to the best of my knowledge and agree to inform Elite Care Services if a medical problem becomes known to me after I have been accepted for employment and during my employment.

Signed.....**date**.....

Because of the nature of the work for which you have applied, this post is exempt from the rehabilitation of offenders act 1974 {exemptions} order 1975.
You are therefore not entitled to withhold information about convictions, any information given will be kept in strict confidence. “ Have you ever been convicted of a criminal offence?”

{including spent convictions} **Yes/ no**

If yes, please give details:

I confirm that this statement is true and correct to the best of my knowledge,
signed:.....

You will also be asked to fill in a police disclosure form. (YOU NEED TO PAY £45 FOR THIS IN FULL PRIOR TO EMPLOYMENT AND OFFER OF EMPLOYMENT IS SUBJECT TO THE CONTENT OF THE DISCLOSURE)

Training will be part of requirements for employment;. You will be charged for the training you have receive which will be deducted from payroll..

If you do the training and do not commence work you will be sent a bill for the training. (failure to pay will result in county court action being taken against you)

I agree to the above statement regarding training.& C.R.B.. checks.

Signed;.....

Date;/...../2007

THERE WILL BE A PROBATIONARY PERIOD OF THREE MONTHS, SUBJECT TO SATISFACTORY REFERENCES, WORK PERMITS. HOLDERS ARE NOT PERMITTED TO WORK FOR AGENCIES.

REFERENCES; (**ONE OF THESE REFEREES MUST BE AN EX, OR CURRENT EMPLOYER**)

you are required to submit **two** references, one of which **MUST** be your most recent employer. and must be in ENGLAND, WITH FULL NAME AND ADDRESS. AND RANK OF REFEREE.

1)
Name;.....

.....
Business
address;.....

.....
tel;.....POSITION/RANK.....

.....
your position when working
there;.....

2)
Name;.....

.....
business
address;.....

.....
tel;.....POSITION/RANK.....

.....
your position when working
there;.....

.....
other qualifications relevant to the post you applied for ?
.....

DECLARATION;

I declare that the above information is correct. I understand that any inaccurate or misleading statements will cause the application to be rejected, and if employed, will lead to immediate dismissal.

I have completed the attached medical form, and I am prepared to undergo a medical examination and tests if required. I consent that I have or am undergoing a police/C.R.B check.

signed;.....date;...../...../.....
....

Where did you hear about Elite Care Services?.....

#####

for office use only;

Date of interview;

accepted; yes /no

date of commencement;

uniform; yes/no

C.R.B/ FORM COMPLETED

hourly rate; £

interviewed by;.....rank.....

print name;.....

notes;

DOCUMENTS REQUIRED WITH YOUR APPLICATION FORM

THANK YOU FOR REQUESTING AN APPLICATION FORM FROM ELITE CARE SERVICES;

WHEN YOU RETURN THE FORM, YOU WILL NEED TO PROVIDE;

BIRTH CERTIFICATE OR PASSPORT

PROOF OF ADDRESS

A LETTER FROM THE HOME OFFICE TO CONFIRM THAT YOU ARE ALLOWED TO WORK FOR AN AGENCY (IF YOU DO NOT HAVE THE VISA IN YOUR PASSPORT) *NOT APPLICABLE TO THOSE BORN IN U.K.*

A MEDICAL PRACTITIONERS LETTER OF FITNESS TO UNDERTAKE THIS WORK

A FORM OF DISCLOSURE FOR POLICE CHECKS. (AVAILABLE FROM THE OFFICE WHEN YOU HAVE YOUR INTERVIEW)

FOR THIS YOU NEED BIRTH/MARRIAGE CERTIFICATE, DRIVING LICENCE, PASSPORT.

I.D. FOR YOUR ADDRESS.(UTILITY BILL ETC.)

ANY CERTIFICATES FOR TRAINING YOU HAVE COMPLETED

YOUR PIN CARD (R.G.N.'S ONLY)

A COPY OF YOUR INDEMNITY INSURANCE

REFERENCES; ONE MUST BE FROM YOUR PREVIOUS EMPLOYER. AND MUST BE A QUALIFIED PERSON OF A HIGHER RANK THAN YOURSELF. WITH NURSING OR MEDICAL QUALIFICATIONS OR IN A FIELD OF CARE WHO ARE ABLE TO COMMENT ON THE ABILITY AND WORK EXPERIENCE OF THE APPLICANT REFERENCE FROM YOUR CURRENT PLACE OF WORK IS IDEAL, BUT ONE FROM A RECENT PREVIOUS WORK PLACE IS ALSO ACCEPTABLE. ALL REFEREES MUST BE IN A SENIOR POSITION AND THEIR JOB TITLE KNOWN.

WE MUST HAVE A WORK HISTORY OF THE LAST 10 YEARS, INCLUDING DATES, REASON FOR LEAVING, AND ANY BREAKS IN WORK HISTORY.

**COMPANY POLICY IS THAT YOU;
HAVE ALL THESE DOCUMENTS AVAILABLE BEFORE
INTERVIEW
YOU WILL NOT BE EMPLOYED UNTIL YOUR
REFERENCES HAVE BEEN CHECKED**

CURRENT EMPLOYMENT; QUALIFIED NURSES

The Care Standards Commission require that you supply us with information of your current employer, and / or any other agency you are registered with for the purpose of employment, Please list ALL employment;

1; Current employer.....
address;.....
.....
tel;.....

2. Agency I am registered with;
Name;.....
.....
address;.....
.....
tel;.....

2. Agency I am registered with;

Name;.....

address;.....

tel;.....

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