

# Professional Nursing Services Limited

Specialists in Nursing Care

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North Street,  
Bishop's Stortford,  
Herts.  
CM23 2LD

## APPLICATION FORM

### Healthcare Worker/Support Worker

**Please attach one passport photo**

Recommended to work by.....

Name of PNS worker

**PRIVATE AND CONFIDENTIAL**

**PERSONAL DETAILS :**

**Please complete in block capitals using black ink.**

**Last Name.....First Name(s).....**

**Title Mr/Mrs/Ms/Dr/**

**Address.....**

**.....Post Code.....**

**Mobile.....**

**E-mail address.....**

**Male or Female ..... D.O.B.....**

**Nationality..... National Insurance Number.....**

**Passport No. .... Expiry Date.....**

*You will be asked to produce the Passport that you have and any Work Permit or Visa documentation. Professional Nursing Services reserves the right to check the validity of the above information with the UK Border Agency.*

**Covid Vaccination Dates** 1<sup>st</sup>.....2<sup>nd</sup>.....Booster.....

**Next of Kin Name, Relationship, Address & Telephone Number.....**

.....

**Do you hold a full driving licence for use in the UK (Please circle) Yes or No**

**Education Qualifications**

**PLEASE GIVE DETAILS OF YOUR EDUCATION FROM SECONDARY SCHOOL**

**DATES ATTENDED**

**SCHOOL NAME AND ADDRESS**

From To  
Month/Year Month/Year

.....  
.....  
.....  
.....

### Experience

Please give details as to why you are suitable for the position of Healthcare/Support worker giving details of previous experience, duties undertaken and which client groups you have worked with.

.....  
.....  
.....  
.....

### Employment History (Please read carefully)

PLEASE PROVIDE FULL EMPLOYMENT HISTORY SINCE LEAVING EDUCATION. IF YOU HAD GAPS OF OVER A MONTH BETWEEN JOBS PLEASE GIVE EXPLANATION ON THE **DECLARATION OF FULL EMPLOYMENT HISTORY FORM ATTACHED**

Current Employers Name.....

Address.....

.....

Telephone Number..... Position Held.....

From...Month..... Year..... To ..... Month.....Year.....

Main Duties.....

Line Managers Name.....

Employers Name.....

Address.....

.....

Telephone Number..... Position Held.....

From...Month..... Year..... To ..... Month.....Year.....

Main Duties.....

Line Managers Name.....

**Employment History contd.**

**Employers Name**.....

**Address**.....

.....

**Telephone Number**..... **Position Held**.....

**From**...**Month**..... **Year**..... **To** ..... **Month**..... **Year**.....

**Main Duties**.....

**Line Managers Name**.....

**Employers Name**.....

**Address**.....

.....

**Telephone Number**..... **Position Held**.....

**From**...**Month**..... **Year**..... **To** ..... **Month**..... **Year**.....

**Main Duties**.....

**Line Managers Name**.....

**Employers Name**.....

**Address**.....

.....

**Telephone Number**..... **Position Held**.....

**From**...**Month**..... **Year**..... **To** ..... **Month**..... **Year**.....

**Main Duties**.....

**Line Managers Name**.....

**Employment History contd.**

**Employers Name**.....

**Address**.....

.....

**Telephone Number**..... **Position Held**.....

**From...Month..... Year.....To .....Month.....Year.....**

**Main Duties**.....

**Line Managers Name**.....

**1<sup>ST</sup> Employer since leaving school**

**Employers Name**.....

**Address**.....

.....

**Telephone Number**..... **Position Held**.....

**From...Month..... Year.....To .....Month.....Year.....**

**Main Duties**.....

**Line Managers Name**.....

**I .....hereby declare that I have given Professional Nursing Services a true account of my full employment history, including voluntary work, work placements, further education and that all gaps of employment have been accounted for accurately and truthfully to the best of my knowledge.**

**Signed**.....**Date**.....

## REFERENCES :

Work related references are required covering the past 3 years. The referees must be able to comment on your experience and suitability to this post, they must hold positions of direct responsibility to you (friends and family may not be submitted as referees). All referees must still be in employment. If still employed, Professional Nursing Services must be informed immediately when employment ceases.

### Referee One

Line Managers name.....

Company Name.....

Address.....

Tel No..... Fax No.....

Email Address .....

### Referee Two

Line Managers name.....

Company Name.....

Address.....

Tel No..... Fax No.....

Email Address .....

## Referee Three

Line Managers name.....

Company Name.....

Address.....

Tel No..... Fax No.....

Email Address .....

## Referee Four

Line Managers name.....

Company Name.....

Address.....

Tel No..... Fax No.....

Email Address .....

