



Passionate about quality

Cambridge Fullah Life Care Agency Ltd
 20-22 Wenlock Road,
 London,
 N1 7GU

Tel: **07881591132** Mobile: **07365949795**
www.cambridgefullahlifecare.co.uk

Please attach
 Your
 Passport
 photograph

Application Form

Personal Details:

JOB Title:		
Title:	Surname:	
Forenames:		
Maiden/Other names:		
Current Address:		
Post code:		
Email:		
Telephone:	Mobile:	
Do you have eligibility to work in the UK? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Residency [<input type="checkbox"/>] Work Permit [<input type="checkbox"/>] Visa [<input type="checkbox"/>] Please give details:		
National Insurance Number:		
Do you possess a current Driving Licence valid for use in the UK? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Do you have your own car in the UK? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Do you possess a current DBS (Disclosure & Barring Service)? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Are you registered with the up-date service? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Do you have any convictions, cautions, reprimands or warnings? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		

Education, Training and Qualifications

Please include details of any professional, technical, academic or vocational qualifications. List all qualifications (continue on a separate sheet if necessary)

School/College/University/Nurse Training/Address	Courses or subjects taken and (any) qualifications gained	From Mth/Yr	To Mth/Yr

Education, Training and Qualifications (continue...)

Please include details of any professional, technical, academic or vocational qualifications. List all qualifications (continue on a separate sheet if necessary)

School/College/University/Nurse Training/Address	Courses or subjects taken and (any) qualifications gained	From Mth/Yr	To Mth/Yr

Professional & Clinical Training & Qualifications

School/College/University/Nurse Training/Address	Courses or subjects taken and (any) qualifications gained	From Mth/Yr	To Mth/Yr

Professional Indemnity/Union:

Membership Number:

PIN: ((Qualified Nurse applicants only)..... Exp date: _____ / _____ / _____

NMC PIN (If Applicable) - NMC Registration number:..... Expiry Date:

NB: We will need to see your original certificate(s) of all relevant qualification(s) and other certificate(s) you have obtained.

Employment History

Are you employed or working? Yes [] No []

Job Title:

Salary/pay:Year/Month/Week/Day/Per Hour/Zero Contract (select)

***Employment History For the past 6 years including any gaps you are not in employment.
Please start with current or most recent first (continue on a separate sheet if necessary)***

Present or most recent employer and previous employer (s) Their address and telephone number.	Position held	From Mth/ Yr	To Mth/ Yr	Reason for leaving

Present or most recent employer and previous employer (s) Their address and telephone number. – Continued...	Position held	From Mth/ Yr	To Mth/ Yr	Reason for leaving

Community, Volunteer Work experience

Name and address of organisation	Position & Title	Duties	Start date & End date

Next of Kin Details or Name of emergency contact

Title:
Surname:
Forename(s):
Telephone (1 main): (2)
Address:
Post code:
Relationship to you:

Criminal records

Do you have any [unspent](#) convictions or pending prosecutions? **Yes** [] **No** []

Do you have any criminal convictions in the UK or abroad? **Yes** [] **No** []

If yes please detail below:

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Are you or have you been under or undergoing any clinical investigation or suspension?
Yes [] No []

If yes please detail below:

This employment is not exempt from the provisions of the rehabilitation of young offenders Act 1974 you are not therefore entailed to withhold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent.

I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include summary dismissal.

Please tick the appropriate box above to confirm that you have read and understood the above information

Sign:	Print:	Date:

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (exceptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties.

Department of Health (DOH) circular (88/9) Protection of Children requires us to carry out checks on police records for Temporary Workers on our records whose assignments will give them substantial access to children.

Do you agree that such checks may be made concerning yourself if required? **Yes [] No []**

Confidentiality

If you are successful in your application for employment with Cambridge Fullah Life Care Agency: All information you see or hear in the course of your duty is confidential. You must not disclose any personal details or information relating to clients, their medical conditions or information which is deemed to be commercially sensitive to the organisation.

Data Protection Act 1998

Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998. The information collected will only be used for the stated purposes. You understand that any personal detail held by Cambridge Fullah Life Care, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC) and other authorised organisations.