## Referee Five

Line Managers name.....

Company Name.....

Address.....

Tel No..... Fax No.....

Email Address .....

**TRAINING AND DEVELOPMENT**

**Please give details of any relevant courses attended and certification obtained, include Awarding Body name and certification gained. Certificates will be required to be seen and photocopied by Professional Nursing Services.**

**Date.....**

**Course.....**

**Awarding Body.....**

**Qualification achieved.....**

**Date .....**

**Course.....**

**Awarding Body.....**

**Qualification achieved.....**

**Date .....**

**Course.....**

**Awarding Body.....**

**Qualification achieved.....**

**REHABILITATION OF OFFENDERS ACT 1974**

Under the Rehabilitation of Offenders Act 1974 and in accordance with Government guidelines, it is the Company's policy to obtain an Enhanced disclosure from the Disclosure & Barring Service, regarding any convictions and cautions, including any pending or 'spent' convictions, before an applicant is offered employment. The cost of the disclosure will be £68.00 payable to Professional Nursing Services Ltd. Workers may have access to children, young and elderly persons and the purpose of the check is solely to protect these vulnerable groups.

Disclosure of a conviction or caution does not necessarily mean that you will not be offered registration; a persons' suitability will be looked at as a whole in the light of all the information available. A main consideration will be whether the offence is one which would make a person unsuitable to work in a capacity which provides substantial opportunity for access to vulnerable groups. You may be assured that any information provided by the Police will be used only to judge your suitability for the position. The information will be kept securely while a decision is being made and once this has been done the information will be returned to you. No record will be kept relating to any specific offence identified by the Police check If you wish to discuss the completion of this form you may do this, in confidence with a member of Professional Nursing Services Ltd. staff.

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

Please tick one box

If yes please give details.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Please circle Yes or No to the following.

Are you currently bound over or have you ever been convicted of a criminal offence in the UK or in any other country? Yes No

Have you been charged with a criminal offence, whether in the UK or another country? Yes No

Have you received a police caution, final warning or reprimand? Yes No

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or another country? Yes No

Are you to your knowledge, currently the subject of any police investigation whether in the UK or any other country. Yes No

Have you previously been dismissed from any employment office or other position by reason of misconduct? Yes No

If you have answered Yes to any of the above, please give details below.

.....  
.....  
.....  
.....

I declare that the above is true and correct. I am also aware that I will need to inform you of any convictions acquired subsequent to my recruitment. I consent to you obtaining information from the Disclosure & Barring Service and agree to pay the full fee of £68.00

Signature.....Date.....

## **CRIMINAL RECORDS CHECKS FOR FOREIGN NATIONALS**

Whilst a DBS check is a check of your criminal record in the UK, this cannot currently assess criminal records held overseas.

**iF you have lived outside of the UK for more than 3 months in the past 3 years you need to obtain a criminal record check from the country(ies) where you have lived during that period. This is known as a Police Report and is commonly referred to as a Certificate of Good Conduct. You will also need to apply for a DBS check (UK criminal records check) in addition to the Certificate of Good Conduct. The DBS application and the non-UK check can be in process simultaneously.**

**The document must be accompanied by a certified translation if not in English.**

**Signature of Applicant.....**

**Print Name.....**

**Date .....**

# Professional Nursing Services Ltd

<b>Company Name:</b>	Professional Nursing Services Ltd (the Company')
<b>Document DP6:</b>	Consent declaration
<b>Topic:</b>	Data protection
<b>Date:</b>	May 2018
<b>Version:</b>	1

I,  
hereby give my consent to the Company to process the following information:

## Personal data

- Name
- Date of birth
- Contact details, including telephone number, email address and postal address
- Experience, training and qualifications
- CV
- National insurance number
- Include any other relevant personal data

## Sensitive personal data

- Disability/health condition relevant to the role
- Criminal conviction]
- Include any other relevant sensitive personal data]

I consent to the Company processing the above personal data for the following purposes:

- For the Company to provide me with work-finding services.
- For the Company to process with or transfer my personal data to St Elizabeth's Centre in order to provide me with work-finding services.
- For the Company to process my data on a computerised database - ICT Bureau in order to provide me with work-finding services.
- For the Company to process my data using automated decision making processes
- Any other relevant purposes for processing personal data

I also consent to the Company processing my personal data with third parties including [The REC] for the purposes of internal audits and investigations carried out on the Company to ensure that the Company is complying with all relevant laws and obligations.

The consent I give to the Company will last for 7 years after the end of the pay reference period.

I am aware that I have the right to withdraw my consent at any time by informing the Company that I wish to do so.

**Signed by candidate / temporary worker:** .....

**Date:** .....