If declaration is completed during a successful job application, the declaration will be stored in an individual's permanent employment record. If a prospective employee does not start employment the declaration will be kept for no longer than necessary and then destroyed. This is usually for a period of up to six months to allow for the consideration and resolution of any disputes or complaints.

Please tick to show your agreement with this:

Working Time Regulations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information.

I DO NOT wish to work more than 48 hrs per week []

I DO wish to work more than 48 hours per week []

Employment with Cambridge Fullah Life Care Agency

It is Cambridge Fullah Life Care Agency's policy to employ the most suitably qualified personnel and to ensure equal opportunity for the advancement of employee. This includes promotion and training and to prohibit discrimination against any individual on the basis of race, colour, ethnicity, nationality, sexual orientation, gender, religion, belief, pregnancy, marital or civil partnership status, age or disability. In completion of this application form, I authorise Cambridge Fullah Life Care to obtain references to support this application once an offer has been made and accepted. I release Cambridge Fullah Life Care and submitted referees from any liability caused by giving and receiving any information.

Declaration

I confirm that I am 18 years of age or over, and that I am eligible to work in the UK.

I confirm that the information given on this form is to the best of my knowledge, true and complete and that the provision of any false statement(s) will be sufficient cause for rejection or if employed, dismissal including summary dismissal.

Sign:	Print:	Date:
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How did you hear about Cambridge Fullah Life Care?

Cambridge Fullah Life Care Agency Ltd - *Passionate about quality* -

Registered Office 20-22 Wenlock Road, London N1 7GU Registered No. 10808940 England and Wales

References

Please give details (Name, Job Title, Organisation, Address, Telephone Number) of a minimum of two work referees, one of whom must be your present or most recent employer/manager/supervisor or course tutor if currently a student and one character referee. References for Qualified Nurses must be professionals.

1.Name:	
Job Title:	
Organisation	
Relationship to you:	
Email:	
Telephone:	
Address:	
Can references now be taken up with this referee? Yes [] No []	

2. Name:	
Job Title:	
Organisation	
Relationship to you:	
Email:	
Telephone:	
Address:	
Can references now be taken up with this referee? Yes [] No []	

3. Name:	
Job Title:	
Organisation	
Relationship to you:	
Email:	
Telephone:	
Address:	
Can references now be taken up with this referee? Yes [] No []	

Supplementary Questionnaire

Please give brief answers to the following questions.

Why do you feel you would be suited to agency work?

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Give a brief description of the hours you would prefer and the areas/locations in which you would wish to work.

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Specialities

Accident & Emergency department (A&E)
Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) - AIDS/HIV
Medical
Anaesthetics
Burns & Plastics
Cardio-thoracic
Care of the Elderly
Critical Care Unit nurse (CCU nurse)
Dental Nursing
Dermatology
District Nurse
Ear, Nose and Throat nurse (ENT) Otorhinolaryngology (ENT) Nurse
Family Planning
Genito/ Urinary
Gynaecology
Haematology
Intensive Care Unit nurse (ICU nurse)
Industry
Isolation
Learning Difficulties
Liver Unite
Marie Curie
Midwifery
Neurology
Occupational Health
Operating Department Assistant (ODA)
Oncology
Ophthalmics
Orthopaedics
Paediatrics
Mental Health
Palliative Care
Phlebotomy

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Physical Difficulties
Practice Nursing
Psychiatry
Radiotherapy
Recovery
Renal Nursing
Special Care Baby Unit nurse (SCBU nurse)
Screening
Sexually Transmitted Diseases nurse (STD nurse)
Surgical
Theatre
Tropical Diseases
Venepuncture
X-Ray

Medical History:

I declare that to the best of my knowledge that I am **medically and physically** fit to undertake the duties of a care worker. []

I am a:- **Smoker** [] **Non-Smoker** []

I understand that any offer of work from Cambridge Fullah Life Care Agency Ltd is **strictly subject to satisfactory references, fitness for work, and also Disclosure and Barring and Protection of Vulnerable Adults Register checks.**

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